CHAPTER 1: Children with Exceptionalities and Their Families

MATCHING

*Match each statement to the item listed below.*

- a. Interindivudual differences
- b. Intraindividual differences
- c. Response intervention
- d. Family empowerment
- e. Medical model

1. A substantial difference among people along key dimensions of development.
2. Helping families play a major role in the planning and execution process of their child’s education.
3. A view of exceptionality that implies a physical condition or disease within the patient.
4. A major variation in the abilities or development of a single child.

1. ANS: A
2. ANS: D
3. ANS: E
4. ANS: B
5. ANS: C

COMPLETION

1. A reasonable estimate is that more than ___________ children in the United States can be classified among the categories of children with exceptionalities.

   ANS:
   - 6 million
   - Six million
   - 6,000,000

2. With the recognition of the role of the environment, the field moved from a(n) ______________ model of exceptionality, which assumes that the physical condition or disease exists within the patient, to a(n) ____________ model, in which we see the child with exceptionalities in complex interaction with many environmental forces.

   ANS: medical, ecological

3. The _____________ is a test developed by Turnbull and Turnbull to measure the quality a family’s quality of life to determine where supports are needed.

   ANS:
   - FQLS
   - Family Quality of Life Scale

4. The area of _____________ is the only area of exceptionalities that is not covered under federal legislation.

   ANS: gifted
5. ___________ was one of the first individuals to work on methods for educating children with hearing loss.

ANS: Gallaudet

ESSAY

1. Describe how the perspectives on identifying and treating individuals with exceptionalities have changed over the years.

ANS:
Answers should reflect the following trends:
(1) the shift from a medical orientation to an ecological or environmental orientation;
(2) the shift from defining exceptionalities in terms of individual student traits to describing the interaction of individual characteristics and environmental demands;
(3) the shift in intervention focus from school age to the inclusion of early intervention and adult services;
(4) the shift from emphasis on treating the child to empowering the family; and
(5) the shift from localizing intervention in special schools or treatment centers to providing services in the regular classroom and community.

2. Contrast interindividual differences and intraindividual differences and explain how cultural context influences our perception of these differences.

ANS:
Interindividual differences are substantial differences between people. These differences are often in academic performance, physical development, or social development. It is important to consider cultural factors when interpreting interindividual differences. Variations among individuals may be more of an expression of differences in attitudes, values, customs, and language related to heritage and cultural patterns than a deviation from normal development. Intraindividual differences are differences within a single child. They can show up in any area: intellectual, psychological, physical, or social. The uneven development of specific characteristics may also be affected by family culture (see case study discussion).

3. Identify five common sources of stress for families with children who are exceptional. For each source of stress, cite ways the field of special education has changed to support families.

ANS:

<table>
<thead>
<tr>
<th>Source of stress</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The stigma of having an exceptional child</td>
<td>Concept of normalization, emphasis on individual strengths rather than deviation from norm</td>
</tr>
<tr>
<td>2. Decisions about education and living arrangements for the child</td>
<td>Transition planning, family-centered planning ADA</td>
</tr>
<tr>
<td>3. Economic concerns</td>
<td>Transition planning, family-centered planning</td>
</tr>
<tr>
<td>4. Concern for other children in</td>
<td>Family-centered planning</td>
</tr>
<tr>
<td>The family</td>
<td>Transition planning, family-centered planning, emphasis on inclusion of students in mainstream of society</td>
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<tr>
<td>5. The child's behavior and social responsiveness</td>
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<tr>
<td>6. Concern for the support of other family members</td>
<td>Family-centered planning, family support services</td>
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<td>7. Concern for the marital relationship</td>
<td>Family-centered planning, family support services</td>
</tr>
<tr>
<td>8. The time and energy required to meet the needs of the exceptional child and other members of the family</td>
<td>Family-centered planning, family support services</td>
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</tbody>
</table>

**MULTIPLE CHOICE**

1. According to IDEA, 2004, a child with a developmental disability that significantly affects verbal and nonverbal communication and social interaction, generally evident before age 3, would be under the definition of
   - a. communication impairment.
   - b. autism
   - c. visual impairment.
   - d. hearing impairment.

ANS: B

2. The part of the Information Processing Model that is the decision-making aspect is the
   - a. input function.
   - b. output function
   - c. executive function.
   - d. emotional context.

ANS: C

3. The term that refers to a child who is between 3-9 years old and has a significantly limited, impaired, or delayed learning capacity is
   - a. communication impairment.
   - b. specific learning disability
   - c. developmental delay.
   - d. intellectual impairment.

ANS: C

4. In defining the term *children with exceptionalities*, which characteristic is most central?
   - a. The child deviates from the normal population in intellectual ability.
   - b. The child is from a lower socioeconomic background.
   - c. The child shows evidence of multiple disabilities.
   - d. The child's deviation is extensive enough to warrant modification of educational services or practices.

