

# Literacy Practitioner

Learning Disabilities  
Issue



Vol. 6, No. 1  
November, 2000

A Publication of Literacy Volunteers of America – New York State, Inc.

## Serving Adults with Learning Disabilities: The Need for Systemic Change of Literacy Programs

Mary Ann Corley, Director  
Lindy Boggs National Center for Community Literacy  
Loyola University

Adults come to literacy programs for a variety of reasons: they want to get a job or a better job; they want to help their children with their school work; or they want to be able to read a newspaper or write a letter. In essence, they want to improve their lives. Many of these adults may only consider approaching a literacy program for help with basic skills when faced with personal embarrassment, struggles with friends and family, or the imminent loss of employment. It takes great courage to face these fears and to take the first steps through the doors of a literacy program. And once prospective learners walk through those doors, they deserve nothing but the best possible services that will ensure that they meet with success. But the fact remains that the learner attrition rate in adult literacy programs across the country, on average, is approximately fifty percent.

Adult educators have recognized for years that learning disabilities (LD) are among the major problems faced by adult literacy students. A common professional development need identified by literacy providers is the need for more information about effective instructional practices for adults with LD. For teachers and tutors to be successful, they need more information and training about learning disabilities and appropriate instructional strategies. It is not sufficient, however, for programs only to provide enhanced professional development for their teachers and tutors. Although the role played by teachers and tutors is critical to the success of adults with LD, it is but one of the supports necessary to the provision of LD-appropriate services.

For a literacy program to be responsive to the needs of persons with LD, there needs to be commitment to change at every level of the educational program. The goal of systemic change is improved outcomes for all learners. In addition to enhanced professional development opportunities for instructional staff, the following elements are needed to effect systemic change: administrative support, networking among key stakeholders for the creation of a shared vision and a system of information and referral for learners, adequate resources for making the change, and a process for continuously monitoring and improving the change.

### Meaningful and Ongoing Professional Development Opportunities for Teachers and Tutors

Effective training does not consist of quick overviews about materials available; it does not consist of information centered

only around learning styles; and it does not consist of one-shot workshops. Effective training means modeling and coaching teachers and tutors in new methods and strategies that are grounded in research. It means providing teachers and tutors with information about direct instruction and information processing and then providing helpful feedback to teachers and tutors as they practice the strategies. The selection of program and professional development activities should be based on a long-term commitment to increase the success of adults with LD. After a practice is in place, continued success of the practice requires an ongoing investment of resources and staff time to update and review the practice and to ensure that it stays effective.

### Administrative Support

To develop a literacy program that is appropriate to the needs of adults with LD, program leaders must engage their staff members and other stakeholders within the larger community of service providers to review the literacy services currently being offered. Together, they may identify components of the program that could be improved to be more responsive to the needs of persons with LD. As they engage in this process of self-examination and strategic planning, they will be well served by creating a vision of success for all learners.

For example, they may want to take a hard look at the way in which literacy programs are structured. To experience success in learning, persons with LD need much more intense instruction than most of programs currently are able to provide. This means that, for most persons with LD, it may be difficult to see progress if they can attend literacy instruction for only four hours a week. The implications are far-reaching: programs are faced with the dilemma, under limited funding, of providing increased contact hours for fewer learners or serving increased numbers of learners for fewer hours. In essence, the choice is that of learner access versus quality of services. The decision and commitment to change the way programs are structured usually rest beyond the work of teachers and tutors, who cannot effect broad-sweeping change by themselves. They need the support of program administrators, from the chief executive officer level to the literacy program leaders, to make the change process successful.

Program leaders can bring together the various community stakeholders, encourage the creation of a shared vision, and work toward identifying agencies to which learners can be referred for issues such as diagnosis of learning disabilities, vision and

hearing screening, employment support, and health care. Program leaders can also ensure that literacy program staff have the opportunity to meet frequently and engage in meaningful dialogue about the change process and their progress toward stated goals.

In addition, program leaders can establish policies and provide support to the development of a learner assessment process that includes screening for learning disabilities. Policies guiding this process may include (1) the selection of screening tools, (2) the determination of when to screen (e.g., for all learners upon entry into the program or selectively for those learners who appear to be having difficulty learning or retaining information), and (3) the process for referral to appropriate professional evaluators for diagnostic testing. Clearly, administrative support is critical to a literacy program's providing services that are responsive to the needs of persons with LD.

### Networking of Key Stakeholders

There are many specialized programs available to persons with LD in various public and private community organizations. Unfortunately, the potential impact of these programs is often weakened because these programs do not connect with one another to create a more comprehensive network of services. Literacy programs need to enlist the assistance of a broad base of community organizations for two reasons: (1) The more that groups are enlisted as partners in the change and development process and in creating a shared vision of success for all learners, the more likely that systemic change will occur. (2) Collaborative partnerships can create access to resources and can advocate for changes in policies and procedures that could improve access for adult learners.

Literacy programs can serve as the catalysts to the building of networks within their communities of service providers who can address many of the needs of persons with LD. For example, literacy programs may need to make student referrals to agencies that can conduct diagnostic evaluations of learning disabilities at a reasonable cost. They may need to make referrals to

audiologists and optometrists for vision and hearing screening of learners. They may need to refer learners to employment and training programs, or to legal aid services, or to protection and advocacy services.

### Adequate Resources

To effect change, literacy program leaders and staff need to work with other stakeholders to identify resources that will allow for increased contact time with learners, frequent high-quality professional development opportunities, specialized program staff (lead teachers or LD specialists), and other ingredients that will improve the quality of services provided to adults with LD. This may involve making connections with literacy advocacy groups that can help lobby for increased funding for literacy on the national and state level, as well as for increased public awareness about issues related to the consequences of learning disabilities on our nation's human capital.

### A Process for Monitoring and Improving the Change

Once literacy program staff and other community stakeholders have developed an action plan, they need to monitor their progress toward goals and adjust the plan, as appropriate. They need to consider the following: (1) the criteria for evaluating the change process; (2) who will provide the evaluation input; (3) who will review the results; (4) how results will be used; (5) who will monitor the desired outcomes; (6) how new ideas and needs will be incorporated; and (7) how the need for continuous improvement will be communicated and encouraged. The following assumptions about systems change can be used to guide program staff's thinking about improving services to adults with LD:

- Change is a process, not an event.
- Change is rooted in a shared vision of the need to change and a clear understanding of the needs and goals of adults with learning disabilities.
- Change, and the goals for change, are defined at multiple levels within a system and are played out in each level; change is both a top-down and a bottom-up process. Work at change involves ensuring that people at different levels within the system understand their roles and responsibilities.
- Shared as well as unique actions are expected of those at each level.
- Commitment, leadership, communication, and compromise are required at all levels. Equal attention must be given to the processes of planning, implementing and evaluating actions and outcomes.
- Success is not contingent on a single person, group, or political agenda.
- Research-based practice in learning disabilities, appropriately adapted and translated for use with adults, is used to guide the formulation of policies, procedures, and actions. High-quality conversations about improving the life of those with LD are consistent, persistent, and pervasive.

