

# Learning Disability: What It Is and Is Not

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*More teachers need to be able to identify and to work intelligently with the child who evidences specific and significant deficits in learning performance.*

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**E**ARLY reading programs can create learning disabilities for many intelligent children in the United States today. It is proposed that such underachieving youngsters consequently may be diagnosed as having "specific learning disabilities" when, in actuality, they do not have such disabilities. Instead, they have developed learning disabilities due to a poor curriculum match for respective levels of development and learning patterns.

The estimates of incidence of "specific learning disabilities" range from 1 percent to 20 percent, depending on how the term is defined. It is of utmost importance that educators be knowledgeable as to the broad range of learning disabilities experienced by children with normal intellectual potential, in order that appropriate teaching plans can be made to meet learning needs.

The following three general types of learning disabilities of children with normal intellectual potential are so defined to clarify discussion within the scope of this article:

*Type I Learning Disability:* The child has no organically based information processing disorder. The learning disability is due to primary emotional disturbance in the child arising from environmental deficiencies.

*Type II Learning Disability:* The child has a minor processing disorder resulting in a preferred way of learning academic skills. A learning disability occurs due to lack of curriculum match with the child's developmental pattern of learning.

*Type III Specific Learning Disability:* The child has specific and significant organically based disorders in perceptual, integrative, and/or expressive processes. Such disorders may be manifested in marked inability to listen, think, speak, read, write, spell, or do mathematical calculations.

In the past, many teachers have identified nonlearning children with normal intelligence as *Type I Learning Disability*, that is,

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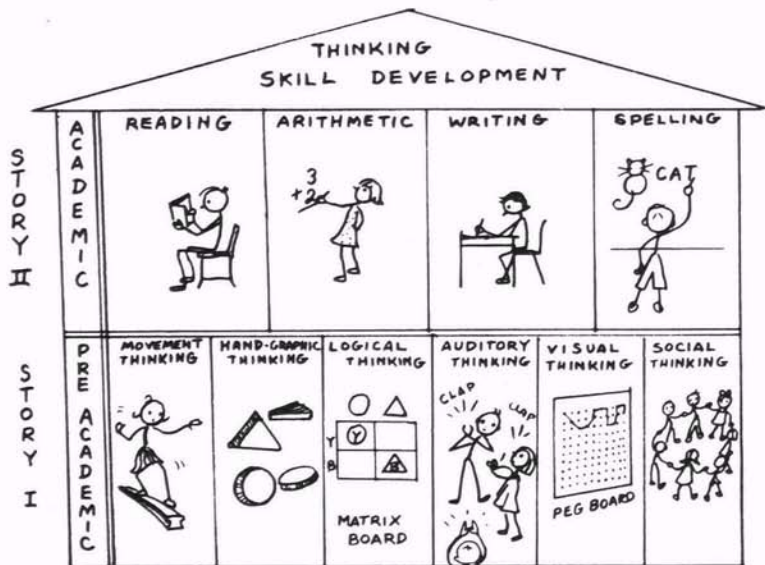


Figure 1. Two Story Developmental Learning Model (Based on Furth and Wachs, 1974).

as having a primary emotional disturbance, with consequent referral for psychological or psychiatric evaluation. The goal was to remove the "emotional block" so that the child could be emotionally freed to learn.

### A New Area of Exceptionality

During this century, however, some educators, psychologists, and physicians became increasingly aware of a group of these non-learning children who evidence specific and significant deficits in their learning performance and yet are sensorily intact, have no primary emotional disturbance, and are intellectually normal by psychometric standards. In the early 1960's educational interest in this group of children became of such magnitude that a new area of exceptionality was created in special education and became known as the field of Learning Disabilities, giving rise to the *Type III Specific Learning Disability* category.

The *Type III* child has a major information processing disorder that appears to be an organically based disorder within the child. Sometimes neurological irregularities are

present and sometimes not. The *Type III* child evidences continuing specific disabilities in both pre-academic and academic skills. Figure 1 presents a Two Story Developmental Learning Model, based on Furth and Wachs (1974), that delineates pre-academic and academic thinking skills. Story I Pre-Academic Skills include the development of broad thinking skills, based in movement thinking; discriminative movement thinking; visual thinking; auditory thinking; hand thinking; graphic thinking; logical thinking; and social thinking. The solid integration of Story I Thinking Skills is a vital precursor to optimal achievement by a child at the Story II Academic Learning Level, when the thinking skills of reading, writing, arithmetic, and spelling are acquired.

In contrast to most children, the *Type III* child has marked dysfunctions in the development of specific processing skills at the Story I level. These dysfunctions make certain areas of Story II academic achievement extremely difficult for the *Type III* child. The teaching of such a child is a challenge and involves stating and restating, on a behavioral basis, the dysfunctions that appear to be

present, devising and re-devising teaching methods whereby Story I and Story II learning skills can be developed. The ultimate goal is to enable the child to compensate for the processing dysfunctions so that formal academic skills can be mastered.

