

SPED 545

Support Strategies for Learners with Physical and Multiple Disabilities

INSTRUCTOR:
MEETING TIMES:
ROOM:
OFFICE HOURS:
E-MAIL:
PHONE:

Michael D. Eisner College of Education Conceptual Framework

The faculty of the Michael D. Eisner College of Education, regionally focused and nationally recognized, is committed to excellence, innovation, and social justice. Excellence includes the acquisition of professional dispositions, skills, and research-based knowledge, and is demonstrated by the development of ethical and caring professionals—faculty, staff, candidates—and those they serve. Innovation occurs through the leadership and commitment of faculty, and through collaborative partnerships among communities of diverse learners who engage in creative and reflective thinking. We are dedicated to promoting social justice and becoming agents of change in schools and our communities. We continually strive to achieve the following competencies and values that form the foundation of the Conceptual Framework.

We value academic excellence in the acquisition of research-based professional knowledge and skills. We commit ourselves to and expect our candidates to:

- acquire in-depth knowledge of subject matter (aligning with state and national curriculum standards when applicable),
- acquire professional and pedagogical knowledge,
- acquire pedagogical content knowledge,
- use professional standards and empirical research to develop and evaluate programs and guide practice,
- capitalize on advancements in technology to promote learning,
- communicate effectively using multiple modalities, including speaking/signing, writing, and digital media, in professional and community settings; and
- understand, apply, and engage in scholarship and research.

We strive to positively impact schools and communities. Therefore, we foster a culture of evidence to determine the impact of our programs, to monitor candidate growth, and to inform ongoing program and unit improvement. We commit ourselves to and expect our

candidates to:

- develop knowledge and skills that research and evidence have shown to positively impact schools and communities,
- acquire knowledge and skills in assessing those we serve, using various indicators including national, state, and institutional standards,
- acquire knowledge and skills in identifying and selecting assessment approaches and measures that are reliable, valid, and fair,
- develop skills in analyzing, synthesizing, and evaluating data for the purpose of informing practice,
- use evidence from multiple assessments to inform and improve practice that will promote learning and growth of all pupils, and
- engage in cycles of understanding, learning, application in the field, reflection, and revision of practice.

We value ethical practice and what it means to become ethical and caring professionals. We commit ourselves to, and expect our candidates to:

- engage in inquiry about what it means to be an ethical and caring professional,
- adhere to a code of ethics appropriate to professional practice and recognize its relationship to the realities of the contexts in which practice occurs,
- assume personal responsibility for developing, demonstrating, and refining the values, beliefs, and assumptions that guide professional practice, and
- demonstrate attitudes, dispositions, and behaviors of caring and ethical professionals in daily practice.

We value collaborative partnerships within the Michael D. Eisner College of Education as well as across disciplines with other CSUN faculty, P-12 educators and related professionals, and other members of regional and national educational and service communities. We commit ourselves to and expect our candidates to:

- participate in intra- and inter-disciplinary partnerships including the Michael D. Eisner College of Education and the university,
- participate in external partnerships with schools, community agencies, other universities, and local, state, and national agencies with common interest,
- collaborate with all stakeholders to support the learning and growth of faculty, staff, candidates, and those they serve, and
- identify and use professional and community resources.

We value people from diverse backgrounds and experiences and are dedicated to addressing the varied strengths, interests, and needs of communities of diverse learners. We commit

ourselves to and expect our candidates to foster a climate in which the meaning and implications of diversity are continuously defined, examined, and addressed:

- move from acceptance of diversity to appreciation of diversity, to become agents of change for social justice,
- respect and understand the conditions and contributions of communities and schools, and of families from all backgrounds,
- develop, use, and promote positive interpersonal skills in an open and inclusive process for making decisions and achieving consensus, and
- participate in and be accountable for shared decision making within the academic and service communities in a manner that contributes to supporting diversity.

We value creative, critical, and reflective thinking and practice. We commit ourselves to and expect our candidates to:

- engage in continuous and critical reflection,
- participate in ongoing professional development, accept feedback and consider implications for practice and program renewal,
- refine and apply professional competencies through collegial interaction, including for candidates a variety of clinical practice experiences; and
- solve problems, make decisions, facilitate change, and produce knowledge in new and creative ways.

Course Description

Prerequisites-Restricted to candidates admitted to the Preliminary Education Specialist Credential Program or the Dual Preliminary Single Subject/Education Specialist in Mild/Moderate and Extensive Support Needs. Prerequisites for Preliminary Education Specialist Credential Program: SPED 400 or SPED 541B, SPED 407. Prerequisites for Dual Preliminary Single Subject/Education Specialist in Mild/Moderate and Extensive Support Needs: EPC 420. This course includes a study of common physical impairments and their impact on development and learning. Topics include (a) assessment and intervention strategies; (b) transdisciplinary approach to service delivery, including collaboration with families, general education teachers, and related service staff; (c) techniques on physical positioning, lifting, and carrying procedures; and (d) infusion of high and low technology, and (e) strategies to adapt and accommodate school-age children and youth grades K – 12 having physical and multiple disabilities. Issues related to health care will be addressed.