How literacy practitioners interact with adults with LD affects their ability to learn, as well as their self-perception, hopes, fears, and accomplishments. Adults with LD sometimes have few allies to stand by them and champion their cause. Literacy practitioners are among the few professionals that adults with LD can turn to for help with the struggles they deal with every day of their lives. Although their resources are few

and their numbers small, literacy practitioners possess the greatest assets of all: relentless courage and commitment to improving the services they provide to adults with LD. They have nothing to lose and everything to gain by accepting this call to action to help improve the lives of countless adult learners with LD. ■

*Adapted from Bridges to Practice, A Research-based Guide for Literacy Practitioners Serving Adults with Learning Disabilities, produced by the National Adult Literacy and Learning Disabilities Center of the Academy for Educational Development, 1999.*

*Mary Ann Corley is Director of the Lindy Boggs National Center for Community Literacy at Loyola University in New Orleans and former Director of the National Adult Literacy and Learning Disabilities Center at the Academy for Educational Development in Washington, DC.*

**For a literacy program to be responsive to the needs of persons with LD, there needs to be commitment to change at every level of the educational program.**

# Bridges to Where?

Janice Cuddahee

Associate Executive Director/Program

LVA-NYS

There has long been an unwritten assumption that many, if not most, students in LVA programs are learning disabled. We know that our intake instruments are not sufficient to identify a particular learning problem, nor, to identify an approach for tutors to help the adults we assume to be learning disabled. Last year LVA-NYS informally asked, "What percentage of students in your affiliate do you believe are learning disabled?" Responses, although admittedly unsubstantiated, were "75%" or "80%"...on up. Whether that perspective was from a learning disabilities professional, or from a staff's "gut feeling"—the message was clear: affiliates believe they are working with a large population of learning disabled adults.

*Bridges to Practice* provides an approach for affiliates in New York State to improve services to adults with suspected learning disabilities, and provides LVA volunteers with better tools to be able to help. It is a comprehensive training approach that provides valuable information regarding LD definitions, characteristics, legal issues, screening issues, intake implication, accommodations, learning strategies, etc.

As we become increasingly familiar with the content and potential of *Bridges*, we need to determine how best to use it to benefit our students and our organizations. To date, the power of *Bridges* is that it is providing an opportunity for us to consider critical issues.

On one level, *Bridges* is a user-tutor-friendly, hands-on approach to helping adults we are already serving. It provides techniques, strategies, and instructional approaches that can be very helpful. But the goal is certainly not to provide 9,000 LVA tutors with an additional 3 to 5 days of intensive training.

On another level, *Bridges* leads us to ask broader organizational questions. How can LVA assist an adult with suspected learning disabilities? It's more than just scheduling additional tutor inservices. It's determining how best to help an individual student.

For some potential students, the best option is one-to-one instruction with an LVA tutor who has (or has not) had supplemental training. A second option is working with other organizations or agencies, together with an LVA tutor, to provide optimal comprehensive services for an adult with suspected learning disabilities. A third option is to determine that a potential student is unlikely to benefit from LVA services, and to refer that individual to an agency better able to provide the needed service. An important message in *Bridges* is that serving an adult with suspected or diagnosed learning disabilities may well take multiple approaches involving multiple agencies.

LVA-NYS and countless affiliates have long said that our student population has changed, and that many/most of our students have suspected learning disabilities. We've said and written that students increasingly come to LVA with multiple issues in addition to reading problems. (And in the midst of coming to grips with a new student population, we are being

asked to measure student grade level reading improvement!) The power of *Bridges* may prove to be a glimpse at how to begin to better serve our adult students. It won't be quick and it won't be easy...but it's a start.

LVA-NYS is currently re-tooling our 2000 technical

**An important message in *Bridges* is that serving an adult with suspected or diagnosed learning disabilities may well take multiple approaches involving multiple agencies.**

assistance plan for *Bridges*. However, we continue to encourage affiliates to participate, whenever and wherever possible, at both LVA-NYS sponsored and Professional Development Consortium (PDC) sponsored *Bridges* training. We encourage affiliates to become involved in PDC training teams, and currently six LVA staff in New York State are members of PCD training teams. A *Bridges* training was also offered at the Summer Training Institute in June 2000. It's moving along... ■

We in America are a cost-conscious people; we are motivated by the bottom line. We want results and we want them now. This is true in the world of education just as much as it is in the world of business. In 2000 in America, we are living with the outcome of our educational system having written off thousands of our citizens because they did not learn to read and write in the same way as other Americans did. We are living with the results of lives that have been destroyed or damaged beyond repair by learning disabilities which were never recognized, accepted, or studied by the mainstream of American education. Our public assistance programs, our prisons, our poor working class—all have been sustained and increased because American education has not faced the dilemma of learning disabilities in children, and has allowed these children to grow up without the tools they

need to become capable of leading the life of which they are intellectually capable. We have, as Pogo used to say, met the enemy, and he is us.

This issue of *Literacy Practitioner* begins to address what literacy practitioners can do to help adult students overcome the failure of our educational system to properly recognize, diagnose, and teach millions of Americans who have or may have learning disabilities. Recognition of learning disabilities, collaborative community approaches to dealing with the problem, and future research to find better ways of providing accommodations and more effective teaching methods will have a significant impact on our society.

*June Justice Crawford, Ed.M., Guest Editor  
Program Analyst, Learning Disabilities  
National Institute for Literacy*

# Learning Disabilities? What Do You Mean?

June Justice Crawford, Ed.M.  
Program Analyst, Learning Disabilities  
National Institute for Literacy

The definition of learning disabilities (LD) has been a matter of controversy for many years. Some in the field of education have accepted the probability of learning disabilities and have looked for more information in order to adapt teaching and tutoring to meet the needs of students. Others have suggested that learning disabilities either do not exist, or exist in such a small percentage of the population that it does no good to spend time agonizing over whether or not a student has a disability. They have suggested that time would be better spent on the improvement of teaching for everyone so that the child or adult with a disability will receive good instruction and be helped to make progress in literacy skills.

In adult education programs today, learning disabilities have become a major topic of discussion. More and more children have been identified as learning disabled, and the general public knows more now than it did in the past about these disabilities. What is known about learning disabilities in our society has created a widespread interest in the possibility of disabilities in adults. If a small percentage of children in our schools today have been identified as learning disabled, is it not reasonable to assume that some adults in literacy programs had specific learning problems as children that were never recognized?