ANS: D

5. Historically, the disabling condition of any student was perceived as
   - a. the result of an interaction between the student and the environment.
   - b. residing exclusively in the student.
   - c. residing in the student's environment.
   - d. dependent on the family of the student.

ANS: B
6. Education intervention based on an ecological model would involve
   a. looking for the medical causes of the disability.
   b. treating the medical condition causing the disability.
   c. examining the interaction of the individual's characteristics with the environment's
      demands.
   d. attempting to change the environment without reference to the individual.
   
   ANS: C

7. From an educator's point of view, identification of a student as disabled is necessary when the student
   a. has an obvious interindivual difference.
   b. has an obvious intraindivual difference.
   c. requires special adaptations in the educational program.
   d. is identified by parents, teachers, school administrators, and support persons as having a
      disability
   
   ANS: C

8. The movement toward an early intervention model makes which of the following more important?
   a. The family environment
   b. The medical model
   c. The theoretical model
   d. All of these.
   
   ANS: A

9. Most of the interventions with children aged 3 through 5 is directed toward generating more
   constructive ______________ interactions.
   a. parent-child
   b. physician-child
   c. interchild
   d. psychologist-child
   
   ANS: A

10. The ecological approach to intervention focuses on
    a. direct remediation of developmental delays.
    b. the creation of family support services.
    c. modification of the "environment" around the child.
    d. altering community expectations.
    
    ANS: C

11. According to the Twenty-eighth Annual Report to Congress, the category of exceptional individuals
    that is most prevalent is
    a. autism.
    b. speech and language disorders.
    c. learning disabilities.
    d. intellectual and developmental disabilities.
    
    ANS: C

12. Shannon, who is 10 years old, has the intelligence of a 12-year-old and the social behavior of a 6-year-old. This discrepancy is referred to by the authors of your text as an
    a. aberration.
    b. anomaly.
    c. interindividual difference.
    d. intraindividual difference.
    
    ANS: D
13. The first individual who tried to teach children with Intellectual and Developmental Disabilities was
   a. Itard. 
   b. Gallaudet. 
   c. Binet. 
   d. Montessori.
   
   ANS: A

14. Children with Attention Deficit Hyperactivity Disorder have difficulty
   a. regulating their activity level. 
   b. maintaining attention. 
   c. controlling impulsive behavior. 
   d. All of these.
   
   ANS: D

15. Intraindividual differences
   a. consider how a child compares to other children. 
   b. are not useful in developing individual plans of instruction. 
   c. are the differences in abilities within the same child. 
   d. are measured by intelligence tests.
   
   ANS: C

16. The increasing interest in the family as a focus for intervention is based on the following assumption:
   a. Intervention for young children with exceptionalities should not be the concern of the public schools. 
   b. Families are capable of providing the supports needed by children with exceptionalities until they reach school age. 
   c. Involving and supporting families is likely to be a more powerful intervention than focusing exclusively on the child. 
   d. Only minimal intervention is needed for young children with exceptionalities until they are school age.
   
   ANS: C

17. The major goal for the family-focused approach is to
   a. give the parents the financial support that they need. 
   b. help parents become more autonomous and less dependent on professionals. 
   c. tell the family how to raise their child. 
   d. give parents respite care when needed.
   
   ANS: B

18. _________ is the situation in which there are agreed-on responsibilities within the family for caring for a child with a disability.
   a. Family dominance 
   b. Family harmony 
   c. Family empowerment 
   d. Family routine
   
   ANS: B

19. In most cases, the influence of an individual's genetic makeup
   a. guarantees a certain outcome (e.g., alcoholism). 
   b. directly determines the development of specific behaviors. 
   c. can only increase or decrease the probability of a certain outcome occurring. 
   d. overrides any environmental influences that may occur.
20. When considering the interaction of heredity and environment, it is important for teachers to understand that
a. changing a child's environment can have little effect on hereditary influences.
b. present educational viewpoints place most of their emphasis on the role of heredity.
c. present educational viewpoints ascribe to a medical model of exceptionalities.
d. changing the environmental conditions of early childhood can result in behavior changes.
ANS: D

21. Parent empowerment refers to
a. assisting parents in becoming active participants in their child's education.
b. a parent advocacy group for single working mothers.
c. the process of grieving that many parents of children with disabilities go through.
d. None of these.
ANS: A

22. One area of exceptionalities where prevalence seems to be increasing rapidly is
a. developmental disabilities.
b. autism.
c. learning disabilities.
d. hearing impairment.
ANS: B

23. The FQLS developed by Turnbull and Turnbull
a. measures improvement in the child's behavior.
b. defines and measures a family's quality of life.
c. measures the child’s progress in school.
d. evaluates the quality of the child’s teacher.
ANS: B