## A Case Study

Typical of a *Type III* child is a child who has a learning profile with a wide scatter in information processing abilities. When psychometrics are administered this scatter in abilities will usually result in marked variability between subtest scores. Figure 2 gives an example of such variability in a learning profile. Student B.D., at 8 years 4 months of age, evidenced wide subtest scatter, with a range of measured abilities from below 5 years of age to almost 12 years. His hearing was normal, but he was below age level in ability to achieve on tasks given verbally and demanding a verbal response, such as in a Vocabulary Test. B.D. was also significantly deficit in immediate visual and auditory memory for symbols. In contrast, he was able to perform at age level or above on visual tasks that required a nonverbal response, such as putting pictures in sequence to tell a story or reproducing complex block designs.

The perceptive teacher can identify significantly deviant learning patterns through observation of classroom behaviors. For instance, in B.D.'s school record his kindergarten teacher noted that he could not follow verbal directions, was unable to remember sequences of objects presented, had major lags in eye-hand coordination, did not know left and right, and had a markedly short attention span. Unfortunately, this particular teacher did not know how to read the significance of this cluster of behavioral clues and she sent B.D. on to 1st Grade, assuming he would mature and master these Story I Thinking Skills sufficiently to achieve Story II Academic Thinking Skills. He did not come to Miriam School\* until he was eight. By

\* Miriam School is a special school for children of normal intellectual potential with significant learning and/or emotional disorders.

that time, a strong emotional overlay had developed, apparent in decreasing verbal behavior, withdrawal from interacting with peers and adults, with marked fear of new situations.

Upon admission to Miriam School he was a nonreader and number skills were deficit. He had fine comprehension of material read to him and proved to have good language. While at Miriam, specific teaching was done to help Story I Thinking Skills and a tactile method of teaching reading enabled B.D. to decode words. He has never proved to be a skilled reader, but through the use of tapes, he is currently achieving in a regular high school setting, making maximum use of his conceptual abilities.

## Early Identity Needed

Children such as B.D. are hard core "Specific Learning Disability" *Type III* children. Educators today are more aware of these children and seek to identify them as early as possible. In the process of identification it is important not to label children as *Type III* when in actuality they are *Type II Learning Disabilities*, that is, children who are not learning because schools fail to match Story II academic thinking demands to Story I levels of thinking development.

This author proposes that one way in which schools can create learning disabilities for a large number of children is by promoting early reading programs. Considerable research in the past indicates the benefits that accrue for children who do not start formal reading at an early age. Many investigations have found that reading maturation must accompany physical growth, mental growth, language development, emotional and social maturity (Smith, 1966). The intelligent child who is taught reading at an early age is frequently surpassed in all reading skills, including comprehension, in later years by equally intelligent children, both boys and girls, who are introduced to formal reading at a later age (Carter, 1956; King, 1955; Baer, 1958; Carroll, 1963). A repeated finding in such research has been the fact that boys encounter and continue to

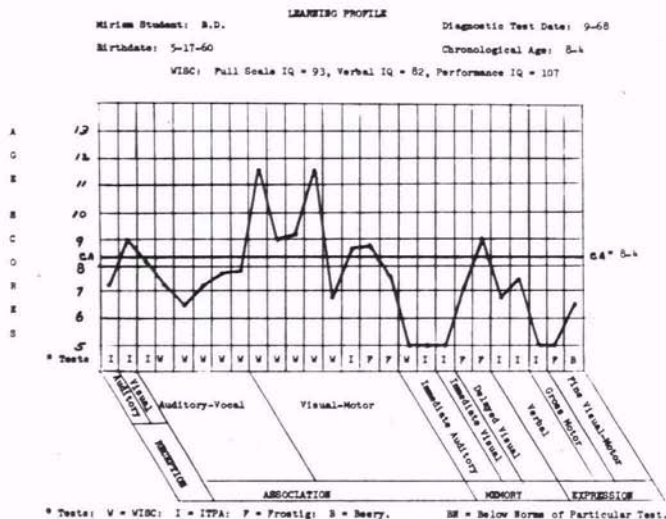


Figure 2. Learning Profile

have greater difficulties when taught reading at an early point than do girls (Pauley, 1951; King, 1955; Carter, 1956; Carroll, 1963).

In view of this knowledge, it is most disturbing to this author to find more and more kindergarten teachers seeking to have most children master formal reading skills by the end of the kindergarten year. The business of learning for young children should be to focus on the development of Story I Thinking Skills. Kindergarten age children should neither be learning how to decode symbols nor be predominantly involved in pencil and paper tasks. We propose that the teaching of formal reading to all preschool and most kindergarten children

is an assured way of creating many *Type II Learning Disabilities*.

In conclusion, it is further proposed that there would be far fewer children who suffer *Type II Learning Disabilities* if educators would pay heed to the developmentally based philosophy of curriculum set forth by Furth and Wachs (1974) in *Thinking Goes to School*. Given a developmental approach that enables children to master all levels of thinking in their own best way, at the appropriate time in maturation, there need be no *Type II Learning Disabilities*, and *Type III Specific Learning Disabilities* could be readily identified and developmentally approached at an early age.

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