Some estimates suggest that from thirty to eighty percent of the adults enrolled in literacy programs may have a disability. Some are only mildly influenced; others have severe learning problems. If these figures are correct, the consequences for our society are enormous. It behooves adult educators to learn more about this situation and understand how a disability effects an adult's learning and what accommodations may be needed for an adult to perform at a level which reflects his/her intelligence level. For an adult, this may be the only way in which to gain the assistance needed to acquire a GED or get legal accommodations in the workplace.

One of the first recorded discussions of the condition we currently refer to as learning disability—in particular, the inability to read, write, and spell—is a description from a Frenchman who had been an avid reader and writer prior to experiencing a speech disorder, perhaps caused by a stroke. He could hear what was said to him and understand a conversation, but he found himself unable to read even the simplest of words without spelling them out to himself. He, fortunately, recovered within a few weeks, but he described his condition this way:

The alphabet alone had left me, but the function of the letters for the formation of words was a study yet to be made. When I wished to glance over the book which I was reading before my malady overcame me, I found it impossible to read the title. I shall not speak to you of my despair, you can imagine it. I had to spell out slowly

most of the words, and I can tell you by the way how much I realized the absurdity of the spelling of our language. After several weeks of profound sadness and resignation, I discovered whilst looking from a distance at the back of one of the volumes in my library, that I was reading accurately the title *Hippocratis Opera*. This discovery caused me to shed tears of joy. (Critchley, 1970)

Throughout the 1800s and early 1900s, other reports of both adults and children who had difficulty with reading appeared. Adults often had apparent strokes or had suffered head injuries which caused the condition. The autopsies performed on adults who died with this condition added to the information about the brain and the areas of injury. In the children, however, there were no apparent medical conditions which could be blamed for their disabilities. They were reported to be of average or above average intelligence, from good homes where academic pursuits were encouraged, and, in one case, a schoolmaster indicated the young boy would be the top student in his class if only all the instruction and the testing could be done orally (Morgan, 1896).

These cases led to conjecture about the congenital nature of this disability. Doctors and educators who kept records on children who experienced severe reading disability often noted that others in the family experienced the same problem. An American neuropsychologist, Dr. Samuel Orton, suggested that an error in the functioning of the brain caused this disability in children. He, too, pointed out the occurrence of the disability within families, and suggested that dyslexia may be related to a delay in the acquisition of speech in children. His work in the 1920s and 1930s brought attention to this problem in American children and was probably the impetus for one of the biggest arguments in the history of reading education (Orton 1925; 1937).

While Orton and others continued to seek a physical reason for the reading difficulties of the children who were referred to them, the reading education field studied reading difficulties and identified numerous other reasons why some children did not learn to read. The issues of visual and auditory discrimination were studied. Could the child see correctly? Was his hearing sufficient for the classroom? What about the emotional security of the child? If a child is sensitive and is upset about something, this can interfere with learning. Educators interviewed parents to check the preparation in the home for literary tasks. Did the parents read often? Were there books in the home? What was the background of the parents? Did they value education and encourage the child to spend time reading and studying? What about the responses of the child to questions about everyday events? Did the child appear to have a level of intelligence equal to other children?

Once the child learned a few words, reading researchers checked for reading habits which interfered with progress in reading. They identified any areas of reading which appeared to

**Some estimates suggest that from thirty to eighty percent of the adults enrolled in literacy programs may have a disability.**

be giving the child trouble and planned reading remediation designed to overcome these difficulties. And, many times, they were successful. Thus, the idea that a child would be labeled as learning disabled was anathema to reading educators, and a wall of resistance was raised. For many educators, this is still an issue. They fear that it is too easy to label a child or adult reading disabled instead of trying to determine what else might be causing a reading problem and trying to overcome weaknesses with good teaching.

This professional disagreement continues today, but medical research in the 1980s and 1990s supports the idea that severely disabled readers may have a physical difference which affects their ability to learn. Genetic tendencies, chromosome differences, brain activity differences—all are currently being studied. Psychologists are the current determiners of learning disabilities for legal purposes because legal testing for diagnosis must include tests of psychological functioning (including intelligence) in addition to tests of academic ability. Reading disability is still the most frequent reason for referral for testing by a psychologist as it is considered the fundamental skill required for academic success.

Those who have been diagnosed with LD were traditionally non-readers or poor readers. Reading, however, is no longer the only academic area considered. Now mathematics skills are included in learning assessments. Listening and speaking skills may also be included. The ability to think clearly and sequentially is considered in a complete diagnosis of a person's disability. In the case of adults, some social skills and employment skills have been added to the list of areas which should be assessed if we are to get a true picture of an adult's learning disability and, subsequently, his or her need for appropriate instructional methods and materials.

Professional organizations that are interested in LD have different but similar definitions for reading disabilities. All agree that learning disabilities are a problem in the central nervous

system; learning disabilities can be identified at any age, and they do not disappear in adulthood; and most learning disabilities are noticed because a person exhibits difficulty with spoken or written language.

The definition included in the *Bridges to Practice* materials, published by the National Institute for Literacy, is from the National Joint Committee on Learning Disabilities (NJCLD, 1988). NIFL and its consultants chose this definition because it lists specific areas deemed to be necessary in any good definition of LD, yet it is broad enough to include adult learners.

The definition is annotated in Book 1 of *Bridges to Practice* (NIFL, 1999), and is included in this issue of the *Literacy Practitioner*. Understanding learning disabilities is the first step in finding improved methods for serving learning disabled adult students in literacy programs. ■

## REFERENCES

- Critchley, M. (1970). *The dyslexic child*. Springfield, III: Charles C. Thomas.
- Huston, A. M. (1992). *Understanding dyslexia, a practical approach for parents and teachers*. New York, London: Madison Books.
- Morgan, W. P. (1896). A case of congenital word blindness. *British Medical Journal*.
- National Institute for Literacy (1999). *Bridges to practice, a research-based guide for literacy practitioners serving adults with learning disabilities*. National Institute for Literacy, National Adult Literacy and Learning Disabilities Center: Washington, D.C.
- National Joint Committee on Learning Disabilities. (1988). *Collective perspectives on issues affecting reading disabilities*. Position papers and statements. Austin, TX: Pro-Ed.
- Orton, S. T. (1925). Word-blindness in school children. *Archives of Neurology and Psychiatry*. 14(5), 610.
- Orton, S. T. (1937). *Reading, writing and speech problems in children*. New York: W.W. Norton. 68-118.

