This powerpoint covers the following topics:
Participants will be able to:
1. Share basic information about Active Learning with someone else
2. Identify the role of play in learning

It will take approximately 45-60 minutes to present.
As you introduce the session, encourage participants to go to the Active Learning Space website on their phone, tablet or computer. The url is www.activelearningspace.org
What you will learn

In this session you will learn...
The key points to remember when using an Active Learning approach.
How to more effectively communicate with the learner.
What we mean by the Five Phases of Educational Treatment.
Section 4

Key Points to Active Learning and Overview of the Five Phases of Educational Treatment
These are 5 key points of Active Learning, and they hold true for us as well as for the student with significant learning challenges.

**Ask for participants to share with a shoulder partner examples of each of these in their own learning experience.** This could be negative examples such as:
- trying to learn how to do something simply from reading directions,
- having only one opportunity to adjust settings in a smart phone,
- trying to jump rope as a little kid,
- cooking lessons for someone who hates to cook,
- trying to learn a foreign language while driving in heavy traffic....

**Ask them to share an example or two with the larger group.**
Key Points of Active Learning

Let’s look at this video from the Active Learning Space website, Five Key Points of Active Learning.

This video is about 7.5 minutes long. After viewing this, then go through the following slides quickly to re-cap and ask if there are questions and comments.
Active Participation:

The individual initiates some actions without prompting (verbal or physical) from the adult.

Through self-initiated activity the learner is developing neural connections and memories that may not be established by having an adult manipulating her body.

Let the learner determine when and how to act on an object or make contact and engage with the adult.

In whatever ways possible allow the learner to be an active participant in the world around her.
**Repetition of Opportunities:**

Practice makes perfect! This is critical to learning for anyone.

Provide plenty opportunities (thousands and thousands) for the learner to practice a skill so that it becomes part of the individual's personality.

The more "automatic" a skill becomes the less energy it takes to use that skill in many different situations and environments.
Developmentally Appropriate:
Skills develop in predictable order.
Important to understand developmental sequence of skills.
Provide activities that require skills learner has so she feels success and uses that skill to learn something new.
Higher level skills develop naturally as foundational skills solidify.

Developmentally Appropriate:
Skills develop in predictable order.

For example, you can't throw a ball until you have the ability to pick it up. You can't pick it up until you can coordinate the movement of your fingers.

In Active Learning it is important to understand the developmental sequence of skills and provide activities that require skills the learner has.

This way the individual will feel success and use that skill to learn something new.

Higher level skills will develop naturally as foundational skills solidify.
Key Points of Active Learning

What happens when we put stress on the learner?

Let’s take a look!

http://www.activelearningspace.org/principles/social-and-emotional-development/developmentally-appropriate-activity - This video runs approximately 7 minutes.

What happens when we put stress on the learner during an adult-child interaction?

Take a look at this video clip. Cindy, the adult, is playing with her niece, at typically developing two-year-old. For the purpose of this video Cindy has been asked to play at a level of developmental that where her niece currently is. Watch what happens.

Ask the group these questions:

What are some of the things you see the niece doing?

Does the niece seem to become more and more stressed as time goes on?

What do her behaviors say to you?
Reinforcing to the Individual:

None of us will do things that we do not feel benefit us in some way.

In other words, we need motivation.

Our role as adult is to figure out what is motivating for individual.

For sensorimotor learner, we need to determine which learning pathways provide most usable information.

Also need to make learning fun and interesting!

We also need to make learning fun and interesting!
Limit Distractions:
When anyone is trying to learn something new, distractions work against the process.
We interrupt a learner's exploration and experimentation by telling the individual he is doing a good job or trying to show the individual what he can do.
We need to minimize distractions as much as possible for all learners.
This includes making sure a learner is not hungry, tired, or wet. That the room is not too hot, cold, overstimulating, or under-stimulating.
Limit our comments to times when a learner takes a little break from what she is doing and is paying attention to us.
Then make comments pertinent to the learner's activities and keep the language simple.
Our tendency, in fact our training, has led us to believe that children with visual impairments need a steady stream of an adult talking in order to learn.

While the development of language and communication skills are critical for individuals who may be non-verbal or have only a limited verbal ability, there is a time and place for talking.

If you think about trying to learn something new or examining an unknown object, someone else's comments can be distracting and break your concentration.

Ask your participants to share what they find difficult about remaining quiet while a student is exploring or experimenting with objects or activity? What ideas do they have to help keep themselves quiet during these critical moments of learning?
Key Points of Active Learning

Look at what Patty Obrzut shares about talking during an activity.

This video runs approximately 5 minutes. https://library.tsbvi.edu/Player/15195

Talking can be a distraction during an activity.

It can move the focus from the activity to the adult. When you're playing with a child, you talk in the pauses of the activity, briefly and quickly, and then you let the child explore for themselves.
Before going further it is important to emphasize this point – Talking to the learner while he or she is engaged in exploration and experimentation is a distraction to learning.

As teachers we have been told we need to talk to a visually impaired child so he knows what is going on, but we have to be mindful of when we do this, especially with a child who is significantly developmentally delayed.
How do children with special needs communicate?
Let’s see what Patty Obrzut has to share about Non-Verbal Communication.

