8. Teachers & Aides
Contents

About the second edition…

This booklet is one of a series of "Fact Packs" that were developed by The Kids' Team at South West Brain Injury Rehabilitation Service (SWBIRS) in Albury over many years. The creation of the second edition of Fact Packs is intended to provide updated content designed to enhance the clinical usefulness of these resources.

Our aim was to collate some practical, user friendly material that has been found to assist families and educators in our work and in the research literature. We hope that we have developed a set of resource booklets containing a range of referenced, user friendly strategies and ideas relating to common issues that arise after an acquired brain injury (ABI). Introducing any new ideas or strategies will take time, patience and persistence. The advice from countless parents would be "hang in there."

It is intended that the Fact Packs will be used in conjunction with service provision by The Kids' Team or other health professionals.

Some of the material included has been adapted from textbooks. Some has been developed by team members and much has been developed by the educators, rehabilitation workers and families supporting the children we see. Wherever possible, we have obtained permission to use the resources included in the book. Please advise us if we have left something out!

To keep our material clear, we have used "he" to refer to the child with ABI throughout the Fact Packs. This reflects real life for us, too, as the majority of the children with whom we work are boys!

We extend thanks to the NSW Department of Health who provided the initial funding for this project. Without this funding, the development of the Fact Packs would have been an idea that remained trapped in the minds of several enthusiastic but busy ABI workers. Finally, we are very grateful to all the Kids' Team members past and present, in addition to all the parents, teachers, school counsellors, students, therapists and ABI workers whose wisdom, energy, creativity and support has contributed to the development of these resources.

The 8 Fact Packs in this series include:

- Achieving Goals
- Behaviour
- Choosing a School
- Especially for Parents
- Heads Up on Brain Injury
- Siblings
- Study Skills
- Teachers and Aides

We hope you find the Fact Packs useful. If you have ideas, resources, or material that could be included in future editions, please let us know!

The kids' team

South West Brain Injury Rehabilitation Service

Dear teachers and aides

If you are reading this, chances are that you teach or are going to teach a student who has had an acquired brain injury (ABI). You may have received lots of reports about this student and you may have met some of the people who have been working with them. All this reading, and all these people may be well-intended but may not guarantee that you know what you need to!

Key message:

Recovery from an ABI can be a long-term process. For children with an ABI, recovery not only includes relearning old skills, but also continuing their development and learning of new skills. As school is the natural setting in which much of this learning will take place, schools are often seen as a continuation of the child's rehabilitation.

We hope that the material in this booklet will give you some basic information, encouragement and ideas about how to get the most from the resources available. If you would like more detailed information, check out our Resources page at the end of this booklet.

In our years of working in schools with teachers and aides, their creativity, patience and enthusiasm constantly inspire us. They are sometimes surprised that the most effective principles of working with a student with an ABI are in fact the principles of good teaching; strategies and techniques that you would use with other students who have difficulty learning. Some techniques you've used with students with ADHD or autism will have a profound impact for a student with an ABI. And, likewise, strategies that you will try with a student with an ABI may make an enormous difference to the student in your class who has difficulty learning. Some of the best student outcomes have resulted from a teacher using an "ABI" strategy as a whole class activity!

The underpinning philosophy behind this book stems from the research and teachings of prominent paediatric brain injury therapist Dr Mark Ylvisaker, author of *Traumatic brain injury rehabilitation: Children and adolescents* (1998).

This booklet can be used in conjunction with our other Fact Packs, including *Achieving Goals*, *Behaviour*, and *Study Skills*. These Fact Packs contain many of the tools referred to in this booklet and some examples of their use. Ask your student's Rehabilitation Coordinator or contact the Kids' Team at South West Brain Injury Rehabilitation Service on (02) 6041 9902 to find out more about these.

Let us know about any other resources that you think may help. We'd really appreciate your comments and feedback because we want these packs to be useful to you - the people at the coalface.

With gratitude,

The kids' team

South West Brain Injury Rehabilitation Service

What is an ABI?

Acquired brain injury (or ABI) refers to any damage to the brain that occurs after birth. An ABI can be through ***traumatic*** or ***non-traumatic*** causes.

Traumatic causes (TBI)

- Motor vehicle accident
- Fall
- Assault
- Non-accidental injury (i.e., shaking)

Non-traumatic causes

- Stroke
- Hypoxia (lack of oxygen, from a near drowning)
- Brain tumour
- Infection (e.g. encephalitis or meningitis)

Impact of ABI

An ABI can impact on many areas including:

- Physical capacity
- Cognition (i.e., thinking skills, such as memory, speed of thinking, attention, problem solving, learning)
- Communication
- Social skills
- Behavioural and emotional regulation
- Energy levels

There can be large variations between people who have experienced an ABI. Not all people with an ABI will have a noticeable impact. The severity of an injury can play a large role in predicting the severity of the person's cognitive deficits.

Understanding an individual's ABI and the impact on their cognition and behaviour can be a very important first step in supporting them and working with them.

For more in-depth information on paediatric brain injuries and their impact on a child's cognition, we recommend you download the resource binder *Educating Educators about ABI* from www.abieducation.com

If you would like further information/ support/ training for your school, contact your local paediatric ABI service. We've added a list of NSW and Victorian services at the end of this booklet.

Mild brain injury and concussion

You've probably heard of a number of students who have had a "nasty bump", a bad fall or knock in sport. They may have been a bit stunned afterwards and may have sat quietly in the playground or spent time in the sick bay. These may be symptoms of a "mild" brain injury, also referred to as a **concussion**.

What is concussion?

The following information is taken from The Sydney Children's Hospital factsheet on mild brain injury and concussion.
Concussion is the clinical condition resulting from injury to the brain following a mild head injury. Early on this may involve altered levels of consciousness, headache, confusion, dizziness, memory loss of events surrounding the injury and visual disturbances.

Most children with a mild brain injury make a full recovery but symptoms such as tiredness and mild behavioral changes may persist for several months.

What should I be looking out for?

In the **first 48 hours**, report to your local medical practitioner or emergency department immediately if you notice any of the following:

- Persistent vomiting
- Excessive drowsiness
- Worsening headaches
- Severe dizziness
- Unsteady when walking
- Convulsions and seizures
- Slurred Speech
- Increasing confusion, restlessness and agitation

Phone your local doctor or 000 for an ambulance immediately

If you suspect a student has had a concussion, inform the parent and **advise them to seek medical advice immediately**.

In the coming weeks

Initially you or the student's parents may notice some changes in the student's behavior and/or ability to concentrate and understand information at school or home.

Physical

- Fatigue
- Headaches
- Poor coordination
- Clumsiness
- Noise sensitivity
- Visual complaints

Behaviour/Emotions

- More demanding
- Easily frustrated
- More fearful and anxious
- Changed sleep patterns
- Irritability
- Mood swings

Cognitive

- Changes in thinking skills
- Slowness with thinking
- Problems with concentrating
- Memory difficulties

Note: Children often fatigue quickly after a head injury and this can exaggerate any of these symptoms.

When can the student return to school?

It is important that parents inform the student's school about any recent injury. If the student is experiencing fatigue, rest is important and consideration should be given to return to everyday activities gradually.

Following a mild brain injury, most students recover very well. However, for some, difficulties linger and may need attention. Problems may arise because of the stress of dealing with unexpected and temporary issues that may be misinterpreted as laziness and behavioural problems.

As a teacher you are often the first one to notice any changes in the student's abilities or behaviour.

After the student has been back at school for one month, we suggest you talk with the parents about whether there are ongoing changes in the student's performance since the head injury.

If you are concerned that a student's performance in any areas has changed, discuss them with the student's parents. Encourage them to seek medical advice or contact their local brain injury rehabilitation service (see the section on Paediatric Services at the end of this booklet for contact details).

Returning to sport and PE after an ABI/concussion

The following information is taken from factsheets from the Royal Children's Hospital (www.rch.org.au) and CanChild (www.canchild.ca). They were current at the time of publication (2017).

When can students return to sport after an ABI or concussion?

The majority of concussions will get better on their own over several days. To recover, the brain and body need to rest. Physical exercise and activities that require concentration (video games, text messaging, schoolwork etc.) may make symptoms worse and delay recovery. Children and adolescents with concussion need more time to recover than adults. Once the student has been reviewed by a medical practitioner and given the okay to return to sport, the following recommendations can guide the types of activities that are appropriate. These **MUST BE USED IN CONJUNCTION WITH ADVICE FROM THE TREATING DOCTOR**.

Instructions:

- The student should only move to the next step if they have no concussion complaints.
- If concussion complaints occur, rest for 24 hours and go back to the previous step.
- If the student cannot advance to the next step without concussion complaints, they should see their doctor before returning to play.

Steps to return to sport	What can and can't I do?
1. No activity and complete rest	NO physical activity and complete rest
Seek medical clearance before beginning Step 2	
2. Light exercise	No resistance training or weight lifting Max 10-15 mins per day twice a day (e.g. walking, stationary cycling, light jogging, swimming)
3. Individual Sport Specific activity	No body / head contact, spins, dives, jumps, high speed stops, batting balls or other jarring motions.
4. Sport Specific practise with the team **NO CONTACT**	No tackling, scrums, hip and shoulders, shirt fronts or heading the ball. Begin activities with other team mates and then progress by the end of this term to full team practise with NO CONTACT. Begin resistance training and beginner level sport specific skills.
Seek medical clearance before beginning steps 5 and 6	
5. Sport Specific practise with the team and **CONTACT**	Participate in normal training activities. If symptom free you are ready to return to competition.
6. Return to activity, sport and game play.	