## Literacy and Learning Disabilities Resources

### National Organizations

**Learning Disabilities Association of America (LDA)**  
([www.ldanatl.org](http://www.ldanatl.org))

LDA is the largest non-profit volunteer organization advocating for individuals with learning disabilities. LDA is the only national organization devoted to defining and finding solutions for the broad spectrum of learning disabilities. The membership, composed of individuals with learning disabilities, family members and concerned professionals, advocates for the over two million students of school age with learning disabilities and for adults affected with learning disabilities.

**National Adult Literacy and Learning Disabilities Center**  
([www.nifl.gov/nalld/nalldacc.htm](http://www.nifl.gov/nalld/nalldacc.htm))

The National ALLD Center promotes awareness about the relationship between adult literacy and learning disabilities, builds the capacity of literacy practitioners to help identify and serve adult students with suspected or diagnosed learning disabilities, and produces and refines materials that enhance the knowledge base for adult literacy and learning disabilities.

**National Institute for Literacy (NIFL)** ([www.nifl.gov](http://www.nifl.gov))

The National Institute for Literacy (NIFL) is an independent federal organization created to ensure that the highest quality of literacy services is available to adults who need stronger literacy skills in order to take full advantage of continuing lifelong learning opportunities.

**National Joint Committee on Learning Disabilities (NJCLD)** ([www.ldonline.org/njclcd/](http://www.ldonline.org/njclcd/))

NJCLD facilitates communication and cooperation among the member organizations, provides an interdisciplinary forum for the review of issues for educational and governmental agencies, and acts as a resource committee for those agencies and other interested groups.

**Schwab Foundation for Learning** ([www.schwablearning.org](http://www.schwablearning.org))

Schwab Foundation for Learning is dedicated to raising awareness about learning differences and providing parents and teachers with the information, resources and support they need to improve the lives of kids with learning differences.

### General Information

**Bobby** ([www.cast.org/bobby](http://www.cast.org/bobby))

Bobby is a Web-based tool that analyzes Web pages for their accessibility to people with disabilities. Bobby's mission is to expand opportunities for people with disabilities through innovative uses of computer technology.

**Dyslexia, Learning Disabilities and Literacy Resource Site**  
([www.greenwoodinstitute.org/resources/resindex.html](http://www.greenwoodinstitute.org/resources/resindex.html))

This site offers teacher training and home schooling support programs for teachers and parents of students with dyslexia and related language disorders.

## An Annotated Definition of Learning Disabilities

National Joint Committee on Learning Disabilities (NJCLD) Definition	Application to Adults
<i>Learning disabilities is a general term that refers to a heterogeneous group of disorders</i>	There is neither one type of learning disability nor one profile for adults with learning disabilities. There are many different patterns of learning difficulties. For example, one adult may have a serious reading disability, while another may be able to read adequately, but not be able to communicate thoughts in writing.
<i>manifested by significant difficulties</i>	All individuals have strengths and weaknesses. Adults with learning disabilities have serious problems that affect some major functions in the home, community, or the workplace. For example, an adult may not be able to work at a preferred job because of lack of literacy skills related to learning disabilities.
<i>in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities.</i>	Learning disabilities are specific in nature. Learning problems encompass one or more ability areas (e.g., reading or math) but do not necessarily include all ability areas. They do not represent simply a delay in development.
<i>These disorders are intrinsic to the individual,</i>	Learning disabilities are part of a person's makeup. They are not eliminated by changes in the environment, such as increased exposure to literacy events. Although a person can learn to deal effectively with a learning disability, the learning disability does not go away.
<i>presumed to be due to central nervous system dysfunction,</i>	Although most adults with learning disabilities will not have a medical diagnosis of a neurological disorder, the assumption is that there is some sort of difference or difficulty in how the brain works. Current research is shedding greater light on this area.
<i>and may occur across the life span.</i>	Learning disabilities may be uncovered at different stages of a person's life depending on many factors. Some factors include: severity of the disorder; academic, vocational, and social setting demands; and educators' knowledge of learning disabilities. The symptoms change over time so that a learning disability in a 7-year old child looks different from that in the same person as an adult.
<i>Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities</i>	Some adults will have difficulty in self-control, perceiving social situations appropriately, and getting along with other people.
<i>but do not by themselves constitute a learning disability.</i>	The problems described in self-regulation and social perception and interaction, although often present in adults with learning disabilities, also occur in persons with other disabilities as well. There are many reasons for these types of problems other than underlying learning disabilities.
<i>Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance)</i>	A learning disability may be present with other disorders, but these conditions are not the cause of the learning disability. For example, an adult may have a hearing loss along with a learning disability, but the hearing loss is not the cause of the learning disability. Also, learning disabilities are not related to low intelligence. In fact, most people with learning disabilities are average or above average in intelligence, but the impact of the disability may impair their ability to function well in school or in the workplace.
<i>or with extrinsic influences (such as cultural differences or insufficient or inappropriate instruction). They are not the result of those conditions or influences.</i>	Although learning disabilities are not the result of inadequate schooling or opportunity to learn, they are often exacerbated by these factors. For example, individuals with learning disabilities sometimes have fewer opportunities to learn, and they tend to be challenged less by their teachers and parents. Therefore, by the time individuals with learning disabilities become adults, they are further behind than their learning disabilities would predict.

# Issues of Diagnosis of Learning Disabilities: The Key for the Unidentified and the Unserved

Glenn Young

Disabilities and Adult Education Specialist  
Office of Vocational and Adult Education  
U.S. Department of Education

I have been asked to write an article on learning disabilities (LD) and adult literacy programs. The response from many in the LD field to such a request would be an article on various forms of literacy instruction for persons with LD. However, I take a very different view on this matter. Coming at this issue from a "consumer's viewpoint," I think that proper literacy instruction is only one part of the approach needed, and often, depending upon the needs of the adult, it can be the least of a three part process of empowering a person with LD to become "functional."

The three tools that are needed for this empowerment are 1) proper literacy interventions, 2) reasonable accommodation including assistive technology, and 3) self-awareness as persons with learning disabilities. The key to all three parts is diagnosis. The process of diagnostics can be the engine that moves persons with LD away from the idea that they are "lazy, stupid, and crazy," toward belief in themselves. Also, diagnostics is the ticket by which they can gain access to the three tools.

I was not diagnosed until the age of thirty. At that point I was at best a semi-literate person working in marginal employment, running up and down stairs at sporting events, selling beer. With proper diagnosis, interventions, and reasonable accommodations, I was able to learn to read and write far better. Not all LD is the same, and the diagnostics helped pin point the type of literacy instruction that was right for me. I became comfortable using accommodations and auxiliary aids to counter the effects of my learning disability which remained despite literacy training. I entered college at age 37, and earned associate's, bachelor's, and master's degrees in three-and-a-half years. I could not have done so without the on-going use of accommodations and aids such as computers, note takers, extended time on tests, readers for exams, and waivers from certain class requirements (foreign language). Without these accommodations, I would not have passed, never mind excelled, in college. In fact, without these accommodations, I would not be able to pass a GED exam. Without accommodations, I would not be successful in the workplace today. Without diagnostics, I would not be entitled to these accommodations as stipulated under law.