24. As collaborative members of their child's multidisciplinary team, parents can
a. provide professionals with important information about their child.
b. take an active role in teaching their child.
c. reinforce learning that has taken place in the classroom.
d. All of these.
ANS: D

25. The current approach to family participation
a. encourages families who are financially unable to meet their child's needs to seek out-of-home placement.
b. encourages parents of children with disabilities to network with other families for information and support.
c. emphasizes the need for professionals to provide parents with clinical information about their child's disability.
d. encourages mothers to seek respite care to alleviate the stress and burden of caring for their child.
ANS: B

26. Most professionals now view disabilities as
a. an environmental problem.
b. a problem within the child.
c. the result of interactions between the child and the environment.
d. the fault of the parents.

ANS: C

27. Which of these emotions do parents usually experience first when their child is diagnosed with a severe disability?
a. Anger
b. Guilt
c. Shock
d. Frustration

ANS: C

28. Prevalence refers to the number of people who
a. live in a particular area of the country.
b. the new cases of an exceptionality.
c. have specific characteristics that make them exceptional.
d. are classified in a given category in a population group during a specified period of time.

ANS: D

29. Sibshops are workshops designed for which population?
a. Special Educators
b. Children with ADHD
c. Siblings of children with special needs
d. Parents of children with special needs

ANS: C

30. One of the most important things that teachers can do for children from diverse cultures is
a. to make sure that the child understands and conforms to the predominant cultural expectations represented in the classroom.
b. be aware of the factors that shape their own cultural views.
c. minimize differences because culture does not play a significant role in the way that children ultimately learn.
d. emphasis that English is the language of the classroom.

ANS: B

31. Prevalence is difficult to measure because
a. parents over disclose that their child has a disability.
b. professionals do not always agree on the criteria used to identify children with disabilities.
c. incidence numbers are so similar professionals use them instead.
d. child count is not conducted in most areas.

ANS: B

32. The Information Processing Model is
a. a new service delivery model for children with exceptionalities.
b. a method to determine how the various components of information processing are impacted by a particular exceptionality.
c. the most useful for early intervention programs.
d. can not be used in conjunction with the Response to Intervention Model.

ANS: B
33. The family-centered model focuses on
   a. the etiology of the disability.
   b. the parents delivering the intervention.
   c. the strengths in the child and family.
   d. the parental supportive system.

   ANS: C

34. The RTI three-tier model is designed to
   a. move children with disabilities quickly into special classes.
   b. modify the concept of inclusion.
   c. allow remedial work to be given before a referral to special education is made.
   d. serve only the children who have been diagnosed with a disability.

   ANS: C

35. The recognition that society and schools have a responsibility for exceptional students stemmed in large part from the activities of
   a. educational diagnosticians.
   b. the children's parents.
   c. regular education teachers.
   d. school counselors.

   ANS: B

36. Siblings of children with disabilities
   a. spend considerably less time with their parents than does the child with a disability.
   b. typically have many unverbalized questions about the child with a disability.
   c. tend to need professional help to cope with the lack of parental attention.
   d. tend to be "spoiled" since parents of children with disabilities tend to overcompensate with their nondisabled children.

   ANS: B

37. Intraindividual differences are differences that exist
   a. between a child and other children
   b. between a child and his or her environment.
   c. but are not observable in a child.
   d. between different areas of a single child's development.

   ANS: D

38. When looking at the historical perspective of services for children with exceptionalities, the 1950s saw
   a. the passage of new legislation requiring schools to serve these children.
   b. the beginning of many preschool programs for these children.
   c. the Council for Exceptional Children being founded.
   d. the beginning of special programs in some states for these children.

   ANS: D

39. Interindivdual differences are differences that exist
   a. Interindivdual differences are differences that exist
   b. between a child and his or her background.
   c. but are not observable in the child
   d. between different areas of a single child's development.
40. One of the assumptions of the family-focused approach is that
   a. professionals should counsel parents as to an appropriate level of involvement in their child's program.
   b. involving and supporting families is likely to be less effective than just treating the child, but it is more cost-effective when parents are not adversarial.
   c. professionals should attend to family priorities for goals and services, even when those priorities differ substantially from professional priorities.
   d. while intervention and support of families has little influence on the child with a disability, it is important to educate families and encourage parent advocacy.

ANS: C

41. The most frequently used classification of exceptionality is
   b. Attention Deficit Hyperactivity Disorder.
   c. Other Health Impaired.
   d. Learning Disabilities.