How should the student progress through the above steps?

The following can be used as a guide. Follow the instructions relevant to the student.

Step 1	Step 1	Step 1
↓	↓	↓
Symptom free **within 1 week** of head knock	Symptom free **within 1-4 weeks** of head knock	**Symptoms last more than 4 weeks** after head knock
↓	↓	↓
REST for 1 more week after symptom free	**REST** for 1 more week after symptom free	Begin step 2 (4 weeks after head knock)
↓	↓	↓
Begin step 2	Begin step 2	**DO NOT** progress to step 3 until cleared by your treating doctor
↓	↓	↓
Take at least **24 hours** for each step as you complete the guidelines	Take at least **1 week** for each step as you complete the guidelines	Take at least **1 week** for each step as you complete the guidelines
If **ANY** symptoms return, rest for **AT LEAST 24** hours then return to the previous step.		

A chart on the next page outlines sports considered to be contact sports. Some sports can be made safer if helmets or other protective gear is worn. Other sports can be made safer or more predictable by modifying the rules to provide more structure.

Practice drills often provide a more structured environment with predictable demands and decreased decision making. They can usually be safely attempted especially if the risk of contact is removed.

Even wearing a helmet, it is recommended that contact sport should be avoided for 6-12 months following a brain injury.

If in doubt, ask the child's medical team for recommendations of what physical activities may be appropriate for the student you are working with.

Classification of sports

This table classifies sports as contact or non-contact. Non-contact sports are then classified as strenuous or non-strenuous. Keep in mind that in chaotic situations, even non-contact sports have a potential for physical contact!

Contact sport	Non-contact sport
High potential for physical contact	***Strenuous sports***
Boxing	Aerobic dancing
Field hockey	Fencing
football (rugby, Australian rules & touch football)	Field (discus, javelin, shotput)
Ice hockey	Rowing
Lacrosse	Running
Some martial art forms	Swimming
Rodeo	Tennis
Rugby	Track
Soccer	Weight training
Wrestling	

Contact sport	Non-contact sport
Limited contact sports	***Non-strenuous sports***
Baseball	Archery
Basketball, netball	Golf
Bicycling – BMX	Riflery
Diving	Tenpin bowling
Field (high jump, pole vault)	Tunnel ball
Gymnastics	Lawn or indoor bowls
Handball	T-ball/baseball/softball
Horseback riding	Quoits
Skateboard	Darts
Ice skating	Dance
Roller skating	Tai chi
Skiing (cross country, downhill and water)	Swimming
Softball	Athletics
Squash	Skipping
Volleyball	Elastics
Windsurfing	

Based on information from the Victorian Rehabilitation Centre Child and Adolescent Unit

Preparation, support and review

for students with an ABI

When supporting a student with an ABI there are three important stages to consider: Preparation, support and review. In the next sections we provide further information, worksheets, and resources around each of these stages.

Preparation

This is a knowledge building and planning stage. This important stage sets you up to best teach the student with an ABI. Ideally, this is when you are provided with training/ consultation to help you increase your knowledge of ABI and how this impacts on learning. This should include: knowledge about the individual student (including personality, cognitive profile, current needs, etc.), and possible education strategies. It can be helpful if the preparation stage is revisited prior to each yearly transition.

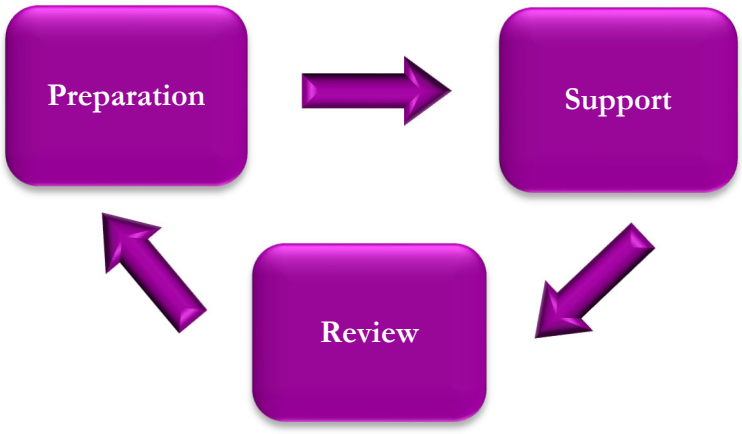
Support

Most educators see the provision of supports as the nuts and bolts stage where they begin teaching and supporting students with an ABI. This is often the stage where you trial different teaching strategies to see what works best for your student.

Review

Reviewing is an ongoing process during which the needs and outcomes of the student **and** teaching staff are evaluated. Areas for review for students may include academic, cognitive, social, and psychological. Areas of review for teachers may include level of training and support needs.

Reviews are important in keeping the student and educators on track in meeting the initial goals. Depending on the need reviews may occur weekly, monthly, or on a termly basis. Reviews naturally tend to occur more frequently if things are not working well. End of year reviews are useful to assist with the transition to the next year.



Preparation

The student may be returning to school with different physical and learning abilities, altered levels of energy, and/or with psycho-social or emotional concerns. The student may have missed a large amount of school and may initially be returning to school part time. To help consider all these areas of need and to best support the student with an ABI, a well-planned transition back to school is very important.

The **preparation** stage is about knowledge building and planning. Planning for transitions should occur well before the student commences school.

Three key steps to consider during the preparation stage include: 1) Assessment of needs; 2) Education; and 3) Creating an individual learning plan.

1. Assessment of needs

Understanding the student's needs is an important first step in planning. Below is a brief checklist of areas to consider:

- ☐ **Cognitive and learning abilities**: How has the brain injury impacted on the student's cognitive abilities? How will this impact on them at school (i.e., learning ability, memory for locker combinations, behaviour in noisy classroom environments, social abilities?).
- ☐ **Communication abilities**: Has there been any change in the student's ability to communicate in class or with their peers? Remember that this may include talking, listening, reading and/or writing skills.
- ☐ **Physical abilities and medical needs**: Does the student have additional physical needs? Are they physically able to access their classrooms and navigate the school? Does the student have additional medical needs? Request a medical plan from the hospital outlining the steps to be taken if medical needs arise.
- ☐ **Energy levels**: Is the student likely to become more fatigued, either physically fatigued or cognitive fatigued (brain tired)? If so, can any classes be reduced to allow for rest breaks? Can the amount of homework be reduced?
- ☐ **Psychosocial**: Check with the student what information they want their classmates (and teachers) to know about their injury. Keep in mind that students may find returning to school frustrating as it is can be harder to learn now. Students may have to put in extra effort to obtain the same grades.
- ☐ **Communication with other relevant professionals**: Find out the best contact for the medical and rehabilitation teams. Check with this person if there are any reports and recommendations which should be passed onto the school (i.e., cognitive or speech/language assessments).
- ☐ **Family**: The student's family can be a wealth of information. It's good to remember they know the student the best and get to see how they are progressing in a range of environments.

☐ **Timeline:** Create a return to school timeline with the family and student. When a student is planning a graded return to school, a trial and error approach can be useful when working out how many hours/days per week work best for the student. To help the student retain social links include attending recess or lunch into their graded return plan.

2. Education

Education for teachers and aides ideally includes information on paediatric ABI, and education on the individual profile of the returning student with an ABI (i.e., what are their cognitive strengths and weakness? How will this impact on their learning?). Receiving this information can help greatly when creating an individual learning plan.

Ask the hospital or rehabilitation team if they can provide your school with education/training. If not, contact your local ABI service provider for assistance in sourcing training.

3. Create an individual learning plan

Students and teachers have found it beneficial for students with an ABI to have an individual learning plan. Individual learning plans can help teachers identify whether the student should be receiving modified work, and/or if the student should be provided with additional support to assist them to complete work.

- For some great information on creating learning plans for students with an ABI, including example learning plans, we recommend downloading the free book *Educating Educators about ABI: Teaching classroom teachers how to accommodate students living with the effects of ABI* (www.abieducation.com).
- Given the highly individualised nature of ABI, trial and error is often required to identify the most beneficial strategy for each student.
- Clarify the existing supports for learning and behaviour within the education system (e.g. Itinerant Vision Support Teachers). Work with the rehabilitation team to explore additional supports. For example the Ronald McDonald Learning Program may provide tutoring support for children who have missed a significant amount of school due to illness or injury (see: learningprogram.rmhc.org.au).

Preparation

Yearly transitions

As well as the student's initial transition back to school, it is also important to be well prepared for yearly transitions from grade to grade. The transition from primary to secondary (or from secondary to tertiary) education settings is of particular importance.

Key message:
ABI is often called a "hidden disability", because people often start to forget that the student sustained a significant brain injury which will continue to impact on their learning abilities, or start to assume that the student should have "recovered" by now. Therefore, yearly transitions become particularly important if the student has made a full physical recovery from their injury.

The key areas for consideration when the student initially returns to school (outlined on page 11) should ideally be repeated with each transition. In the *Achieving Goals* and *Choosing a School* fact pacts you will find some forms and templates which have been designed to capture and communicate the amazing wisdom acquired by a teacher over the year to ensure this is not "lost." These forms helps answer the **"big three"** questions:

- What works?
- What doesn't work?
- What needs to change?