COURSE OBJECTIVES

By completing this course, students will:

1. acquire a basic knowledge of typical growth and development,
2. discuss the effects of atypical motor development and acquire knowledge of common physical impairments,
3. understand how physical and multiple impairments may impact development and learning,
4. acquire knowledge and skills of other professionals and learn techniques of working as part of a transdisciplinary team for educational programming and implementation of objectives into typical K- 12 class and school routines,
5. demonstrate appropriate handling and positioning techniques, lifting, and carrying procedures for children and youth of different ages,
6. demonstrate an understanding of typical oral motor development and the role of familial and cultural factors on feeding and nutrition,
7. acquire information on types and purposes of assistive devices and equipment for K – 12 students with physical and multiple disabilities,
8. demonstrate the ability of how to infuse the use switches and other assistive technology to ensure access to the general education curriculum,
9. demonstrate the ability to adapt materials to maximize a learner's potential and ensure access to the general education curriculum,
10. demonstrate and understanding of appropriate intervention strategies used to promote development of Activities of Daily Living (ADL) and adaptive skills,
11. acquire strategies to promote interactions between individuals with physical & multiple disabilities and their peers without disabilities,

12. understand the impact on the family on having a child with a physical and multiple disability and consider cultural & linguistic differences among families,
13. understand the importance of continued assessment and collaboration among all team members (families, related service staff, teachers, etc.) concerning current and future needs for assistive technology and how these needs will change as K – 12 students grow and develop, and
14. demonstrate an understanding of the differences between active and passive therapy.

REQUIRED TEXT AND READINGS

- **Text:** Orelove, Sobsey & Silberman (2017). Educating children with multiple disabilities: A collaborative approach, 5th Edition. Brookes Publishing
- **Posted Readings on Canvas**

ASSIGNMENTS

1. **Observation.** Observe a P.T. or O.T. therapy session in a classroom setting (preferably in a GED/inclusive setting) working with a K – 22 learner with a physical disability. Submit a written 3 to 4-page summary on the findings. Purpose of assignment is to hone observation skills and to provide an opportunity to practice collaborating with a therapist. (30 points)
2. **Integrated Therapy.** Select two case studies of learners in different grades and who present different needs, including at least one student who is medically fragile. Describe how P.T. and/or O.T. strategies can be infused into a typical age-appropriate classroom activity with a focus on effective collaboration and sharing of expertise U2.4, U2.4, MM3.3/EX3.5, MM3.3/EX3.5, U4.2, U4.2, MM4.6/EX4.7, MM4.6/EX4.7, MM6.4/EX6.5, MM6.4/EX6.5. Case studies will feature learners of different ages, cultural/linguistic backgrounds, and abilities and needs. For each learner identify age/grade-appropriate activities that promote (a) active participation U4.5, U4.5, (b) access to the core curriculum, and (c) greater independence. (30 points) EX1.5, EX1.5, MM2.2/EX2.6, MM2.2/EX2.6, MM2.3/EX2.7, MM2.3/EX2.7, EX2.1, EX2.2, EX2.2
3. **Assistive Technology.** Using the same case studies selected in assignment 2, for each learner, describe how the use of a switch can be infused into typical and age-appropriate academic and non-academic activities. Include in the paper how assistive technology needs may change as learner progresses through the grade levels (e.g., how icons, phrases, etc. may change). Finally, develop a data sheet to track progress. (20 points) U4.4, U4.4, MM4.1/EX4.3, MM4.1/EX4.3, MM7.5/EX7.5, MM7.5/EX7.5
4. **Curricular Modification.** Using the same case studies selected in assignment 2, design a non-switch curricular modification/assistive technology tool that will allow for greater participation in a typical academic lesson. Include in the paper thoughts on how

Occupational and Physical Therapists can assist with this process. Present the modification in class. (20 points) MM2.1/EX2.5, MM2.1/EX2.5, MM2.4/EX2.4, MM2.4/EX2.4, U3.6, U3.6, MM4.7/EX4.8, MM5.2/EX5.3

5. Supporting Students with Traumatic Brain Injury (TBI)

In this short paper (2–3 pages) or presentation (5–6 slides), you will demonstrate your understanding of traumatic brain injury by applying six key areas: causes, neurological impacts, changes in learning, self-concept, effects on families/peers, and collaboration with service providers. Use examples to explain how TBI might affect a student in school and propose strategies teachers can use to support learning, emotional well-being, and family/peer relationships. MM2.11/EX2.14, MM2.11/EX2.14, MM4.5/EX4.6, MM4.5/EX4.6, MM6.6/EX6.7, MM6.6/EX6.7