Also, without proper diagnostics, I would have been left wondering if I had a learning disability or not. The knowledge that I was learning disabled liberated me and allowed me to face many of the emotional issues that had

developed over years of experiencing failure and realizing that I was different but never quite knowing why. With diagnostics I could begin the fight to become a whole person rather than a fearful and incomplete individual. It was that fight for completeness, along with my new skills and accommodations, that enabled me to succeed in college and work.

I was fortunate in so many ways, including finding professionals who knew how to diagnose learning disabilities through a multi-disciplinary process. I found tutors who understood how to teach reading and writing through a multi-sensory approach. I was also fortunate to find colleges that recognized my disability and provided accommodations. (It was less common in the late 1980's than it is now.) I was also fortunate to find people who could help me reframe my self-image and self-concept through understanding the impact of the disability on my life experience. Again, it was this reframing which helped me move from a dependent person to an independent person, from a person passively receiving instruction to a person who was a partner in the development of my education and future career.

However, even with the proper diagnosis, literacy training, and reframing, I still have LD. I still need accommodations in school and workplace settings. Since, according to federal law, a disability cannot be assumed, diagnosis is what provides me with the right to accommodations.

There are millions of adults with LD who have not been diagnosed, and therefore have little self-awareness of the root of their educational, employment, and social problems. Without diagnosis, proper instruction remains a "crapshoot." Persons who probably have a learning disability, but who have no legal diagnosis to prove the disability, cannot get accommodations on such tests as the GED, the SAT, or other standardized tests; nor can they get accommodations in literacy, GED preparation, or job training programs. Counselors or therapists cannot begin to develop appropriate interventions without an understanding of a disability and its effects.

While it is estimated that there are as many as 25 to 40 million adults with LD in the nation (10-15%), anecdotal reports from various states estimate that less than 1% have the proper documentation required by law. And even though it is also estimated that 50-80% of those with the lowest literacy skills in the nation have learning

disabilities, again, less than 1% in this population appear to have the documentation needed to prove the disability (Nightingale, 1991).

There are many reasons that only a small percentage of learning disabilities are actually diagnosed. Cost and lack of resources are obvious ones. The cost of testing in the private market can range from \$650 to \$2,000. Theoretically, however, there are funds available for persons in need of diagnostics. These funds include special education services as mandated under the Individuals with Disabilities Education Act (IDEA) for those who are under 22 years of age and without a high school diploma or a GED. Vocational Rehabilitation Services cover qualified persons who are over 16 years old. In reality, these funds are hard to access. Since these agencies are required by law to test those at risk, efforts must be made at state and local levels to assure that the laws are implemented fairly and openly to persons with LD.

There are many other barriers, including a number of false assumptions that prevent people from considering LD as a

possible cause of learning difficulties. Fortunately, research done by The National Institutes for Health's

---

**The knowledge that I was learning disabled liberated me and allowed me to face many of the emotional issues that had developed over years of experiencing failure and realizing that I was different but never quite knowing why.**

---

National Institute for Child and Human Development (NICHD) is debunking many of these assumptions. One is the belief that LD is outgrown. NICHD has shown that LD persists into adulthood, yet few states provide services for adults with LD. The National Adult Literacy Survey found only 16% of those who were in special education for LD received any services for their disability after exiting high school.

Another issue is the false assumption that LD is more prevalent in males than in females. One of the key findings of the NICHD research is that, contrary to popular belief, a female is just as likely to have LD as a male. However, if we look at the numbers of young people in special education for LD today, we find that over 75% are males. In large part, this is because the referral protocols used in schools have been based on classroom behaviors rather than academic performance.

It now appears clear that many generations of girls with learning disabilities have gone through school unrecognized and unserved. What has happened to them? It becomes difficult to answer that question, because once a woman leaves school, the likelihood of being identified or receiving services for learning disabilities, even in literacy programs, becomes remote. Also, almost all of the research on post-secondary outcomes for those with learning disabilities has been done on males.

Recently, however, the states of Washington and Kansas conducted studies looking at welfare populations, of which 95% were female. These projects found that, while about two thirds of the welfare mothers had low literacy skills, about half (48%) of women on welfare had undiagnosed learning disabilities (Young, Kim, and Gerber, 1999). Lack of access to education or the lack of effort by the young welfare mother is not always the cause of school or work failure. In fact, often an underlying disability is responsible. It should be noted that these studies used the GED qualification guidelines for determining LD. If public school standards had been used, the LD rates would have been over 60%.

We can see the failure to identify LD in women as being closely connected to a major issue of the day: welfare reform. The same disabilities that most likely had such an adverse impact on these women in school may also have an impact on their efforts at work. Yet the system is sending them out again, unidentified and unserved, with very predictable outcomes.

Another example of diagnostic issues is connected to immigration and English as a Second Language (ESL). Identifying LD in ESL populations is becoming critical. Immigration authorities recently ruled that immigrants who have LD are entitled to accommodations on their citizenship tests. However, no valid testing protocols exist for many of their language groups. Therefore, they can't get diagnosed, and therefore, can't get accommodations. They may fail their citizenship test and, because of welfare reform, may lose their income and medical services.

There is one more group to consider. The research into literacy and reading by a number of sources shows that about 40% of all persons have reading difficulties. About 15% may have learning disabilities. Of these, about 3 to 4% have LD so severe that no known literacy protocol seems to have an effect. What can and should be done for this group of persons with this severe level of LD?

Even among those adults with LD who could be helped through proper literacy instruction, it will take intensive effort to have an impact. My own experience is a good example. I received one-on-one instruction from a highly trained tutor in the Slingerland-Orton approach (one of many that seem to have some degree of success). However, I went for over 1,000 hours of lessons over a period of three years. On average I worked with my tutor for two to three hours a day, three days a week. It still took me three years to become proficient enough to think about going to college. It took an additional four years of work and practice for me to believe I could succeed in college. Under typical Adult Basic Education (ABE) services, it would take a student almost fifty years to get 1,000 hours of instruction, never mind the variability in skill levels of teachers, and differences in the intensity of instruction.

In this age of work-first, WIA, and welfare reform, most persons do not have the luxury of three years of classes, never mind fifty. It is also clear that large numbers of persons with LD may never read well. So, accommodations become the key to success. This is not to say that reading instruction should be abandoned, but it is my opinion that literacy instruction for those with severe LD is secondary to helping them function through the use of accommodations and assistive technology.