When considering the transition from primary to secondary school some additional tasks to include in the preparation phase include:

- Organising orientation around the new school.
- Ensuring the student is able to move between classes in the allocated time.
- Assessing the type of lock the student has on their locker – some students with a brain injury find that locks with a key are easier than having to recall a combination lock.
- Teaching the student how to read a timetable. For some students it has been useful, a few days before school starts, to go to school and physically practise reading the timetable, unlocking their locker, getting the correct books from their locker, and finding the right classroom. Colour coding timetables and subject books/folders can be a handy organisation tip for some students.

TIP: Build on the knowledge gained by previous teachers – find out what worked (or not) for this student in the classroom

Preparation

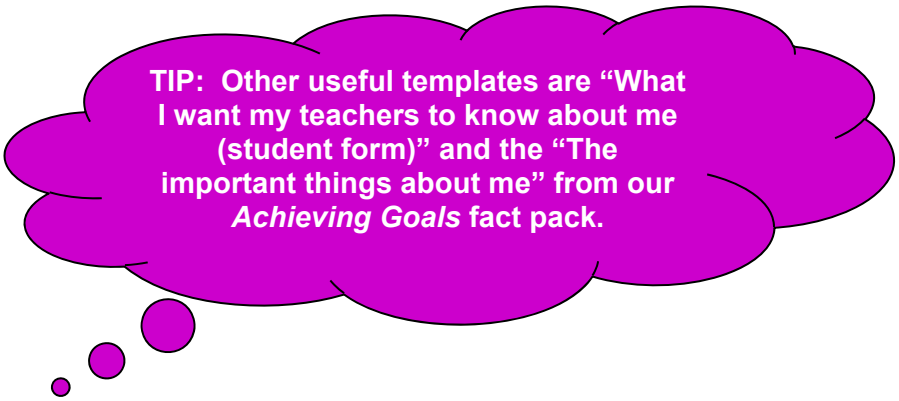
Involving the student with an ABI

Ideally the student with an ABI should be supported to contribute to meetings, especially during the preparation and review stages. This ensures their voice is heard and can quickly provide teachers and aides with insight into the student's needs, and also into the best ways to support the student.

As there are often numerous people at school meeting, students can be reluctant to attend. On the next page we provide you with examples of worksheets that can help prepare the student for these meetings so they can more easily contribute. Alternatively these work-sheets can be used to gather insights from the student which can be presented at meetings in the student's absence.

The forms can be completed with the assistance of a key teacher, and reviewed with them on a regular or as-needs basis.

For some students, these forms have become the basis of a video that the student helps to make. These videos give teachers a quick way of identifying the student in the class who needs help, and through making the video the student is making huge gains in the areas of self-awareness and insight! With developments in technology there are a wide range of presentation options that the student can use – the sky is the limit!



Getting ready for meetings at school

When is the meeting and where will it be?

(Ask your helper to write down where the meeting will be and when.)

Who will be there?

(Ask your helper to write down who will be at the meeting and what their job is)

Now, it's your turn!
What things are going really well for you at school and home?

What things are easier to do in the classroom?

What things do you enjoy doing with your aide?

What things help you to get your work done by yourself?

What things would you like some more help with?

What things take a long time?

When do you feel like you are stuck?

When do you feel very angry or sad?

Do you have ideas that might help?

Are there other things you'd like to talk about at the meeting?

Thinking about my week

This form can be used weekly with the student and an identified key teacher.

Who will help me think about your week? When will I do this?
What things are going really well for me at school and home?
What things have been easier to do in the classroom this week?
What really good choices or decisions have I made this week?
What things haven't worked out as well as I wanted this week?
What things have helped me to get your work done by myself?
How did I handle my "no choice" activities this week?
What has been the highlight of my week? Why?

TIP: This form may be especially helpful in the early stages of a return to school program.

Support

How can I help the student with an ABI in my class?

Many of instructional techniques that you already use will benefit students with an ABI. We encourage you to trial your own strategies and expertise that you may have used in the past with other students with special needs (i.e., Attention Deficit, Autism, Specific Learning Disability).

In this next section we will discuss specific instructional techniques and general considerations that can be particularly useful when teaching students with an ABI. These include using a direct instruction approach (also referred to as errorless learning, or an apprenticeship approach), use of routines, ideas to assist with modification of work and assessments, insights on helping style, and use of a collaborative hypothesis testing approach to help figure out the best strategies for your student.

We have chosen to highlight these strategies as most of them offer the benefits of assisting the student with an ABI to complete their work (the "content"), while also teaching them the underlying cognitive processes required to complete work independently (the "cognitive"). We call this teaching two things at once, or the "cognitive and content" approach.

We also have two student specific fact packs available (*Achieving Goals* and *Study Skills*). These fact packs provide useful tips and worksheets for students around managing their time, study techniques, and organising assignments. You may find the worksheets useful to use in your class, or you may recommend that the student use them with their parents, tutor, or aide.

To help you decide on which strategies/tools may work best with your student, it is important to first consider the reasons underlying their difficulties. Two resources you may find particularly useful to assist in this process is the collaborative hypothesis testing approach and the problem solving table presented later in this fact pack.

Key message:

The manifestations of ABI can vary greatly, meaning there is no specific set of teaching strategies that will always work for each student with an ABI. This means that to best support students with an ABI you may need to adopt a trial and error approach to see which strategy works most effectively.

Support:
Direct instruction technique

Direct instruction is a teaching technique which aims to avoid errors and promote a positive learning experience. This approach is especially useful when teaching those students with an ABI who have a significant memory impairment, have trouble remembering feedback (i.e., they may recall giving an answer, but not recall that their answer was incorrect), frequently make errors, have poor confidence in learning, and/or may demonstrate avoidance behaviours and anxiety when learning.

Most of the information presented in this section is taken from the work of Dr Mark Ylvisaker, Mary Hibbard, and Tim Feeney from the tutorials on the website www.projectlearnet.org. If you are interested in learning more about Direct Instruction and Errorless learning, or would like to see a video example of errorless learning in action, we recommend you explore the following tutorials on the Project Learnet website:

http://www.projectlearnet.org/tutorials/training_vs_apprenticeship.html

http://www.projectlearnet.org/tutorials/errorless_learning.html

According to Dr Mark Ylvisaker and his colleagues, the components of the Direct Instructional approach to teaching include:

- Identifying a meaningful and achievable task (ensuring the student understands why it is relevant!).
- Ensuring the student knows what the acquired goal/skill looks like (use demonstrations, visual models, examples, etc.).
- Supporting students to successfully complete the task.
- Pre-correcting errors. As errors tend to "stick" in students with an ABI they should be avoided as much as possible during learning. If difficulties are predicted or noticed a level of support should be provided to ensure success. There should be no opportunity for mistakes.
- Requiring independent action only when the student is fully ready. As the student's confidence and competence grows, the level of support is reduced and the student's responsibility increases. Only ask the student to answer a question when you are 90% sure they will be correct.
- Providing a large number of successful teaching trials to assist learning.

Direct Instruction is also referred to as **Errorless Learning** or the **Apprenticeship Approach** to teaching. It is often used in apprenticeship situations where errors are unacceptable. Consider the implications of making errors during surgery, or a first day hairdresser trainee being told to "just have a go" when cutting your hair! Instead, in these learning environments the apprentice is provided with demonstrations, clear instructions at every step, monitoring, pre-error corrections, and ongoing support to obtain the desired outcome.

That is, the apprentice and the teacher work in collaboration to achieve the learning goal. This support is then slowly reduced over time, *only when* the teacher is confident of the apprentice's ability to *successfully* complete the task without errors.

Support:
Routines

Routines can involve:

Key message:

One of the best things that you can do for students with an ABI in a class is to have **routines. Routines** provide students with a 'procedure to follow', giving them a framework to follow if they become stuck. As difficulties with planning and problem solving are common following an ABI, **routines** tend to be really useful.

- The way in which the students are settled into class
- The way activities are begun and concluded
- The way a student works out what to do when they are stuck
- The way homework is given to the class

Think about the routine or structure of your classroom. If there is a sense of consistency within the environment, students with an ABI are more likely to settle into activities quickly, as they know the procedure to follow.

Routines that assist students to complete their work can help promote planning, organisation, and problem solving. For example, you can create a routine with the student for when they are stuck, or teach the student to use a template to break down their work so they know where to begin (see the *Achieving Goals* fact pack for useful worksheets including: "I'm stuck, what can I do?" "Assignments: Where do I start?", and "Projects: Where do I start?").

The ultimate aim of any strategy is for the student to independently initiate use of the strategy on a daily basis. For this to happen it is important to explicitly teach and support the student to use the routine, especially in the early stages. For example, at the start of the year you may talk with the whole class about what you expect them to do when they come into class, and reinforce this until it is completed independently.

How routines are used in the classroom may be different for each student with ABI. It is important to consider the student's strengths in creating routines. Some may need visual prompts (such as written steps on the board) while some may need verbal prompts (e.g. "*There were two things you had to get out each lesson: your books and …?"*).

Over time continually encourage and support the student to use these routines. For example, "*Another assignment! Remember last time we used that assignment planning form and managed to get it finished in time. Can you get the form and start working through it? I can help you if you are not sure*."