6. Role Play and Reflection on Family Experiences

In small groups, you will role-play a meeting between a teacher, a student, and family members as the student transitions back to school following hospitalization or while managing a chronic/degenerative condition. After the role-play, you will write a short (1–2 page) reflection on what you learned about family experiences, effective communication, and strategies teachers can use to provide support. MM6.5/EX6.6, MM6.5/EX6.6

7. **Midterm Exam** (50 points)

8. **Final Exam** (50 points)

GRADING SYSTEM

94-100%=A	76-79%=C+	60-62%=D-
90-93% =A-	73-75%=C	
86-89%=B+	70-72%=C	
83-85%=B	66-69%=D+	
80-82%=B-	63-65%=D	

A (Outstanding): Performance reflects and outstanding level of competency attainment, including integration of information, and application of theory and research to practice. Projects and exams are comprehensive, thoughtful, well organized, and clearly written.

B (Very Good): Performance surpasses a basic level of competency attainment, understanding and skill, and indicates an ability to integrate and apply information.

C (Satisfactory): Performance meets minimal level of competency attainment, understand and skill. Does not meet graduate level and professional standards.

C-/D=Not Passing: Performance meets expectations for attainment of some competencies.

F=Failing: Performance does not meet expectations for basic competency attainment.

Note: must receive a grade of C or better to pass. C- and below is a non-passing grade.

COURSE SCHEDULE

Week	Topic
1	Introduction, Class Expectations, Medical Terminology
2	Principles of Typical Development and Educational PLanning <ul style="list-style-type: none"> • Gross motor development • McGraw's developmental theory • Progressions, reflexes, righting & equilibrium reactions • Ecological model MM4.7/EX4.8
3	Prematurity & NICU <ul style="list-style-type: none"> • Known causes of prematurity • Correcting for prematurity • Intrinsic & developmental factors influencing neuromotor Collaboration with families and related service staff (OT/PT/SLP) EX1.5 <ul style="list-style-type: none"> • Stress signs • Goals of handling • Common medical problems • Early intervention enhances outcomes
4	Medical Conditions U2.4, MM3.3/EX3.5, U4.2 <ul style="list-style-type: none"> • Spina Bifida • Neurologic Impairment • Medical Impairments • Musculoskeletal deformities • Down syndrome • Muscle diseases Policies related to specialized health care in educational settings MM6.4/EX6.5 Unique experiences of families of students with serious medical conditions MM6.5/EX6.6 Medical Interventions and Collaboration with families and Related Service Staff EX2.2 <ul style="list-style-type: none"> • PT/OT/SLP Interventions
5	Cerebral Palsy <ul style="list-style-type: none"> • Prevalence • Causes (Prenatal; Perinatal; Postnatal) • Early Behavioral and Physical Signs • Reflexes • Types of CP • Collaboration with families and Related Service Staff (OT/PT/SLP)

6	Hypertonia & Hypotonia <ul style="list-style-type: none">• Muscle tone
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	<ul style="list-style-type: none"> • Collaboration with Related Service Staff: Considerations and Interventions
7	<p>Sensory Integration</p> <ul style="list-style-type: none"> • History of sensory integration • Types of sensations: Vestibular, proprioception/ kinesthetic, tactile • Other components of sensory motor system: Taste, smell, vision, auditory • Sensory processing disorders • Vestibular system dysfunction • Gravitational insecurity <p>Collaboration with families and Related Service Staff: Considerations and interventions MM4.6/EX4.7 MM5.2/EX5.3</p>
8	Midterm Exam
9	<p>Fine Motor Development</p> <ul style="list-style-type: none"> • Infusing therapy into typical routines (integrated therapy) • Partial participation
10	<p>Assistive Technology, Switches and Switch Use for K – 12 Learners with Varying Abilities, Needs, and Ages MM2.1/EX2.5, U3.6, EX3.1, U4.4, MM4.1/EX4.3, MM7.5/EX7.5</p> <ul style="list-style-type: none"> • Types of switches & resources • Collaboration with families and related service staff (OT/PT/SLP) • Considerations for switch use • Therapeutic value of switch use • Assistive technology & the curriculum • Augmentative and Alternative Communication EX1.2, EX7.7
11	<p>Adaptive Skills & Daily Care Needs Across the Age Range (K – age 22):</p> <ul style="list-style-type: none"> • Toileting, Dressing Grooming, Health Care Issues • Teaching consideration – natural routines/setting • Methods and instructional strategies <ul style="list-style-type: none"> ○ Adaptations & assistive technology ○ Types of and selection of adaptive equipment <p>Collaboration with families and related service staff (OT/PT/SLP) MM2.4/EX2.4</p>
12	<p>Oral Motor Development: Feeding and Nutrition, Tube Feedings for Children and Youth (K – age 22)</p> <ul style="list-style-type: none"> • Neurological control • Developmental influences • Oral motor structures & growth • Development of feeding skills • Posture considerations when feeding