Share this video with participants.
https://library.tsbvi.edu/Player/15190 - approximately 2 minutes

How do children with special needs communicate?
They tend to use non-verbal communication. It’s the adult’s responsibility to really pay attention to those cues, and try to figure out what a child means by them. Because many of these children have no spoken language, they are more reliant on communicating through other forms. For example their expressive language tends to be through body movements and behavioral signals and cues. Touch or tactile signals and symbols are very important supports to their understanding what is said to them even if they have normal hearing.
Do you have students you would describe as very social? What about students who seem to relate to adults as if they were merely tools to do something for the student? Do you have students that are extremely passive? What about those who are self-injurious or aggressive?

What do you think might account for these differences in a learner’s social and emotional development?
Interacting with the Learner

It is imperative that all individuals with multiple special needs be given the opportunity to participate in educational programming that meets the learner's developmental needs.

The Five Phases of Educational Treatment describes the adult’s role while interacting with a learner. It requires the adult to observe the learner’s behaviors and responses and adjust the approach the adult uses moment by moment.

This ties directly to the social and emotional development of the child. When faced with a new situation, learning partner, or activity that is not developmentally appropriate, the learner may retreat or display an unwillingness to participate.

If we approach the learner appropriately we can help him to gain confidence and attempt to play along side us. If we push the learner we are likely to see challenging or stereotypical behaviors as the learner seeks to reduce stress and regulate his
biobehavioral state.

In her book *Are You Blind?* Dr. Nielsen describes how some children with multiple special needs exhibit severe anxiety or behavioral challenges including autistic-like, stereotypical, aggressive, self-stimulatory, and self-injurious behaviors. Understanding why these behaviors occur is key to appropriate interactions with special needs children. The Five Phases of Educational Treatment guide the adult in how to interact with the learner.
Overview:
Five Phases of Educational Treatment

Five Phases:
Identify adult's role in recognizing emotional level learner.
Provides guidance about key factors in building trusting relationship
Establish trust, so that adult can be effective role model and educator

In providing activities for those with special needs, the Five Phases of Educational Treatment:

1. Identify the adult's role in recognizing the emotional level of a learner.

2. Provides guidance about the key factors in building a trusting relationship between educator and student, parent/caregiver and child.

3. Establish trust, so that the adult can be an effective role model and educator for those individuals with multiple special needs.
Understanding the Emotional Level of Learners

Dr. Nielsen describes the emotional level as the method by which a child makes contact with an adult.

At an early age, this contact is non-verbal, frequently based on visual and physical cues.

Types of contact change in the typically developing child as he/she establishes self-identity, improves verbal communication skills, and demonstrates independence.
Any person, any human, should develop the ability to:

- Identify and understand his/her own feelings;
- Accurately read and comprehend emotional states in others;
- Manage strong emotions and their expressions in a constructive manner;
- Regulate his/her own behavior;
- Develop empathy for others; and
- Establish and maintain relationships.

This is as important as learning to read and write or add and subtract. In fact it may be more important, especially for the most significantly developmentally delayed learners.

They will always need the intensive support of others and if their behaviors are challenging or self-injurious, they are likely to get less attention from others. If the behaviors become too bad, especially in adult living situations, the individual may be more likely to received medications or restraints to stop the behaviors or experience abuse or neglect.

This makes it very important that we learn how to help the learn develop this
important social and emotional skills.
The emotional level of a child with multiple disabilities can be more difficult to identify.

Emotional and social development are often overlooked as part of needed instruction.

It is important to understand how visual, cognitive, sensory, or physical impairments affect the development emotional level.

The emotional level of a child with multiple disabilities can be more difficult to identify.

Emotional and social development is often overlooked as part of needed instruction for children with multiple disabilities.

It is important that the adult understanding how visual, cognitive, sensory or physical impairments affect the development of the emotional level and understand the adult's own reactions toward a child with multiple disabilities.
Share these videos on the Five Phases of Educational Treatment or if you are using flipped learning give this as a homework assignment. [http://library.tsbvi.edu/Player/13423](http://library.tsbvi.edu/Player/13423) - about 18 minutes long.

Each of the Phases will be discussed in more detail with examples in the next sections of powerpoints.

Patty Obrzut, Assistant Director at Penrickton Center for Blind Children in Michigan, shares her thoughts about the Five Phases of Educational Treatment. Dr. Nielsen goes into depth about this information in her book, *Are You Blind?* We encourage you to read this book, but in the meantime you will also enjoy hearing about this information from Patty.
Credits

This content was developed by Texas School for the Blind & Visually Impaired Outreach Program and may not be used without their express permission.

This content is based on the Active Learning Space website, collaboratively developed by Penrickton Center for Blind, Perkins School for the Blind and Texas School for the Blind and Visually Impaired. Special contributions of content and images of Active Learning instruction comes from Narbethong State Special School in Australia.

All content is based on the original work of Dr. Lilli Nielsen of Denmark. Our thanks to her family and the staff at Byhaveskolen, Svendborg, Denmark for making her work available to educators world-wide.

Our special thanks to the children, parents, and educators who contributed photos illustrating the Active Learning approach at school and at home.

Additional funding was provided by the Texas Low Incidence Disabilities Network and Statewide Leadership Services for the Blind and Visually Impaired.

"This project is supported by the U.S. Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S. Department of Education."