The student with an ABI may require more prompts to follow the routine initially, and may require much more time before they are able to complete the routine independently. For example, the student with an ABI

may need the routine for providing homework to involve:

- a prompt to pay attention
- a prompt to find their diary
- a prompt to write instructions down
- a prompt to show you what they have written (just to make sure they have it right!)
- a parting reminder to check their diary for homework before they leave school for the day – to make sure the right books go home!

Having a routine based classroom can help the student with an ABI to organise himself better and succeed with daily activities as independently as possible. It may also result in less nagging, and therefore, a more peaceful start to the lesson!

Changes to routines

For some students a sudden interruption to a routine or plan can be quite distressing. Being proactive and forewarning them about upcoming events or information can prevent a lot of stress! There is more detail on teaching children with an ABI to deal with change in our *Achieving Goals* and *Behaviour* fact packs.

Use your common sense about the timing when you advise students of upcoming changes. There's nothing worse than being hounded for three months before Christmas "when is Santa coming?" Using appropriate visual supports can assist the student to understand the timeframe.

Support:
Modification of work and assessment

Maybe you've been advised by your school counsellor or Learning Support Team to "modify your program" because you have a student with an ABI. How do you do it? What is worth trying?

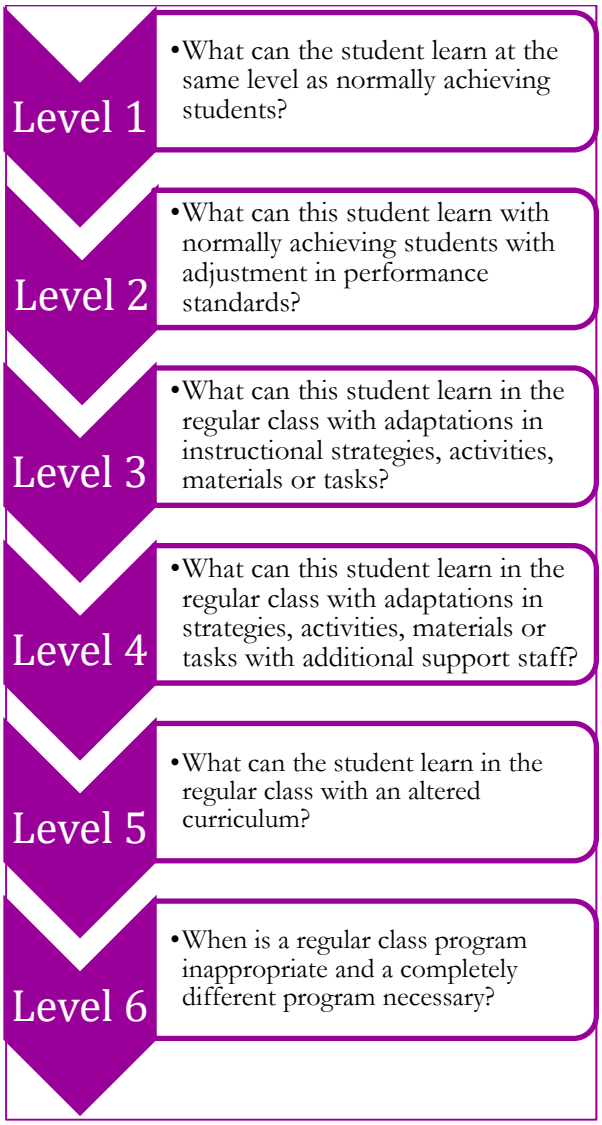
Whenever you work with a student with an ABI, you will need to think about what the teaching priority is. For example, are you testing whether a student can remember tables, or are you assessing if they know how much change they should get when they shop? Thinking about this will help you decide how to modify their program and how to assess their knowledge. If you are testing the memory of tables, you wouldn't allow the use of calculators. If you are assessing a functional maths task, you could let the student do whatever they need to get the answer (e.g. calculators, a maths rule book etc.). Some students with an ABI may never "remember" facts but they can learn great ways of getting around that problem, especially if we can help them to do that!

For information that doesn't necessarily need to be memorised the student can be taught where the information could be found and when the information should be used. The skill for the student is to know where to find which information and when to use it.

A range of strategies can be used including creating fact books, a maths rule book, a subject glossary, topic summary sheets, and chapter summaries.

A really useful book with lots of ideas and examples of strategies is *Essential Facts and Tables*, from RIC Publications: http://www.ricgroup.com.au/product/essential-facts-and-tables

There are different levels to consider when adapting the classroom program for students with disabilities or severe difficulties in learning and behaviour. These levels can be ascertained by asking:



Adapted from: Idol, L., & West, F., (1987) Consultation in special education (Part 11): Training and practice. *Journal of Learning Disabilities, 20*(8), 474-494.

To assist you to modify the class program below are some ideas from teachers in the Catholic Education Department of NSW about modifying instructions, classroom space, the class program, and curricular material. Select those that are viable for your situation and create a list of instructional modifications your student can select from.

General principles of modification

- Change the size of the task
- Vary the time given to the task
- Change the form of the information
- Change the form of the student's response
- Change the level of difficulty of the task
- Provide hints and cues
- Provide peer/volunteer/aide support
- Change the task expectations while using similar/same materials

Modifying instructions

- Use examples and demonstrations in addition to verbal presentations
- Model the skills and procedures you are teaching
- Use movies, slides, filmstrips, or pictures for acquisition of conceptual information
- Use visual clues for tasks involving auditory memory, such as learning poems and other prompts
- Teach how to use reference materials, such as a dictionary, word list, computer, thesaurus, vocabulary list, and other aids
- Use charts, maps, graphs, and tables to supplement verbal presentations and lectures
- Say and write oral directions on the board
- Teach association skills
- Use eye contact and physical proximity for connecting with students during a lesson
- Speak to the student on the student's physical level
- Create a quiet working environment
- Highlight key words and main ideas
- Vary presentations by using a projector, whiteboard, and chart paper in combination with the student's desk copy
- Allow time at the end of class for students to get organised for the next transition
- Use a handout or overhead to show students a model set of notes

Modifying tests

- Simplify test formats. Use extra space between items, put fewer on a page, and use arrows and stop signs
- Remove time limits from tests
- Allow students to use voice recorders to answer essay and discussion questions
- Have students defend their answers to essay and discussion questions
- Allow students to provide lists of correct answers instead of connected paragraphs
- Let students design their own assessment instruments for some content
- Provide test questions in rephrased formats with organising cues. For example; "who discovered america? I'm looking for the italian explorer who crossed the atlantic in the late 1400's"
- Use interviews or multiple choice questions to confirm knowledge
- Provide a partially completed exam and have students finish it
- Provide extra credit items to be substituted for other items on the test
- Provide students with study guides during test administration
- Provide peer/voluntary aide support for reading and/or scribing

Support:
Avoiding over dependence

Key message:

To help avoid over dependence plan for independence from the start.

The idea of using strategies and support is to make the tasks routine so that the student can become independent at performing them. However, one concern with providing support is that the student will become overly dependent on it.

When using strategies follow the routine of introducing the strategy, modelling the strategy, prompting its use, and then gradually fading supports.

A nice way to help the transition to independence is to move from telling the student what strategy to use, to asking them questions about what strategy to use.

A conversation about introducing a strategy and gradually fading support could change like this:

Example

Conversation 1
Teacher/Aide: *"OK, we're looking at chapter summary for English. It will be easier if we use this chapter summary worksheet."*

Conversation 2 (2 weeks later)
Teacher/Aide: *"Boy, another chapter summary report. Remember you had one like this before? We used that worksheet and you got it done really well. Let's use that again."*

Conversation 3 (next term)
Teacher/ Aide: *"Chapter summary time. OK. What will help you write this one up?"*

Support:
Helping style

There are two factors in providing successful teaching strategies for students with an ABI. The first is understanding the underlying cognitive difficulties of the student so that appropriate strategies can be found. **Hypothesis testing** is a great way to do this and is discussed on the next page. The second factor is learning from the student what they perceive to be a **positive helping style**.

Australian research by Margaret Mealings (2010) and Ruth Tesselaar (2010) (see resources page for full references) showed that students with an ABI are more likely to accept supports in the classroom when they perceive their teacher or aide to have a positive helping style. Students tend to perceive a helping style as positive when:

- They are provided with encouragement in the classroom.
- They are assisted to complete work independently rather than being given the answers. The Goal-Plan-Predict-Do-Review routine discussed in our *Achieving Goals* fact pack provides a great framework which promotes students' independence while helping them complete the content.
- They contribute to the development/ choice of strategies used with them in the classroom.
- Supports are provided in a way which does not embarrass them.

As every student is different, it becomes important to discuss with each student what they see as socially acceptable supports and what is embarrassing. For some students they may not mind being given a list of written instructions to follow during class. For others, anything even slightly different from their peers may be embarrassing, so they may prefer instructions being written on the board for the entire class to follow. A student's perception of what is okay versus embarrassing may change over time so reviews of this information with the student are recommended.

Importantly, when students perceive a helping style as negative they have been found to actively avoid supports provided to them in the classroom. If you notice this pattern occurring this can be an indication that you, the student, and the rest of the team may need to review the current support program and make changes.

TIP: The student review worksheet (Thinking about my week on page 17) can be a great way to help the student provide input and feedback into what type of strategies and support they are most likely to perceive as positive.

Support:
Hypothesis testing

As stated previously, the manifestations of ABI can vary greatly, meaning there is no specific set of teaching strategies that will always work for each student with an ABI. This means that to support students with an ABI you may need to adopt a trial and error approach to see which strategy works most effectively.