ANS: D

42. Which of the following is not an example of a low-incidence category?
   a. Autism
   b. Visual impairments
   c. Hearing impairments
   d. Orthopedic impairments

ANS: A

43. The low-incidence categories make up about _________ of the total number of children with disabilities.
   a. 1 percent
   b. 3 percent
   c. 5 percent
   d. 11 percent

ANS: A

44. The following factors influence how well a family adapts to the presence of a child with disabilities:
   a. the nature of the stressor event, the family's resources, and the perception of the situation.
   b. the degree of disability, the prognosis for the child, and the level of care required.
   c. income, social status, and marital status.
   d. the knowledge level of the parents, the number of siblings, and the income level.

ANS: A

45. The shift away from the medical model of defining exceptionality is the result of
   a. increasing recognition of the influence of the environment.
   b. increasing use of technology
   c. increasing emphasis on parent advocacy.
   d. increasing concern regarding cultural bias.

ANS: A

46. Which of the following is an appropriate role for special education personnel working with families?
   a. To direct and evaluate program services
   b. To facilitate the identification and procurement of services
   c. To prescribe and direct the provision of appropriate services
   d. To diagnose family needs and identify appropriate services

ANS: A
47. Children with ADHD have many similarities with other groups of children with exceptionalities, notably
   a. children with learning disabilities.
   b. children who are mentally ill.
   c. children with autism.
   d. Both a and c

ANS: A

48. A child with a hearing impairment is an example of a child with the following exceptionality:
   a. intellectual difference
   b. sensory difference.
   c. physical difference.
   d. multiple and severe handicapping condition.

ANS: B

49. Children who have impairments that result in limited strength, vitality, or alertness would be included in which of the following categories?
   a. Autism
   b. Intellectual impairments
   c. Health impairments
   d. Language impairments

ANS: C

50. According to educators, the exceptional child is different from the average child in that he or she needs
   a. close supervision.
   b. instructional modifications.
   c. encouragement in class.
   d. All of these.

ANS: B

51. Response to Intervention is
   a. based only on the use of special education instructional methods.
   b. a multilevel approach of academic intervention used to provide early, effective assistance to children before referral to special education and identification.
   c. a variety of materials and techniques for an “independence” curriculum that is totally community-based.
   d. based upon the extensive use of assistive technology.

ANS: B

52. Which of the following is not a low-incidence disability?
   a. Visual impairment
   b. Multiple disabilities
   c. Speech impairment
   d. Orthopedic impairment

ANS: C

53. Which of the following is not a high-incidence disability?
   a. Hearing impairment
   b. Learning disabilities
   c. IDD
   d. Emotional and Behavior disorder

ANS: A
54. In employing an “ecological approach,” the exceptional child
   a. should live in an environment with clean air and water.
   b. interacts with family, school, home, and community.
   c. receives limited educational experiences from professionals.
   d. is affected only by the medical characteristics of the disorder in their education.

   ANS: B

55. Changes in definitions of certain categories will result in
   a. changes in prevalence of certain disabilities.
   b. the use of census data instead of school counts.
   c. better counting procedures.
   d. the cross-checking of school counts by auditing teams.

   ANS: A

56. When a child is diagnosed with a severe disability, their parents usually experience the emotion of
   __________ last.
   a. anger
   b. frustration
   c. acceptance
   d. guilt

   ANS: C

57. The attitudes, values, customs, and language that form an identifiable pattern or heritage is called
   a. the ecological model.
   b. culture.
   c. cultural reciprocity.
   d. the context of child.

   ANS: B

58. A family-centered model has a _____________ orientation towards the disability.
   a. pathology
   b. strengths
   c. options
   d. fixed

   ANS: B

59. The field of special education has moved from a/an _____ model to a/an _____ model.
   a. medical, ecological
   b. ecological, medical
   c. environmental, genetic
   d. educational, legal

   ANS: A

60. The components of the Information Processing Model include all but one of the following components.
   a. executive function
   b. emotional context
   c. genetic predisposition
   d. visual input of information

   ANS: C

61. Intra-individual differences in intellectual, psychological, physical, and social abilities are found
   a. between children of the same gender.
   b. between different children.
   c. within a group of persons.
   d. within the same person.

   ANS: D
62. Using different tiers of delivery of instruction for learning is an example of
   b. Least Restrictive Environment (LRE).
   c. Response to Intervention (RTI)
   d. Formal Appropriate Education (FAE).

   ANS: C

63. An ecological approach is used
   a. only as a medical model.
   b. to incorporate the child’s family, school, and community into he/she learning environment.
   c. mainly with children with behavior problems.
   d. to determine which component of the IPM works the best with certain exceptionalities.

   ANS: B

64. A family-focused approach is to help parents
   a. become more autonomous.
   b. form their own support networks.
   c. be responsible for how to raise their child.
   d. All of these.

   ANS: D

65. The area of ______________ is the only area of exceptionalities that is not covered under federal legislation.
   a. gifted
   b. autism
   c. IDD
   d. learning disabilities

   ANS: A