The concept of accommodations is a very critical one indeed. As represented in the Americans with Disabilities Act, it means providing an equal playing field so that persons with disabilities can show their skills and abilities. The law does not mandate lowering standards, nor does it establish a quota for persons with disabilities. Its intention is to prevent a disability from becoming a barrier to participation when participation is otherwise possible. Therefore, the definition of an accommodation under this law states that a reasonable accommodation is an "alteration or adjustment that enables a qualified individual to perform the essential functions of [the task]." A qualified individual is defined as a person "with a disability who can, with or without reasonable accommodations, perform the essential elements of [a task]."

There are two critical points in the definition that need clarification. First, accommodations do not promise success. They are there to enable a person who can succeed with

---

**Too often people look upon accommodation as a "special education" tool, when in fact it is not. It is a civil right for persons with disabilities.**

---

accommodations to be given those accommodations. Second, to be eligible for accommodations a person must be able to prove that he or she

has a disability. Since a learning disability can not be assumed, diagnostics are needed.

Too often people look upon accommodation as a "special education" tool, when in fact it is not. It is a civil right for persons with disabilities. And, as a civil right it should not be considered only when all else has failed. For persons with disabilities, it should be part of the educational process from the beginning.

Even without diagnostics, teachers in adult basic education classrooms should adapt teaching techniques, which may be the same as some accommodations. However, without diagnostics, teachers are left with a trial and error process that is based on making the learner "fail." In addition, once adults hit the world of standardized tests, higher education, or the workplace, they will need a formal diagnosis, so let's do it all up front. Avoid the trial and error, and let's see what the issues really are for each learner from the beginning.

It should also be noted that Sally Shaywitz, one of the NICHD's top researchers, states that in childhood we need to try every intervention and method of teaching available for

those with reading disabilities, with the hope of finding the right one for each child. She recommends using accommodations as a "back up" to provide access to information while the child is still struggling to learn to read. However, because of the complexity of adult lives and the length of time required for proper literacy

---

**Even among those adults with LD who could be helped through proper literacy instruction, it will take intensive effort to have an impact.**

---

instruction in adulthood, she recommends that an "adult model" for persons with learning disabilities be based on accommodations as the major tool for functionality. For adults with LD, literacy instruction is a long-term "back up." Accommodations will get them functional now.

Based upon an "adult model," ABE and literacy programs should be places where adults can learn about LD and receive referrals for diagnosis. Over time, adults with learning disabilities may understand their need for accommodations and become self-advocates for the use of accommodations in the workplace or in further education. ABE and literacy programs should be taking the lead in helping persons obtain the diagnosis that gives them the understanding they need to become accepting of themselves as persons with disabilities with the right to accommodations.

We need to work together with research communities like the National Institutes for Health to determine and promote diagnostic protocols by which all persons with LD, male and female, child and adult, English and non-English speaking can be diagnosed, gain access to services and accommodations, and find greater self-understanding and acceptance. We need diagnostic protocols and interventions that help people with LD achieve self-sufficiency. We need to have the programs that were created by law to provide diagnostics to pay for diagnostics. And, we need professionals in diagnostics, literacy, and counseling who understand LD. Without these we will continue to let the impact of unidentified LD, especially unidentified LD in women and ESL populations, be a key factor in keeping people dependent and unsuccessful. ■

## REFERENCES

- Nightingale, D., et al. (1991). *The learning disabled in employment and training programs*. Washington, DC: U. S. Department of Labor.
- Young, G., Kim, J., & Gerber, P. (1999). Gender bias and learning disabilities: school age and long term consequences for females. *Learning Disabilities, A Multidisciplinary Journal*, 9(3), 107-114.

---

*Glenn Young is a Disabilities and Adult Education Specialist with the U. S. Department of Education.*

# Adults with Learning Disabilities

by Sandra Kerka

ERIC Digest No. 189

ERIC Clearinghouse on Adult, Career, and Vocational Education, Columbus, OH.

In the 1990s, more attention has been focused on adults with learning disabilities (LD) as a result of increased advocacy and research, several major federal laws, and heightened awareness of the changing demands of the workplace. Until now, most programs, research, and funding had been directed toward children, although it is clear that most people do not outgrow learning disabilities (Gerber and Reiff 1994). This digest looks at current definitions of learning disabilities, the experiences of adults with LD, factors influencing their successful adjustment to adult life, and strategies for adult educators and counselors.

## Definitions of Learning Disability

The field has not quite reached consensus on definitions of LD, and there are professionals as well as members of the public who do not understand them or believe they exist. For example, in a Roper (1995) survey of 1,200 adults, 85% associated LD with mental retardation, 66% with deafness, and 60% with blindness. In Rocco's (1997) research, faculty "questioned the existence of certain conditions or if they existed, the appropriateness of classifying the condition as a disability" (p. 158). However, most definitions describe learning disabilities as a group of disorders that affect the ability to acquire and use listening, speaking, reading, writing, reasoning, or math skills (Gerber and Reiff 1994; National Adult Literacy and Learning Disabilities Center 1995a; National Center for Learning Disabilities 1997). These difficulties vary in severity, may persist across the lifespan, and may affect one or more areas of a person's life, including learning, work, and social and emotional functioning.

Federal regulations for implementing the Rehabilitation Act and the Americans with Disabilities Act use the term "specific learning disabilities" — disorders in one or more central nervous system processes involved in perceiving, understanding, and using verbal or nonverbal information (Gerber and Reiff 1994). "Specific" indicates that the disability affects only certain learning processes. Although adults with LD consistently describe themselves as being labeled stupid or slow learners (Brown, Druck, and Corcoran in Gerber and Reiff 1994), they usually have average or above average intelligence.

People with learning disabilities are the largest segment of the disability population, and growing numbers of college students identify themselves as having LD (Gerber and Reiff 1994). Estimates of the numbers of people affected by LD range from 5-20% of the population (Gadbow and DuBois 1998; Gerber and Reiff 1994), meaning that as many as 5 million, 11 million, or 30 million adults have LD. One reason for the variance is misidentification. African-Americans and Hispanics are often inappropriately diagnosed with LD, such as speakers of African-American English whose language may be considered substandard or deficient by assessors (Gregg et al. 1996). There is also the "unresolved question yet persistent belief that one half" of all adults with low literacy skills in fact have learning disabilities (Gerber and Reiff 1994, p. 121).

## Successful Adjustment for Adults with LD

Adults with LD may face challenges in several areas of life, including education, employment, daily routines, and social interactions. However, many are able to make successful life adjustments. Research has recently been directed toward learning what factors help these adults succeed. Most of these studies used such measures of success as educational attainment, income, job level, and job and life satisfaction. Success was influenced by educational experiences and personal characteristics/background. Educational factors included the following: high school completion; quality of elementary-secondary education; quality of postsecondary education, training, and services; and a shift from a remedial to a compensatory approach in special education (Gerber and Reiff 1994). Successful college students with LD (Telander 1994) had previous college experience (i.e., they had tried college more than once), took a lighter course load, had more high school English courses, and sought help with study skills.