The first step before you can choose a strategy to trial initially is to identify the underlying problem. For example, if a student routinely fails to begin their class work it could be due to: the student being lazy, the student being cognitively fatigued, the student forgetting the instructions due to a poor memory, or the student being unable to work out what they should do first due to problem solving difficulties. In this example, the strategies chosen to support the student to commence their work are likely to differ greatly depending upon the most likely underlying cause.

A very useful problem solving approach to assist with this process is "collaborative hypothesis testing." This approach is **ongoing** due to the fact that the student's needs (and thus supports) are likely to change over time, **contextualised** as it is about supporting the student in their everyday context (in this case, school), **collaborative** because it involves all the everyday people around the student (parents, teachers, aides, student, etc.) which allows all voices to be heard, **hypothesis testing** to ensure all underlying factors are considered, and **assessment-based** to ensure that the chosen strategies are effective in meeting the needs of the student.

This problem solving approach has been developed by Dr. Mark Ylvisaker and his colleague, Tim Feeney. You can watch a video of Mark explaining this approach at: http://www.projectlearnet.org/video_intro.html
This may be a useful video for a staff PD session.

Hypothesis testing is really a common sense approach to observing and identifying a problem, coming up with some ideas (hypotheses) about why the problem is occurring, choosing a hypothesis to test, testing it and developing a plan based on that. To follow, we have a number of forms and examples to give you an idea of how it works. It is an approach that can be applied to a wide range of issues and encourages the participation of all involved (especially the student with the ABI) in coming up with possible solutions and working towards them. In our experience, it has meant the student feels more involved in the whole "recovery" process and really taps into the collective wisdom of those working with him rather than the supposed "expertise" of any one person!

We have found it a very useful tool to:

- Find out where the problem is occurring in the completion of a test or real world task
- Work out what could be modified to help a student perform better on this task

In other words, it helps determine what doesn't work well and what would help things work better.

This hypothesis testing approach takes a number of important things into account:

- That the student's situation constantly changes as do the demands on them
- That real life variables impact on a student's performance (e.g. Time of day, other people around, etc.)
- That all the people involved with the student may notice different behaviours and have different but valid perspectives
- That it usually requires a degree of "experimentation" to work out what will help and what is stuffing things up!

What's great about hypothesis testing is that once the team have identified the most likely cause, this opens up a world of possible teaching strategies. For example, if the team decides that a problem is due to poor attention the teacher may trial strategies they have successfully used in the past with students who have ADHD.

Support:
Hypothesis testing - The steps

Identify the problem

Identify and define the problem as clearly as you can. A good rule of thumb is to describe *what you can see*. For example: "Rachael sits outside the classroom by herself reading a book during recess and lunch" defines the problem more clearly than "Rachael doesn't have any friends".

Generate hypotheses

This is a creative process and there are no firm rules. Encourage team members to brainstorm about all the possible factors that may be contributing to a particular problem. Try to be flexible and consider alternative possibilities even when you think you would reject the idea without extensive assessment. Hold off on discussing solutions at this stage!

Choose a hypothesis to test

It would be impossible, unnecessary, and exhausting to test all hypotheses. Select the first hypothesis to test on the basis of student and family priorities, how plausible the hypothesis is, how easy it is to test, and how it fits with long term planning goals.

Hypothesis testing

This step involves developing and conducting ways to test your chosen hypothesis and measuring change. For example, if your chosen hypothesis is the student is not concentrating due to fatigue, your test may be to trial breaks every 30 minutes.

Agree in advance on what changes are being looked for and how long will be needed to test the hypothesis. Don't forget to record a baseline of the behaviour before you test any of the hypotheses. This will help you determine levels of change. Sometimes several hypotheses can be tested quickly and efficiently by one person.

If the test proves your hypothesis as correct, the next step is to proceed to the intervention. Alternatively, if your hypothesis is not correct, begin to test the next one.

The intervention plan

Often the intervention plan involves the team modifying the environment to allow the student to be successful in the activity. Using the Goal, Plan, Predict, Do, Review (GPPDR) method as outlined in the *Achieving Goals* fact pack can be really useful to help create plans with students.

On the following pages are some real life examples of this process in action. These may make it a bit clearer!

Hypothesis testing: Jack

TIP: Make sure the description of the problem is clear, specific, and measurable

PROBLEM IDENTIFICATION:

Jack fidgets with his pencil case, leaves his seat, and talks to other students during story writing.

HYPOTHESIS NUMBER 1:

Jack fidgets etc., because he is tired
which impacts his concentration and attention.

TEST NUMBER 1:

Compare how often Jack fidgets with his pencil case, leaves his seat, or talks to other students in the morning, mid-morning and after lunch on a behaviour chart. Note differences.

HYPOTHESIS NUMBER 2:

Jack doesn't know how to begin his story writing work.

TEST NUMBER 2:

Compare Jack's performance in class during story writing activities with and without the provision of a story writing template.

HYPOTHESIS NUMBER 3:

Jack is easily distracted by the other students in the class.

TEST NUMBER 3:

Compare Jack's performance when sitting on a table by himself at the front of the class compared to his usual shared table. Note differences.

Jack's team decided that the easiest hypothesis to test was that of fatigue (Hypothesis 1). His teacher observed the levels of fidgeting etc. over one week and reported back that there did not seem to be any difference across different times.

The next easiest hypothesis to test, and the one most acceptable to Jack, was to introduce a story writing template to the whole class and see if this helped Jack to understand task requirements (Hypothesis 2). This was effective and no further hypotheses were tested.

On the next page is an example of the plan the team used to test for Hypothesis 2.

Goal setting for Jack

This plan was created to test Hypothesis 2. It is based on the Goal, Plan, Predict, Do, Review routine as discussed in our *Achieving Goals* fact pack.

JACK'S GOAL

Complete a story without talking to other children or leaving my seat.

JACK'S PLAN

- Watch Mrs Rogers go through the story plan on blackboard
- Use my story writing template to plan my story
- Put up my hand if I get stuck

JACK'S PREDICTION

What might go wrong?	What can I do about it?
♦ I might not know how to start my story	Use my story template Draw a picture about the topic first. Put up my hand and ask for help.
♦ I might forget to use story template	Mrs Rogers could remind me
♦ I may not have my story template	Always put my story template in the back of my writing book
♦ Someone else will talk to me	I could say "I want to talk to you later but I am writing my story now."

DO IT!

REVIEW: How did I go?

Did I write a story and not talk to other children or leaving my seat? Did I finish my story?

Arrow scale

I did not focus on my work — I focused well on my work

<----------✔----------->

What worked?

Using my story writing template

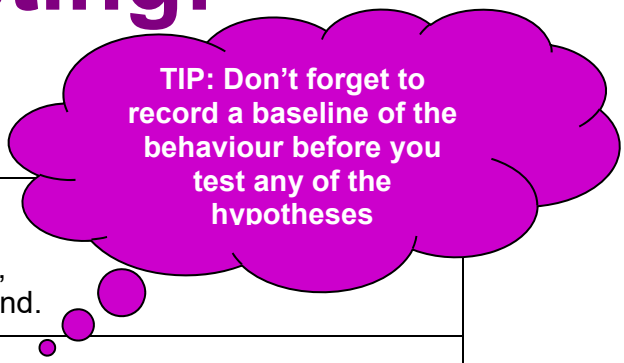
What did not work?

I forgot to put my story template in the back of my writing book and Mrs Rogers had to give me another copy.

What might I do differently next time?

I could paste the story template into my book so I can't forget it.

Hypothesis testing: Richard



PROBLEM IDENTIFICATION:
During recess and lunch when Richard is in the playground he stands in students' personal space, yells at students, and pushes students to the ground.

HYPOTHESIS NUMBER 1:
Richard has trouble controlling his anger.

TEST NUMBER 1:
Provide four weeks of anger management counselling with Brad (counsellor). Record number of outburst following counselling and compare with baseline.

HYPOTHESIS NUMBER 2:
Richard is unable to express his feelings verbally so resorts to physical expression.

TEST NUMBER 2:
Teach Richard to recognise and verbally label his feelings using a "Faces/Feelings" chart. Then discuss what causes these feelings and what possible options he has. Linda (class teacher) to do this. Compare baseline with outbursts following two weeks of this strategy.

HYPOTHESIS NUMBER 3:
Richard gets frustrated because of difficulties with reading and language activities.

TEST NUMBER 3:
Record baseline number of outbursts. Provide four weeks of integration time specifically for reading activities. Richard to read to younger students. Compare with baseline after four weeks.

HYPOTHESIS NUMBER 4:
Richard gets angry when tired.

TEST NUMBER 4:
Provide rest breaks during recess or consider half day attendance. Compare with baseline after two weeks.

HYPOTHESIS NUMBER 5:
Richard does not have the social skills required to join in games.

TEST NUMBER 5:
Provide Richard with social skills training with the school counsellor. Provide optional structured games in playground. Compare with baseline after four weeks.

