



Common Academic and Behavioral Accommodations/Modifications

(are appropriate for almost every student with T.S.—either 504 or OHI)

GOAL: To ensure that children can reach their individual best, both academically and socially.

FOREMOST PRINCIPLE: Academics must be accessible

(Increasing academic frustration = Increasing tics and behaviors)

Therefore: Add accommodations necessary to provide optimal accessibility

I. Principles and directives to encourage appropriate behaviors

Directives for Implementation of Behavioral/Academic Accommodations

Contained classroom is not necessary nor appropriate to implement.

- A. Provide planned ignoring – tics and OCD behaviors
 - 1. Tics and behavior will worsen if attention is focused on them (increasing anxiety)
 - 2. Pass to Nurse for a short time if tics are overwhelming or disruptive
- B. Use calm, quiet voice for directives and corrections (Child is neurologically over stimulated; quiet voice will help refocus)
- C. Avoid direct confrontation. Use redirection whenever possible to prevent obsessive-compulsive neuro-rigidity “oppositonality.”
- D. Provide transition time both physically and for directives (Allows brain to engage and disengage from tasks)
- E. Use stepwise directives and rules
 - 1. Use positive redirection X2
Please start the first math problem
Please start the first problem. You can have Lego time when you finish three.
 - 2. Use positive proactive redirection X2
Let me scribe the answer
Let’s do a Lego fun project for five minutes
- F. Provide structure and clear understanding of expectations with flexibility for waxing and waning of symptoms
- G. Provide increased supervision in unstructured settings, i.e., lunch, P.E. and recess
- H. Provide quiet area to regroup/gain control when over-stimulated – both inside and outside of classroom
- I. Use positive reinforcement
- J. Intervene early before spiral of escalation occurs***

- K. Do not apply immediate consequences (whenever possible) after escalated behavior has occurred. Wait until the child has calmed down before addressing the situation. (Will avoid continued or rapid re-escalation.)

II. Dysgraphia

Research states that about 70% of children with TS have difficulty with handwriting.

- A. Decrease all paper and pencil tasks
- B. Provide notes (student must still attempt note taking)
- C. Provide copy of homework assignment
- D. Provide fill-in-the-blank overheads and worksheets
- E. Use of keyboard/computer whenever possible
- F. Utilize iPad
- G. Allow dictation: Scribe at home/school if necessary
- H. Shorten assignments without changing content
- I. Extended time to complete assignments
- J. Allow oral responses
- K. Allow voice-activated computer typing programs
- L. Utilize books on tape

III. ADHD

(Intrinsic disorganization/inattention/disruption/hyperactivity)

- A. Utilize Special Homework Plan - *will avoid a string of zeros*
(Mom will need to check binder every day at first)
 - 1. Extra home set of textbooks
 - 2. Parent-generated emails Tuesday and Thursday regarding assignments due and/or missing
 - 3. Extended time (1-2 days) to complete missing assignments without penalty
- B. Provide short structured breaks
 - 1. Laminated pass for one three-minute break per 20 - 50 minutes
- C. Allow increased movement in classroom
Especially with structured tasks – i.e., pass out papers
- D. Use single instruction or directive

- E. Allow headphones to diminish distraction
- F. Allow manipulatives
- G. Encourage self-management - i.e., self-removal to designated space in classroom when unable to remain on task.

IV. Obsessive Compulsive Disorder (OCD)

- A. Allow routines which are not disabling or intrusive, e.g., flipping light switch, sharpening pencil
- B. Provide compensatory strategies/objects for annoying behavior:
 - 1. Soft object on end of pencil for tapping
 - 2. Place in front of line and instruct to keep one arm length between others for compulsive touching
 - 3. “Chewelry” for chewing shirts, pencils or other objects
- C. Assess inattention (intrusive thoughts seriously disrupt learning)
- D. Avoid direct confrontation. Use redirection whenever possible to prevent obsessive-compulsive neuro-rigidity “oppositonality.”
- E. Provide transition time. (Allows brain to disengage and engage.)
- F. Provide reassurance for worries, fears or extreme perfection.
- G. Avoid discussion/making promises that elicit anticipation

V. Tactile Issues

Hypersensitivity to noise and crowds

- A. Allow early dismissal from classroom (2-3 minutes)
- B. Utilize earphones, earplugs and/or darkened glasses during designated times

VI. Tics

- A. Allow increased movement in classroom
- B. Provide extended time for test taking.
 - 1. Increased difficulty testing due to blinking, hand, shoulder and torso movements
- C. Allow untimed tests when possible
 - 1. Increased anxiety increases tics
- D. Provide safe place to discharge tics or emotions
 - 1. Pass to Nurse or other previously designated area

- E. Utilize preferential seating – back of classroom close to door
- F. Allow standing at desk to complete work
- G. Allow manipulatives
- H. Require updated symptom list (provided by parents)

VII. Episodic Issues

(Tourette's syndrome waxes and wanes and changes over time with no measure of predictability.)

- A. Plan for worst case scenario – be proactive.
- B. Practice flexibility with academic and behavioral expectations, especially when symptoms are exacerbated.
- C. Plan proactive provisions for difficult days:
 - Arrive at school late morning
 - Stay at school half day
 - Attend specified classes only

VIII. Education of Peers and School Staff

Understanding promotes acceptance