Personal and background factors were also important for successful adjustment. Most successful adults had relatively moderate LD and higher than average IQ, came from above average socioeconomic backgrounds, and had social and psychological support systems (Gerber and Reiff 1994; Greenbaum et al. 1996). They were knowledgeable about their disability and creative in compensatory strategies, took control of their lives, were goal oriented and persistent, and chose environments that suited their abilities and disabilities (Reiff et al. 1995; Telander 1994).

In Gerber, Reiff, and Ginsberg's research (Gerber and Reiff 1994; Gerber et al. 1995), the most important factor was "reframing." Reframing means reinterpreting a situation in a productive, positive way. For adults with LD, the stages of reframing are recognizing the disability, accepting it, understanding it and its implications, and taking action. Highly successful adults used reframing, moderately successful ones did not progress through all four stages to the same extent as the highly successful, and the marginally adjusted group did it unsuccessfully or not at all (Gerber et al. 1996). The researchers concluded that success entailed a continuous process of confronting one's strengths and weaknesses and making adjustments.

## Strategies and Supports for Adults with Learning Disabilities

Adults with LD need a range of skills and abilities to manage their disabilities in education, training, and employment situations. Appropriate assessment is the starting point for all other strategies and techniques. Teachers who suspect learners may have a disability can be trained in screening methods that will help them recognize when more formal diagnosis is necessary (NALLD 1995b). Teachers may observe that (1) adult learners have average/above average ability but demonstrate unexpected underachievement; (2) what appears to be problems

with vision or hearing are not the result of physical impairments; or (3) behavioral or psychological manifestations (attention, concentration, organization) interfere with learning. Error patterns in reading, writing, speaking, and math may help differentiate between possible LD and other causes of low achievement. If screening results suggest LD, educators should refer adults to professionals trained in formal assessment. Assessments should be appropriate for adults as well as culturally sensitive. The most significant problem for minority persons with LD is cultural bias in assessment, according to Gregg et al. (1996).

Once a learning disability is identified, three categories of assistance are psychosocial, technological and educational. In the psychosocial area, an individual's self-esteem can suffer from years of internalizing labels of stupidity and incompetence and experiencing dependence, fear, anxiety, or helplessness. Four ways to strengthen self-esteem (NALLD 1994) are "awareness" (knowing about and documenting the disability), "assessment" (understanding the disability and one's strengths and weaknesses), "accommodation" (knowing what compensatory strategies and techniques help), and "advocacy" (knowing their legal rights and services for which they qualify).

Schools and workplaces offer some accommodations to help with academic and vocational adjustment. However, less attention is paid to social and emotional functioning (Telander 1994). Social competence—dealing with pressure, change, or criticism; holding conversations; using receptive and expressive language and appropriate humor; being able to make inferences; and being sensitive to others' feelings and moods—is sometimes impaired by cognitive processing difficulties. These social skills impairments may be reinforced by isolation and negative experiences. Adults with LD may also experience frustration, anger, and other emotions arising from academic and social failures, rejection, and the attitudes of others. Laws and accommodations "will only partially redress discrimination of persons with learning disabilities if social/emotional function" is not addressed (Gerber and Reiff 1994, p. 80).

Assistive technology, "any technology that enables an adult with learning disabilities to compensate for specific deficits" (Gerber and Reiff 1994, p. 152), has great potential. Many software developments that were not specifically designed for persons with disabilities are proving to be of great assistance in increasing, maintaining, or improving functioning.

Assistive technology ranges from low to high tech, the choice depending on the individual, the function to be performed, and the context (Riviere 1996). Examples include the following (Gerber and Reiff 1994; Riviere 1996): (1) for organization, memory, time management problems—highlighters, beepers, digital watches, tape recorders, personal management software; (2) for auditory processing—FM amplification devices, electronic notebooks, computer-aided real-time translation, voice synthesizers, videotapes with close captioning, variable speech control tape recorders; (3) for visual processing—software display controls, books on disk; (4) for reading—scanners with speech synthesizers that read back text, books on tape and disk; CD-ROMs; and (5) for writing—word processing tools such as spelling and grammar checks, abbreviation expanders, brainstorming/outlining software. Distance learning networks and the World Wide Web are beginning to be explored for their potential in compensating for disabilities.

As for educational strategies, adult educators should foster an inclusive learning environment that includes sensitivity, attitudes, awareness, accommodations. Other techniques are described by Gadbow and DuBois (1998): providing notetakers, using activities that represent a variety of learning styles, permitting technological devices, providing alternative testing arrangements, extending time allowed for assignments, minimizing distractions, asking learners what accommodations they need. Rocco (1997) suggests that discussion of disability issues be encouraged in adult education, that disability be included in examining the characteristics that bestow or deny power, and that educators reflect critically on innovative ways to assist learners who learn differently, whether or not they are classified as having a learning disability. ■

## References

- Gadbow, N.F., and DuBois, D.A. *Adult learners with special needs*. Malabar, FL: Krieger Publishing, 1998.
- Gerber, P.J., and Reiff, H., eds. *Learning disabilities in adulthood: persisting problems and evolving issues*. Stoneham, MA: Butterworth-Heinemann, 1994.
- Gerber, P.J.; Reiff, H.B.; and Ginsberg, R. "Reframing the learning disabilities experience." *Journal of Learning Disabilities* 29, no. 1 (January 1996): 98-101. (EJ 517 933)
- Greenbaum, B; Graham, S.; and Scales, W. "Adults with learning disabilities: occupational and social status after college." *Journal of Learning Disabilities* 29, no. 2 (March 1996): 167-173. (EJ 519 897)
- Gregg, N.; Curtis, R.S.; and Schmidt, S.F., eds. *African American adolescents and adults with learning disabilities: an overview of assessment issues*. Athens: Learning Disabilities Research and Training Center, University of Georgia, 1996.
- National Adult Literacy and Learning Disabilities Center. *Self-esteem: issues for the adult learner*. Washington, DC: NALLD, 1994. (ED 374 343)
- National Adult Literacy and Learning Disabilities Center. *Adults with learning disabilities: definitions and issues*. Washington, DC: NALLD, 1995a. (ED 387 989)
- National Adult Literacy and Learning Disabilities Center. *Screening for adults with learning disabilities*. Washington, DC: NALLD, 1995b. (ED 387 988)
- Reiff, H.B.; Ginsberg, R.; and Gerber, P.J. "New perspectives on teaching from successful adults with learning disabilities." *Remedial and Special Education* 16, no. 1 (January 1995): 29-37. (EJ 497 555)
- Riviere, A. *Assistive technology: Meeting the needs of adults with learning disabilities*. Washington, DC: NALLD, 1996. (ED 401 686)
- Rocco, T.S. "Hesitating to disclose." In *Proceedings of the 16<sup>th</sup> Annual Midwest Research-to-Practice Conference in Adult, Continuing, and Community Education*, edited by S.J. Levine, pp. 157-163. East Lansing: Michigan State University, October 1997.
- Roper Starch Worldwide, Inc. *Learning disabilities and the American public*. Roper Starch Worldwide, Inc., 1995. (ED 389 101)
- Telander, J.E. "The adjustment of learning disabled adults." Ph.D. diss., Biola University, 1994. (ED 372 586)

continued from page 5....From "Resources"