Hypothesis testing form

PROBLEM IDENTIFICATION:
HYPOTHESIS NUMBER 1: TEST NUMBER 1:
HYPOTHESIS NUMBER 2: TEST NUMBER 2:
HYPOTHESIS NUMBER 3: TEST NUMBER 3:
HYPOTHESIS NUMBER 4: TEST NUMBER 4:
HYPOTHESIS NUMBER 5: TEST NUMBER 5:
HYPOTHESIS NUMBER 6: TEST NUMBER 6:

Once the team has decided on the hypothesis to test, develop your plan on how to support the student using the Goal-Plan-Predict-Do-Review format (see the *Achieving Goals* book for information on the GPPDR format).

For more information on recording behaviours and ideas on positive behaviour supports for students with an ABI have a look at our *Behaviour* fact pack.

Problem solving for hypothesis testing

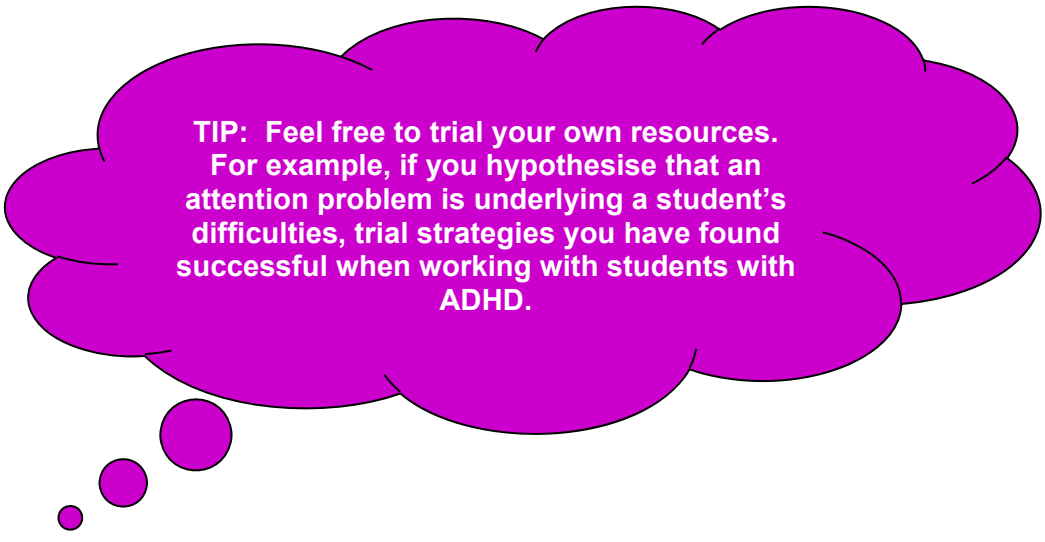
There are many cognitive changes experienced after an ABI and large individual variations in the areas and extent of impairments that students with an ABI might experience. Given this variation there is no specific set of strategies guaranteed to be effective for every student with an ABI. However, there are a range of strategies that have been found effective which you can draw on to assist you in addressing a student's educational needs.

Identifying the most successful strategy for your student is likely to require some trial and error.

We recommend beginning with hypothesis testing to assist you in identifying the likely underlying cognitive area(s) of difficulty. This will assist in highlighting the most appropriate strategies to trial first.

A list of strategies is provided on the following page. Most are from other people who have taught students with an ABI and some are from great reference books such as *Educating Educators about ABI* (www.abieducation.com).

Don't forget you can ask the student's support services to come along and contribute to these session.



Problem solving table…

What's the problem?	Possible causes	What might help
The student does not start their work **For example:** ♦ Needs instructions to be repeated one-on-one once class has begun work. ♦ Has difficulty following directions. ♦ Does not start task despite directions being given to class. ♦ Knows what task is but does not start. ♦ Plays with items on desk instead of completing classwork	Difficulties with **attention** span and frequently misses instructions Difficulties **recalling** more than one or two pieces of information. May **process information more slowly** than others, so unable to keep up with the rate of information presented. May not know how to **break down task** into smaller steps, so unsure how to begin.	Check you have the student's attention before providing instructions. Keep directions simple. Give the student one step of the task at a time, or write the instructions down for them. After giving instructions, ask the student to explain back to you what they have to do. Teach the student a routine on **how** to break down tasks into smaller steps (see the *Achieving Goals* fact pack for more detailed information).
The student is easily distracted and has trouble staying on task **For example:** ♦ Day dreams often. ♦ Poor concentration. ♦ Easily distracted by others. ♦ Complains of boredom. ♦ Can't stick to a task. ♦ Moves away from tasks. ♦ Appears to "zone out" when lengthy instructions given.	Reduced **concentration** span and/or have **difficulties filtering out** distracting information. Difficulties **remembering** steps of task. **Cognitive fatigue**, which can impact their attention, memory, and how quickly they can complete tasks.	Minimise distractions as much as possible. Use short bursts of activity with regular physical breaks (i.e., ask student to write something on the board, go outside for a drink of water, etc.). Provide breaks if the student appears fatigued. Set achievable and realistic goals for each lesson that are meaningful to the student. Use external aids such as letting the student know how long the task will last, provide written steps, etc.

What's the problem?	Possible causes	What might help
The student is slow at completing work and has difficulty keeping up with conversations **For example:** ♦ Responds slowly. ♦ Often takes much longer than others to finish work. ♦ Does poorly on tests due to running out of time. ♦ Does not contribute to class discussions and has difficulty answering verbal questions in class.	Reduced **speed of processing**, i.e., By the time the students processes information and composes a response the conversation has moved on. **Memory** difficulties can impact on conversation skills (i.e., knowing what has already been said). Reduced **understanding** of task requirements. Poor **planning and problem** solving skills.	Set classwork/homework time limits rather than question limits and provide extra time during tests Provide student with questions to consider for discussion prior to class. Keep information simple and provide pauses to allow for processing. Reduce the amount of handwriting required (provide copy of notes, etc.). Teach **how** to plan and problem solve (see the *Achieving Goals* fact pack for more information).
The student has difficulty learning and recalling new information **For example:** ♦ Slow pace of learning. ♦ Poor learning of new information. ♦ Forgets what was learnt yesterday or has trouble completing a task they could do yesterday. ♦ Poor test results, despite knowing the information. ♦ Memory and attention appears to fluctuate from day to day.	A student with a reduced **speed of processing** may require more time and repetitions to learn new information. **Memory** difficulties can impact on how quickly a student can take in new information and/or how well they can recall information they have previously learnt. When a student is **fatigued** this can impact on their attention, speed of processing, and memory.	Provide information in small amounts and provide multiple opportunities for repetition. Depending on if the student is better at learning visually or verbally, provide either visual or verbal cues to assist with new learning. Multiple choice cues can be useful to assist with recall difficulties. Be aware of signs that indicate the student is fatigued, and provide breaks when required. Educate others that fatigue can impact on the student's daily performance.

What's the problem?	Possible causes	What might help
The student makes frequent mistakes **For example:** ♦ Does not notice change between addition and multiplication sign on maths page. ♦ Has difficulties copying information correctly from the board. ♦ Has difficulty identifying errors in work.	Difficulties filtering out distracting information and paying **attention** to on relevant information. Difficulties with **working memory** (Working memory is the ability to hold information "in mind" while you manipulate it such as when doing a maths sum, or copying from the board). Difficulties with executive functioning, such as poor **self-monitoring**, or **impulsiveness**.	Break down busy worksheets onto several different pages. Reduce the amount of information to be copied from the board. Encourage the student to "stop and check" each question (i.e., circle the mathematical symbol before beginning a sum; highlight the key words in the instructions before composing an answer to a question, etc.). Create a checklist of steps to complete prior to handing in work.
The student is poorly organised **For example:** ♦ Locker is disorganised and they lose items frequently. ♦ Turns up to class with the incorrect books. ♦ Work is poorly organised. ♦ Can't work out solutions to problems (such as how to tidy their locker!). ♦ Does not complete or hand in their homework.	Executive function difficulties such as reduced **planning**, **problem solving**, and **organisation skills** may mean a student may frequently take the incorrect books home, forget they had homework, forget to hand in completed homework, or be unsure how to complete their homework, etc. A reduced **speed of processing.** Poor **memory**.	Help student to develop skills required for planning, problem solving, and organisation (the *Achieving Goals* fact pack is great for this!). Teach student how to prepare own schedules of work. There is helpful information and forms for this in the *Study Skills* Fact Packs. A whole day may need to be structured in a pictorial or written way.

What's the problem?	Possible causes	What might help
The student has social difficulties **For example:** ♦ Prefers playing with children from a younger grade. ♦ Plays alone at lunch. ♦ May argue with others often and have trouble seeing an alternative point of view. ♦ Difficulties understanding jokes.	Student may not be able to keep up with speed of peers in playground due to **physical limitations** or **fatigue**. **Language skills** and/or **social skills** may be reduced for their age. **Executive function** difficulties such as **concrete** thinking and difficulties interpreting **social cues**.	Work with student and peers to identify games that student can be involved in despite physical limitations. Consider referral to a speech pathologist to improve language and social skills. Provide overt social cues to student such as "I'm going to tell you a joke…."
The student appears inflexible **For example:** ♦ Panics/becomes distressed with change in routine. ♦ Demonstrates rigid thinking. ♦ Has difficulty thinking of new way to solve problem. ♦ Always chooses same topic to talk about or work on.	Executive difficulties such as **switching** between ideas (changing a train of thought), **problem solving, decision making,** and coming up with **new ideas.** Students with an ABI may rely on routines in their day to get things done, and thus have a difficult time when their routine varies (especially considering that variations to a plan require problem solving!). (Refer to the section on routines in this fact pack).	Provide warnings and indicators for changes where possible Develop a plan to deal with changes of plan! (Our *Achieving Goals* fact pack has more information on change.) Educate the everyday people who support the student about the student's use of routines as a strategy. To assist decision making help the student write down the pros and cons between two options.

