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Building Blocks: Creating the Optimal Program at Community School

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Community School serves a population of children who have specific learning disabilities. By definition, they range from intellectually average to superior. Among them can be found, with surprising frequency, the genuinely gifted. They range in age from five to fourteen at our Lower School and through graduation at our High School.

These children and adolescents experience difficulty in learning to read and to master related literacy skills. Many have similar difficulty in math. Some have expressive and receptive language processing disorders; others short term memory problems. We also find in this population difficulties occurring in motor coordination, visual and auditory perception, and dysfunctions in sensory integration.

The mission of Community School is to create a therapeutic learning environment that

allows its students to function, ultimately, at an academic level more closely approximating their true potential. The goal is that each child will eventually leave our halls with a feeling of self-confidence and a repertoire of skills that assure successful participation in the mainstream of life.

Upon admission, each child is given a thorough diagnostic screening to identify those specific difficulties in reading, math, communication and the perceptual-motor systems that are causing delays in achievement. Then, a totally individualized instructional program is developed and techniques for teaching are explored. Several specialists are involved in this process.

At our school, evaluation and program planning are the responsibilities of a learning team composed of reading, math and learning disability specialists, speech/language pathologist, psychologist, and behavior management person-

nel. The object of this effort is to provide a truly appropriate and fully adequate instructional program.

Community School was conceived on the basis of several hypotheses. At the start, we had many ideas but no developed program was yet in place. We had no previously established models and were essentially dealing with a blank slate. But as we tested out our ideas, we discovered new and somewhat surprising things about this very challenging population, and, as a consequence, we made and continue to make changes, additions and qualifications in our school.

Our underlying hypothesis is that the intelligent child, handicapped by a neurological-based dysfunction resulting in learning and/or adjustment problems, will most often make the best progress in a total school environment designed to meet his or her special needs and that, within a therapeutic setting, skilled instruction will bring about positive results. Thus, the emphasis at Community School is firmly on instruction.

From this focus our program evolved. We knew long before the invention of IEP's that each student would require an individual program in literacy areas and math, as learning problems vary so widely from child to child. Ongoing diagnosis, evaluation and individual planning meant that class size would have to be limited. Initially, an eight student/two teacher model was considered optimal. Over the years, though class size has grown somewhat, we have steadfastly maintained our original three-to-one ratio. We needed trained teachers to provide skilled remedial instruction and so systematic teacher training was undertaken. Even with highly skilled classroom teaching, remediation specialists seeing children one-to-one would be necessary in many cases. This highly intensive formula continues to this day.

We also realize that teachers, no matter how skilled, needed resource people in remediation and mental health specialists working with them. Our specialists observe on a continuing basis in the actual learning situation. They are therefore fully familiar with the presenting problems and are able to provide guidance for teaching and management.

A second, very important hypothesis was that, in addition to support in the areas of deficit, our children needed a full and challenging academic program that would address their intellectual needs. Such a program would include science, social studies and other content experiences allowing for sophisticated learning in spite of delays in basic skills. Good minds needed stimulation and intellectual resources put to use.

Regrettably, the intellectual developmental needs of children are too often ignored because of deficits in basic skills. A bright twelve-year-old should be able to grasp very advanced concepts in science and social studies even though struggling with reading skills at a primary level. Many children have a problem in the immediate and accurate recall of math facts. These children do not have to be kept working exclusively on basic computation when, indeed, they may have excellent mathematical reasoning ability and can grasp the subtleties of algebra and geometry.

Teaching appropriate content despite poor skills presents a problem for program planning and we continue to face that challenge today. Devising appropriate techniques for teaching in the content areas has been made hugely easier, however, in this technological and media drenched age. Our goal must be to teach not only to the areas of deficit but also to the areas of strength.

Another important hypothesis was that the acquisition of “survival skills” would be enormously useful. Thus, cooking, sewing, working with tools, computer competence, playing games and participating in team sports are all part of our program. So many of our children have been deprived of these experiences and the pleasures of participation. In addition, these skills aid in sensory and motor integration and help to develop self-confidence and self-esteem.

In attempting to meet the curriculum needs as we defined them, we found and trained teachers of science, art, shop, and so forth. Today we are able to offer a very enriched and complete curriculum taught by professionals trained not only in the areas of their specialty but also in the special techniques and procedures needed for our population.

Next, we had to learn, rather painfully at first, how to meet the need for intellectual challenge when negative attitudes and behaviors intruded. Behaviors relating to despair, depression, and discouragement interfere with attempts to establish a climate for learning. What are these behaviors? A sampling would include resistance to involvement in academic challenge, fear of the new, unwillingness to risk effort for fear of further failure, withdrawal into feigned ignorance for self-protection, and clowning and disruption to mask inadequacy. Such behaviors and their underlying causes need to be recognized as “goal directed” and dealt with appropriately.

At Community School, teacher groups meet regularly for exploration of the dynamics of behavior. Proceeding with the conviction that all behavior is goal-directed, it was imperative to help teachers recognize the goals of misbehavior and to respond to the *bona fide* needs of the child that the behavior was signaling. If *teaching is therapy*, then it would follow, we reasoned, that

as academic achievement occurs, negative manifestations will diminish and, indeed, it has proved so!

Now our problem was to establish a climate where this could occur. So another hypothesis followed. Most of our children required a closely structured environment that would reduce, as far as possible, the opportunities for behaving in ways that were destructive to learning and self-esteem. And structure we did! Each day’s activities were carefully preplanned and firm, consistent rules were worked out. We moved into tighter and tighter structure, but within a warm and accepting environment. With a familiar routine, the child finds it easier to move into the rhythm of the hour as it changes from subject to subject. Familiarity provides the security needed to make choices within a structure of limited freedom.

We also felt free to expand the limits to allow greater freedoms insofar as the child could successfully deal with them. Nevertheless, we were not about to place any child in situations that were too challenging. As in remediation where we keep the level of challenge within the child’s ability to handle it, so with behavior. Many of our children had already been subjected to too many devastating experiences. Our effort went increasingly towards reducing as much as possible those opportunities for anger and rejection.

Finally, because there were always those who needed something more, we added a counseling component. Parents were involved in formulating our goals for acceptable behavior and, of course, we shared our methods and results with them. Their cooperation in supporting our efforts and in following through at home has always proved of greatest value for successful outcomes. For all, however, regular contact with parents was essential and an open door policy for

conferences and communication with teacher and guidance personnel was established.

The above constitutes the *building blocks* of what we considered an optimal program for the education of children with learning and attention problems. The one last requirement was for accountability and evaluation. Annual standardized testing would need to be undertaken and results shared with parents and public school districts where involved. The data collected would then provide the guidance we needed to design the next stage of treatment. It would provide, as well, a measure of the success of our own methods and strategies and

guide us toward making necessary program changes.

In summary, this is how the program looked when all was said and done: small classes, appropriate structure, trained teachers, individualized instruction, supervisory and specialized personnel, stimulating intellectual atmosphere, ongoing diagnosis and evaluation, parent involvement, liaison with sending districts, and encouragement for talents and interests, all provided for in a wholesome, therapeutic environment. This was how our vision played out in the early years of our school and how it still is today.

The Professional Monograph Series

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