Moderate Cognitive Disability

The term cognitive disability often is used interchangeably with intellectual or developmental disabilities. A cognitive disability may be deemed to be mild, moderate or severe depending on the student's IQ. A moderate cognitive disability is intellectual functioning that is considerably below average and that exists concurrently with significant deficits in adaptive behaviour (how individuals adapt to environmental demands compared to others of the same age). Students with a moderate cognitive disability will typically learn basic communication skills in childhood with numerous supports. They will be delayed in all areas of development and will require academic and social/emotional supports.

Implications for Planning and Awareness

☐ Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to the moderate cognitive disability. This could include finding out about:
  - the student's strengths, interests and areas of need
  - implications that may affect the student at school
  - any other associated disorders that need to be considered at school
  - successful strategies used at home or in the community that also could be used at school.

☐ Learn as much as you can about how moderate cognitive disabilities may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.

☐ Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

☐ Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.

Implications for Instruction

☐ Determine the implications of the student's delays, including cognitive, language, attention, fine motor (e.g., cutting, colouring, printing) and gross motor (e.g., running, jumping), to plan appropriate instruction.

☐ Understand that skills will develop at a slower rate, so the gap between the student and peers may widen with age.

☐ Use learning resources that:
  - are age-appropriate
  - are authentic and meaningful
  - have a real-world application
  - are developmentally appropriate and relate to learning outcomes from the Alberta programs of study.
Break down tasks into steps and provide step-by-step prompts. Provide visual and verbal feedback for each step.

Use a multisensory teaching approach, whenever possible, that includes hands-on, visuals to aid understanding (e.g., picture symbols), extra exploration and practice time, and the use of real objects as well as manipulatives.

Maintain the student’s attention and focus by using short, clear instructions paired with visual supports, such as:
- presenting common directions with black and white drawings
- using simple icons to represent locations, common actions, choices, schedules and rules.

Explicitly teach social skills, such as how to read body language and expressions. Use modelling, storytelling and role-plays, along with direct instruction.

Be aware that some students may have delayed receptive and expressive language skills (e.g., ask simple questions, maintain eye contact, provide a longer wait time, allow for alternative response methods).

Work collaboratively with the parents and speech-language therapists to determine the student’s ability and needs in terms of speech and language, and augmentative communication tools.

Ensure the student has support and, possibly, assistance with gross and fine motor activities, as needed. Younger students may have difficulty with buttons, zippers and snaps, and may be late in toilet training. Look for simple solutions, such as velcro fasteners and slip-on shoes.

Provide as structured and predictable as possible an environment to reduce student’s confusion and/or anxiety during transitions. Be sure to prepare the student for changes in the schedule.

Provide the student with a work buddy to help with simple instructional and non-instructional tasks.

Provide opportunities for movement (e.g., allow students to move or stand up; provide the student with a fidget toy such as a necklace or squeeze ball to use quietly, as needed; provide stretch or movement breaks as part of the classroom routine; create opportunities for the student to do errands in the classroom.

Ensure the student goes out at recess, takes breaks or participates in physical activities to use up excess energy and manage restlessness).

Reduce distractions. For example, seat the student near your desk or in an area away from distractions, such as doors; provide a study carrel that all students can access; allow the student to listen to music using a headset to screen out noise.

Help the student organize belongings and work (e.g., label school supplies, colour code subject notebooks).

Provide all students with opportunities for making choices throughout the day.

**Implications for Social and Emotional Well-being**

Engage the student and parents in planning for transitions between grade levels and different schools.

Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.

Teach the student appropriate conversational skills, such as:
- greeting people (e.g., saying hello, no hugging)
- taking turns
- asking and answering questions.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.
Use a variety of cueing techniques to teach and practise new skills and routines, including:
- tactile cueing (e.g., a tap on the shoulder or physically guide the student)
- using simple icons to represent locations, common actions, choices, schedules and rules
- auditory cueing (e.g., verbal prompts or a simple song or sound)
- environmental cueing (e.g., adjusting the lighting)

Take steps to ensure the student does not feel left out during recess, intramural or other school activities.

Monitor and intercede on behalf of the student with moderate cognitive disabilities to stop any teasing, and then teach the student appropriate response strategies.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's needs and strengths?  
   ☐ Yes  ☐ No

2. Do I need targeted professional learning?  
   If yes, what specific topics and strategies would I explore?  
   ☐ Yes  ☐ No

3. Is consultation with jurisdictional staff required?  
   If yes, what issues and questions would we explore?  
   ☐ Yes  ☐ No

4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?  
   If yes, what issues and questions would we explore?  
   ☐ Yes  ☐ No

5. Are further assessments required to assist with planning for this student?  
   If yes, what questions do I need answered?  
   ☐ Yes  ☐ No

6. Is service to the student from an external provider required?  
   If yes, what outcomes would be anticipated?  
   ☐ Yes  ☐ No

Links for further information:

http://www.learnalberta.ca/content/inspb2/html/index.html


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These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.