What's the problem?	Possible causes	What might help
The student is impulsive **For example:** ♦ Responds out of turn. ♦ Talks too much. ♦ Leaves seat to complete task when teacher is talking. ♦ Does not consider consequences of actions. ♦ Makes socially unacceptable comments (e.g. "That man is fat").	In students who have poor **memory** they sometimes say their ideas when they think of them, rather than risk forgetting them later. **Executive difficulties** including poor **impulse control**.	Discuss impact of particular behaviour (i.e., talking too much) and negotiate an acceptable plan to reduce this. (See the *Achieving Goals* fact pack for more information on developing plans and reviewing performance.) Avoid situations where impulsive behaviour will put people at risk. Help student develop scripts or cues to assist with self-control e.g. "Stop and think", "Stay cool, Stay at school" etc. Avoid impulses by avoiding known triggers and by managing antecedents rather than consequences! (See the *Behaviour* fact pack for more information).
The student has difficulty in seeing or accepting changes in their abilities following the ABI **For example:** ♦ Does not appear aware that needs have changed post ABI. ♦ Feels they are doing well when they are beginning to fail. ♦ Does not see the need for extra assistance.	Student may have a **lack of insight** into changes post-injury, and believe nothing has changed. Poor insight could be a self-preservation mechanism! Some changes will be pretty hard for the student to accept and time may be a large factor in resolving these issues. Some lack of insight may be related to damage of the frontal lobes, and poor insight into abilities may persist over time.	**Time** Allow the student to learn new information and practise skills with adequate support so failure does not occur (see section on Direct Instruction Technique in this fact pack). Encourage the student to regularly predict and review their performance and compare this with a review from a trusted other person (See the *Achieving Goals* fact pack for more information). Video situations and ask the student "What is working for you?" and "What isn't working?"

What's the problem?	Possible causes	What might help
The student is irritable **For example:** ♦ Has temper outbursts ♦ Is frustrated or agitated ♦ The student is suspicious, has paranoia etc.	**Pre-injury factors** such as personality, behaviour, learning difficulties etc. The student may be aware of **cognitive changes**. This can lead to a loss of sense of self-image, loss of sense of control, and/or a loss of meaningful goals. The student may **fatigue** more easily, impacting on mood. Once easy tasks may now be much harder for the student. Medication.	Aim to avoid crises by avoiding known triggers and by managing antecedents rather than consequences! To promote a positive learning experience provide the student with adequate support so that failure does not occur (see the Direct Instruction Technique section in this fact pack). Be aware of the student's strengths and weaknesses to help them develop insight into tasks they are likely to find difficult. Provide the student with choice wherever possible. Ensure the student is engaged in activities that are meaningful to him/her. Anticipate challenging situations and plan a "game plan". This plan may include nominating a person who the student can visit to let off steam, and may also include a crisis response plan. Use opportunities after the crisis to discuss more helpful ways of dealing with the situation. Avoid risk situations with inadequate support. See the *Behaviour* fact pack for further information.

Further detailed information on possible strategies can be found on pages 72- 96 in the resource book *Educating the Educators About ABI* (www.abieducation.com).
This resource is freely available on-line.

Further academic strategies

Below are some general academic strategies which have been found to be useful for students with an ABI. Please note that this list is by no means exhaustive! We encourage you to trial your own strategies and expertise you may have used in the past with other students with special needs (i.e., Attention Deficit, Autism, and Specific Learning Disabilities).

Teacher to student

- Provide the student with clear expectations of their work, homework, and behaviour. An example assessment sheet which clearly communicates expectations is provided on subsequent pages.
- Introduce information at appropriate developmental and mental capacity
- Modify assignments and tests to accommodate special needs (see section on Modification in this fact pack)
- Allow multiple opportunities for practice
- Give clear feedback to help the student understand why he has or has not been successful. If the student has difficulty accepting feedback or reviewing their performance you may find the information on improving the skills of "predicting" and "reviewing" in the "achieving goals" fact pack particularly useful.
- Provide incentives and consequences to increase motivation
- Teach the student to recognise and measure personal success. Have the student chart progress (e.g. number of books read, assignment grades)
- Plan times for rest and emotional release
- Encourage discussion and sharing of problems
- Discuss inappropriate behaviours and provide alternatives (see the *Behaviour* fact pack for further information on reducing inappropriate behaviours)
- Be aware of stresses placed on student by others and reduce these
- Use a holistic approach to teaching content
- Some students may benefit from being encouraged to draw what is being learned
- Always monitor student understanding before moving on
- Complete and clarify instructions before distributing materials
- Demonstrate, model, practice (guided and independent), and prove
- Teach students how to organise their desks and keep them free from clutter and other items not related to learning tasks
- Know students' hobbies

Student to student

- Use co-operative learning strategies
- Use small groups to encourage informal interactions, peer tutoring and modelling
- Use a 'buddy' system
- Use a 'peer coach'
- Directly teach peers to use specific strategies
- Encourage friendships and sharing through extra-curricular activities based on student's physical and emotional capabilities and interests

Classroom adaptations and modifications

- Encourage use of assistive devices (e.g. calculators, computers, and voice recorders)
- Use organisational aids (e.g. schedule book, diary, assignment notebook, "to do" lists)
- Use pictures, written cues, graphic illustrations to accompany textbooks and work pages
- Colour code subjects on the student's timetables with their books/folders
- Assess if the student would benefit from a different type of locker lock (i.e., if they constantly lose their key provide them with a pin code lock).
- Give careful attention to classroom temperature, lighting and ventilation

Student learning techniques

- Encourage re-reading, underlining, highlighting, summarising and noting key points
- Ask student to repeat instructions verbatim before beginning a learning task
- Check understanding by asking student to restate information/ instructions in a different way
- Encourage student to review work after completing it, proofread assignments before handing them in, check for completeness and accuracy. Consider if the student would benefit from creating a "what to look for" review sheet.
- Provide student with opportunities to repeat assignments to see if performance can be improved
- Encourage student to ask questions and clarify information not understood
- Have student write instructions on a separate piece of paper
- Have student self-evaluate work to see if it is appropriate, verbalising correct and incorrect aspects of work

Taken from: Blosser, J. & De Pompei R., (1994). *Paediatric Traumatic Brain Injury*. San Diego, CA: Singular Publishing Group.

Assessment sheet Sample

Providing students with clear expectations of their work and/or homework can be very beneficial. Below is an example of how a teacher has set up an assignment sheet to help the student with planning and organising. It shows how a standard form can really help a student with assignment preparation. Thanks to Wendy Grove at Albury High School, Albury NSW.

Food Technology Assessment Sheet
Preliminary Course - Food Availability and Selection

OUTCOMES FOR THIS ASSESSMENT TASK

- Identifies and discusses a range of historical and contemporary factors which influence availability of particular foods
- Selects appropriate equipment

QUESTIONS

Part A – Research (15 marks)

- Select a country which has an easily identifiable staple food.
- Discuss the factors that lead this country to accept this staple food. (See marking scheme for points discussed).

Part B – Meal Planning (5 marks)

Write a meal plan for a day which is typical for a person from your chosen country.

Part C – Practical (5 marks)

Prepare a meal using the staple food from your chosen country (remember to submit your recipe).

Part D – Evaluation (5 marks)

Evaluate your meal to assess your food handling practices.

MARKING SCHEME - PART A

15 marks: Extensive amount of factors such as geography, climate, agriculture, history, level of technology, importance of food in the diet, and their role in developing the sorts of food are all discussed.

10 marks: Most of the factors discussed but a failure to link their findings to develop the staple food.

4 marks: Few factors mentioned and a vague association between the historical development of the staple food discussed.

MARKING SCHEME - PART B

5 marks: Full day's foods listed with a clear indication of the time of day meals are eaten. Recipes given.

3 marks: Lacking clear guides of all the foods eaten at each meal.

1 mark: Inadequate setting out with vague indication of the foods eaten during the day.

MARKING SCHEME - PART C

5 marks: Students select the appropriate equipment and utilise safe work practices.

3 marks: Foods prepared in a disorganised manner but using safe practices.

MARKING SCHEME - PART D

5 marks: Students to evaluate their work indicating their organisational skill, work practices and the suitability of their food for the practical.

3 marks: Lack of a clear indication of the methods employed and a failure to support the findings.

Date due:_____ **Date of Practical:**_____

How can you get the most out of support services?

When a student with an ABI returns to school their "support team" can include family members, teachers, and staff from other service providers such as therapists. Each member has their own expertise in relation to the student e.g. knowledge of the child, knowledge of the school and education system, knowledge of brain injury.

Support teams are in place to help the student achieve their best. Ongoing, collaborative communication within the "team" is our best chance at this.