	<ul style="list-style-type: none"> • Speech & language issues • Medical conditions • Oral motor dysfunction • Sensory problems in feeding • Tubal feeding <p>Nutrition</p> <ul style="list-style-type: none"> • Breastfeeding • Brain development • Water intake • Obesity • Failure to thrive • Malnutrition • Management of feeding problems <p>Collaboration with families and Related Service Staff: OT/PT/SLP</p>
13	<p>Physical Positioning: Lifting, Transferring, Carrying, Equipment, Wheelchair Safety Across the Age Range (K – age 22) Lack of control/fear factor MM2.2/EX2.6, MM2.3/EX2.7, EX2.1</p> <ul style="list-style-type: none"> • Positive touch • Body space • Becoming partners/trust • Legal aspects • Importance of communication – safety first! • Student advocacy and preferences U4.5 • Proper moving & lifting – practice! EX2.1 MM6.1/EX6.2 • Safe transfers • Wheelchairs, standers, walkers, braces <p>Collaboration with families, paraprofessionals, and Related Service Staff: Role of the physical therapist MM6.1/EX6.2</p>
14	<p>Traumatic Brain Injury (TBI)</p> <ul style="list-style-type: none"> • Prevalence & Causes (Open vs. Closed Head Injuries; common mechanisms such as accidents, falls, sports) MM4.5/EX4.6 • Neurological & Functional Impacts (cognition, memory, attention, language, motor, behavior, speech) • Changes in Learning Profile (retention of prior knowledge vs. difficulty with new learning and memory processing) MM6.6/EX6.7 • Self-Concept & Emotional Well-Being (effects of loss of abilities on identity and motivation) • Impact on Families and Peers (adjustment needs, social reintegration) MM2.11/EX2.14

	<ul style="list-style-type: none"> • Collaboration with Families and Related Service Staff (OT, PT, SLP, counseling, medical providers)
15	Class Presentations on Curricular Modifications
16	Final Exam

Specialization	TPE	Page
MMSN/ESN TPE 1	EX1.2	10
	EX1.5	8
	EX1.5	5
	EX1.5	5
MMSN/ESN TPE 2	U2.4	5
	U2.4	8
	MM2.1/EX2.5	10
	MM2.1/EX2.5	6
	MM2.2/EX2.6	11
	MM2.2/EX2.6	5
	MM2.2/EX2.6	5
	MM2.3/EX2.7	11
	MM2.3/EX2.7	5
	MM2.3/EX2.7	5
	MM2.4/EX2.4	10
	MM2.4/EX2.4	6
	MM2.4/EX2.4	6
	MM2.11/EX2.14	11
	MM2.11/EX2.14	6
	MM2.11/EX2.14	6
	EX2.1	10
	EX2.1	11

	EX2.1	5
	EX2.2	8
	EX2.2	5
	EX2.2	5
MMSN/ESN TPE 3	U3.6	10
	U3.6	6
	MM3.3/EX3.5	8
	MM3.3/EX3.5	5
	MM3.3/EX3.5	5
	EX3.1	10
MMSN/ESN TPE 4	U4.2	8
	U4.2	5
	U4.2	5
	U4.4	10
	U4.4	5
	U4.4	5
	U4.5	11
	U4.5	5
	MM4.1/EX4.3	10
	MM4.1/EX4.3	5
	MM4.1/EX4.3	5
	MM4.5/EX4.6	11
	MM4.5/EX4.6	6
	MM4.5/EX4.6	6
	MM4.6/EX4.7	10
	MM4.6/EX4.7	5
	MM4.7/EX4.8	8
	MM4.7/EX4.8	6
MMSN/ESN TPE 5	MM5.2/EX5.3	10
	MM5.2/EX5.3	6
MMSN/ESN TPE 6	MM6.1/EX6.2	11
	MM6.1/EX6.2	11
	MM6.4/EX6.5	8
	MM6.4/EX6.5	5
	MM6.4/EX6.5	5
	MM6.5/EX6.6	8
	MM6.5/EX6.6	6
	MM6.5/EX6.6	6
	MM6.6/EX6.7	11
	MM6.6/EX6.7	6
	MM6.6/EX6.7	6
MMSN/ESN TPE 7	MM7.5/EX7.5	10
	MM7.5/EX7.5	5
	MM7.5/EX7.5	5
	EX7.7	10