### **Internet Special Education Resources** ([www.iser.com](http://www.iser.com))

ISER is a nationwide directory of professionals who serve the learning disabilities and special education communities. This site helps parents and caregivers find local special education professionals to help with learning disabilities and attention deficit disorder assessment, therapy, advocacy, and other special needs.

### **LD Online** ([www.ldonline.org](http://www.ldonline.org))

"An interactive guide to learning disabilities for parents, teachers, and children. This site includes multiple features in a newsletter format and is accessible (in part) to most reading and age levels. Regular topics include accommodations for learning differences, technology, parenting tips, and research updates."

### **LD Pride Online** ([www.ldpride.net](http://www.ldpride.net))

Created by a young adult for young adults and adults with learning disabilities. It was inspired by the Deaf Pride movement to form an active, supportive community of people with learning disabilities.

### **Learning Disabilities (LD) Forum**

([novel.nifl.gov/lincs/discussions/nifl-ld/learning\\_disabilities.html](http://novel.nifl.gov/lincs/discussions/nifl-ld/learning_disabilities.html))

"Archive of the National Institute for Literacy's electronic discussion list devoted to issues relevant to learning disabilities."

### **The Mental Health Foundation** ([www.mentalhealth.org.uk](http://www.mentalhealth.org.uk))

This site has good links to learning disabilities resources.

### **Office of Special Education Programs (OSEP)**

([www.ed.gov/offices/OSERS/OSEP/index.html](http://www.ed.gov/offices/OSERS/OSEP/index.html))

The Office of Special Education Programs (OSEP) is a component of the Office of Special Education and Rehabilitative Services (OSERS), which is one of the principal components of the U.S. Department of Education (ED). OSEP focuses on the free, appropriate public education of children and youth with disabilities from birth through age 21.

### **Reading Online** ([www.readingonline.org](http://www.readingonline.org))

*Reading Online* (ROL) is a peer-reviewed journal of the International Reading Association. The journal focuses on literacy practice and research in K-12 classrooms (students aged 5 to 18).

### **World Dyslexia Network Foundation** ([web.ukonline.co.uk/wdnf](http://web.ukonline.co.uk/wdnf))

The aim of the World Dyslexia Network Foundation is to provide information, international contacts and links by putting organizations, researchers, practitioners and all those seeing information in touch with each other, helping them to share their knowledge and experience for the benefit of dyslexic people everywhere.

## **Documents**

### **Disability & Literacy: How Disability Issues are Addressed in Adult Basic Education Programs, Findings of National Focus Group** ([www.nifl.gov/LD/disabliter.htm](http://www.nifl.gov/LD/disabliter.htm))

A national focus group looks at the current state of services for people with disabilities in adult basic education (ABE) programs. Discussion issues are literacy, employment, and skill development of people with disabilities.

### **How States are Improving Literacy Services for Adults with Disabilities** ([www.nifl.gov/policy/disability.htm](http://www.nifl.gov/policy/disability.htm))

"This State Policy Update report examines the results of a national assessment of how states are working to increase success rates for adults with disabilities and improve access for adults with disabilities of adult literacy programs."

### **Linkages: Linking Literacy & Learning Disabilities**

([www.ld-read.org/ALLDadvocacy.html](http://www.ld-read.org/ALLDadvocacy.html))

This issue of LINKAGES deals with self-advocacy—a critical issue for adults with learning disabilities (LD) as well as for literacy education programs which provide services to these adults. Persons who have learning disabilities and who need specific accommodations to ensure their success in educational and work settings must be able to state their needs to teachers and employers.

### **Teaching ESL among Adults with Learning Disabilities**

([www.swadulced.com/ld/esl-ld.html](http://www.swadulced.com/ld/esl-ld.html))

The document's main focus is on training goals and target students and provides background history, focus questions, demonstration materials, activities and a recommended reading list. It also reviews screening and assessment strategies recommended for developing effective approaches for teaching adults with learning disabilities.

## **Listservs**

### **NIFL LD-List**

A learning disabilities and literacy listserv.

The following Web address will take you to the form that allows you to subscribe to the NIFL-LD listserv.

URL: [www.nifl.gov/lincs/discussions/nifl-ld/subscribe\\_nifl-ld.html](http://www.nifl.gov/lincs/discussions/nifl-ld/subscribe_nifl-ld.html)

### **LD-List**

A general discussion of LD issues by parents, educators and LD individuals. Find more information at: [www.gallaudet.edu/~etcweb/ld.html](http://www.gallaudet.edu/~etcweb/ld.html) Send message to: [majordomo@curry.edu](mailto:majordomo@curry.edu) Message: "subscribe ld-list"

### **Teaching Writing and LD/ADHD List**

For professionals engaged in the challenges and rewards of teaching writing skills to individuals with learning disabilities and/or ADHD. The emphasis is on post-secondary education but teachers of younger students are also welcome.

Send message to: [listserv@home.ease.lsoft.com](mailto:listserv@home.ease.lsoft.com)

Message: "subscribe LDCOMP (your name)"

## **Literacy Practitioner is a publication of Literacy Volunteers of America - New York State**

Executive Editor ..... Chip Carlin  
 Managing Editor ..... Virginia Steele  
 Guest Editor ..... June Crawford, Ed.M.

Executive Director ..... Kevin Smith  
 Associate Executive Director ..... Janice Cuddahee  
 Editorial Assistant ..... Melissa Stephenson

Design/Printing by Graphics Plus Printing, Inc., Cortland, NY

Publication made possible by a grant from The Carl and Lily Pforzheimer Foundation



**LITERACY VOLUNTEERS OF AMERICA**

**NEW YORK STATE, INC.**

777 Maryvale Drive • Buffalo, NY 14225 • 716/631-5282

Non-Profit  
 Organization  
**U.S. Postage**  
**PAID**  
 Buffalo, NY  
 Permit No.