To help you get the most out of support services:

- Clarify your role as a team member and clarify the roles of other team members. The "Who's who" form on the next page can be helpful for this.
- Approach support service providers as collaborators rather than experts.
- Ask support service providers exactly what supports they can offer you (i.e., training in ABI? attendance at term meetings?, Brainstorming?).
- Be clear about the types of support you want. Do you need specialist help or an extra pair of hands? Would regular therapy or in-classroom consultation be more helpful for the student?
- Make sure support service providers understand your classroom routines.
- Be clear about when support services should take place so they work best for you and for the student.
- Make sure team members agree on expectations and goals for the student. This is where a hypothesis testing approach can be fantastic (as outlined in this booklet).
- Have the team evaluate the effectiveness of support services.
- Keep asking yourself, "What's working and what's not? How can we make it work better?"
- If the wheels fall off ask for help from within the support team. It is important to deal with issues as they arise rather than wait for the next formal meeting.
- If something is not working, sit down with the service provider and work out how it can!

TIP: This is a collaborative team so don't be afraid to offer your ideas, and/or ask questions

Who's who?

Sometimes when a child has an ABI, there can be lots of people involved. This is a useful form to keep track of them all. If your student has a rehabilitation coordinator, make them responsible for this one!

Name	Role	Contact details
School		
	(e.g. classroom teacher; learning support teacher; teacher aide; etc.)	Phone: Email: Address:
		Phone: Email: Address:
Therapists		
	(e.g. Rehabilitation Coordinator; Speech Pathologist; Occupational Therapist; etc.)	Phone: Email: Address:
		Phone: Email: Address:
Medical		
	(e.g. paediatrician; GP; etc.)	Phone: Email: Address:
		Phone: Email: Address:
Other useful numbers		

Friendships and social skills

It can be common for changes in friendships to occur following an ABI. Factors influencing these changes can include:

- Long absences from school
- Changes in physical appearance and abilities (more fatigued, unable to keep up with peers in the school ground, potential changes in weight, etc.)
- Changes in communication skills (word finding difficulties, inability to keep up with the flow of conversations, etc.)
- Changes in behaviour (saying things which are inappropriate etc.)
- Changes in cognitive skills (poor memory for previous discussions, etc.)

At school it can be useful for teachers to monitor students' interactions with old and new friends. If you notice concerns, the hypothesis testing approach can be useful to help determine what the underlying factors may be (i.e., can't physically keep up to play football at lunch, poor inhibition means they are offending their friends, difficulty thinking of things to talk with friends about, etc.).

You may want to consider if the friends require support to understand and adjust to changes in the student with ABI. This needs to be considered in conjunction with how much information the student is comfortable sharing with their friends about their ABI.

If a student is not currently attending school full-time it can be useful for them to attend for at least recess to allow them time to socialise and interact with their peers.

If you or your school require further information on friendships and social skills following an ABI, contact your local paediatric ABI service provider (a list of providers is located at the end of this booklet).

Review

Reviewing is an ongoing process during which the needs and outcomes of the student **and** teaching staff are evaluated. Areas for review for students may include academic, cognitive, social, and psychological. Areas of review for teachers may include level of training and support needs.

Monitoring and evaluation: Assessing success

Once a behaviour support plan has been implemented, it is important to decide on a monitoring and review process in order to evaluate the success of the plan. Establishing regular reviews is highly recommended to ensure the plan stays relevant. Consider that the child's behaviour may not necessarily improve steadily and consistently overtime. Fluctuations and 'ups and downs' can be expected dependent upon the child's previous learning patterns, motivation, health issues and other factors such as managing current changes. As we've said previously, it's not uncommon for behaviour to actually get worse before it gets better! It is best to consider improvements over a set period of time not day-by-day or session-by-session.

Questions to consider in the monitoring and evaluation process include:

- How will the plan be monitored (e.g. parent/teacher observation; self-reflection; behaviour monitoring chart; etc.)?
- When will the behaviour support plan be reviewed?
- Who is involved in the review process?
- Is the plan working? If not, why?
- Is everyone following the plan?
- Are any modifications to the plan required?

Key message: Regularly review the behaviour support plan and update as required to ensure the strategies stay relevant.

Summary

Teachers and aides provide invaluable support and assistance for students with brain injuries and their families. However, we recognise that sometimes teachers and aides need support to do their job too!

In this booklet are a number of ideas, strategies, and resources that might be useful for teachers and aides working with a student who has sustained a brain injury. We hope that these will be tools that you can add to your “tool kit” for working with the student with brain injury, and all other students in your class. No doubt you will have a number of other ideas and strategies that you have found to be successful in your teaching experiences and we encourage you to trial these as well. Remember that there is no single strategy that will work for all students with brain injury but with time and perseverance you will determine the strategies that work best for this student.

If you feel stuck and need further help or ideas, please contact the student’s Case Manager/Rehabilitation Coordinator, or contact SWBIRS directly on (02) 6041 9902.

Further resources

Books

Lewis, M., & Wray, D. (1999). *Writing in the curriculum frames to support learning.* Primary English Teaching Association Australia.
This is an Australian book which includes scaffolds designed to help students when planning and producing writing or when working on brainstorming activities.

Lash, M., Wolcott, G., & Pearson, S. (2016). *Signs and strategies for educating students with brain injuries (4th ed.).* Youngsville, NC: Lash & Associates Publishing.
This is a very useful book and includes a great school transition checklist (among many other topics!). It's available for purchase from: www.lapublishing.com/educating-student-brain-injury

Websites with ABI specific information

Educating Educators about ABI www.abieducation.com
A link to download a great resource for teachers "Educating Educators about ABI: Teaching classroom teachers how to accommodate students living with the effects of ABI".

Teaching Students with ABI
http://www.bced.gov.bc.ca/specialed/docs/moe_abi_resource_rb0116.pdf
"Teaching Students with ABI – A resource guide for schools" is a pdf document which provides detailed information on brain injury, transitions, individual learning plans, from the British Columbia Ministry of Education.

Brain Line
http://www.brainline.org/landing_pages/categories/school_results.php?types=article
Detailed information on ABI including school issues, teaching methods, cognitive changes, etc.

Project LEARNet
www.projectlearnet.org
This site has great information, resources, videos, and tutorials for supporting the cognitive difficulties frequently seen following an ABI. Mark Ylvisaker and Tim Feeney contributed lots of the information in the "Tutorials" section.

Brain Injury Association of America
www.biausa.org
This site acts as a clearinghouse of community service information and resources.

BrainLink
www.brainlink.org.au/page/35/abi-information-kit
Link to downloadable booklets on ABI.

Further websites

Australian Association for the Teaching of English
www.aate.org.au/myread
This is a site that has some good resources for students struggling with regular curriculum activities. Topics include "explicit teaching", "scaffolding" and "classroom organisation".

Special Needs Opportunity Windows (SNOW) Project
http://snow.idrc.ocad.ca/
This Project is a provider of online resources and professional development opportunities for educators and parents of students with special needs. They provide online workshops, curriculum materials, open discussion forums and other great resources.

Neuroscience for Kids
http://faculty.washington.edu/chudler/neurok.html
This is a terrific site designed for students and teachers who would like to learn about the nervous system. There are lots of games and interactive activities.

Langford International
www.langfordlearning.com
Looks interesting - describes itself as being at the "cutting edge of common sense!" Provide training, as well as an on-line forum for a variety of education topics for educators.

LD Online
www.ldonline.org
A site with a monthly newsletter offering news about learning difficulties and ADHD. References to some interesting articles and ideas.

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Paediatric brain injury services in NSW

Inpatient Services	Phone	Address
Sydney Children's Hospital Network - Westmead	(02) 9845 2132	Cnr Hawkesbury Road & Hainsworth Street Westmead NSW 2145
Rehab2Kids, Sydney Children's Hospital (Randwick)	(02) 9382 1590	High Street Randwick NSW 2031
Kaleidoscope Paediatric Brain Injury Rehabilitation Team (John Hunter Hospital)	(02) 4925 7963	Kookaburra Circuit New Lambton Heights NSW 2305
Community Services	**Phone**	**Address**
South West Brain Injury Rehabilitation Service (Albury)	(02) 6041 9902	335 Reservoir Road Lavington NSW 2641
Southern Area Brain Injury Service (Goulburn)	(02) 4823 7911	PO Box 274 Goulburn NSW 2580
Illawarra Brain Injury Service	(02) 42238470	8 Eyre Place Warrawong NSW 2502
Mid Western Brain Injury Rehabilitation Program (Bathurst)	(02) 6330 5114	Heritage Building Bathurst Health Service Howick Street Bathurst NSW 2795
New England Brain Injury Rehabilitation Service (Tamworth)	(02) 6767 8350	Dean Street Tamworth NSW 2340
Mid North Coast Brain Injury Rehabilitation Service (Coffs Harbour)	(02) 6652 2856	39 Victoria Street Coffs Harbour NSW 2450

Paediatric brain injury services in Victoria

Other nearby services (based in Victoria)	Phone	Address
Victorian Paediatric Rehabilitation Service (VPRS) *Provide interdisciplinary rehabilitation for children with congenital, developmental, or acquired conditions that require rehabilitation. There are 8 sites across Victoria, the two covering North Victoria are:*		
Goulburn Valley **(Hume region)**	(03) 5832 2322	Goulburn Valley Health Graham Street Shepparton VIC 3630
Bendigo **(Loddon Malle region)**	(03) 5454 6001	Bendigo Health John Lindell Mercy Street Bendigo VIC 3550
Melbourne City Mission Statewide Paediatric ABI Service *Assist those working or living with children and young people (aged 0-18 years) with an ABI.*	1800 343 287 (Disability Services Intake)	Head Office: 164-180 Kings Way South Melbourne VIC 3205