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INCIDENCE

The number of adults with LD in adult education is not easy to estimate because extrapolating from the number of school children receiving LD services (4.84 percent in 1987-88) may result in a fair estimate of learning disabled adults in the population but not of those in adult education. Adults with LD may comprise as many as 80 percent of the students in adult basic education programs (Ross 1987), but a smaller percentage of students in other adult education settings, such as corporate training programs and continuing education, are estimated to have LD (Ross-Gordon 1989).

Teachers may observe the following characteristics in adult learners who have LD (HEATH Resource Center 1989):

1. Pronounced difficulty with reading, writing, spelling, and number concepts, although other skills are average to superior
2. Poorly formed handwriting that may be printing instead of script and that may have uneven spacing between words
3. Difficulty in listening to a lecture and taking notes at the same time
4. Severe difficulty in sticking to simple schedules, repeatedly forgetting things and losing things
5. Confusion about up and down and right and left
6. Excessive anxiety, anger, or depression because of frustration when coping with social situations
7. Misinterpretation of the subtleties in language, tone of voice, or social situations
Nonetheless, Ross-Gordon (1989) points out that many adults with LD exhibit strengths that enable them to compensate for their disabilities and to perform successfully even without supportive services.

**/issues**

Among the most serious issues concerning adults with LD are the lack of an agreed-upon definition of LD and the scarcity of competent assessment tools to identify adults who have them.

**definition**

Since the term learning disability was first used in 1963 (Ross 1987), most definitions of LD have been developed to describe children in academic contexts, rather than to describe adults in a variety of work and personal life settings. That is true even of the definition of learning disability most often cited, which was accepted for the Education of All Handicapped Children Act of 1975 (Ross-Gordon 1989). A definition that does stress the lifelong impact of LD and its potential effects on multiple aspects of a person's life was approved by the Association for Children and Adults with LD in 1986. It defines specific LD as a chronic condition of presumed neurological origin, which selectively interferes with the development, integration, and/or demonstration of verbal and nonverbal abilities.

Specific LD, the definition says, exists as a distinct handicapping condition and varies in its manifestations and in degrees of severity. The definition states that the condition can affect self-esteem, education, vocation, socialization, and daily living activities ("ACLD Description" 1986).

As that definition reflects, the theories of LD that have prevailed assume that individuals with LD have difficulty learning because of some difference in information processing (Ross-Gordon 1989). That difference is assumed to have a neurological basis. Recent brain research has substantiated the neuropsychological theory of LD, even though the neurological basis of individual LDs cannot be verified by current assessment procedures (ibid.).

**assessment**

When thinking about the assessment of adults with LD, Ross-Gordon (1989) suggests, adult educators should be aware of the scarcity of diagnostic tools appropriate for adults, the importance of enlisting the adults' assistance in the assessment process, and the fact that assessment is useful only to the extent that it helps adults live more fully. She recommends that testing be used only as part (and perhaps not the most important part) of a comprehensive assessment process. The assessment process is more
beneficial when the adult contributes information about personal goals and learning strengths and weaknesses. Not only is the information itself important, but shifting the process from testing to discovery and problem solving increases the adult’s involvement and can decrease the negative aspects of testing (Ross-Gordon 1989).

Using assessment instruments to find out whether an adult student has LD has limited value if the information gleaned cannot be acted upon by, for instance, arranging instruction to help the student learn or making him or her eligible for resources or services. That is, the advantages of having identified an LD student must be weighed against the negative effects of testing and labeling. Ross (1987) encourages adult educators to ask themselves how they can use more sophisticated educational practice to meet the needs of learners without assigning labels.

INTERVENTION STRATEGIES

Ross-Gordon (1989) categorizes intervention strategies for adults with LD according to their goals:
1. Basic skills remediation, the model often used in adult basic education
2. Subject-area tutoring, such as preparation for the General Educational Development Test
3. Compensatory modification that involves changing the environment or the conditions under which learning takes place or helping the adult develop alternative means of accomplishing a goal
4. Cognitive or learning strategies training (learning to learn)
5. Instruction in survival skills
6. Vocational exploration and training

Because no single approach has been demonstrated as ideal, designers of programs often combine two or more approaches (Ross 1987). Teachers can make the most of a student’s own pattern of learning strengths and weaknesses by combining skill building, compensatory techniques, and learning strategies.

TEACHING TECHNIQUES

As with intervention strategies, no single set of teaching techniques is likely to meet the needs of all adults with LD. The following techniques have been suggested (Clearinghouse on Adult Education and Literacy 1989; Ross 1987, 1988; Ross-Gordon 1989).
LEARNING STYLE

1. Assess individuals’ learning styles and teach to the stronger modality or style
2. Use multisensory techniques when teaching groups
3. Create opportunities for concrete and experiential learning as well as for abstract and reflective learning
4. Make abstract concepts more concrete by having students handle materials, relating new information to everyday life, and demonstrating tasks
5. Teach new concepts concretely because it is often easier for LD students to learn the theory after learning its practical applications

STUDENT MOTIVATION

1. Talk to students about what techniques work best
2. Use language experience approaches and materials from their home and work environments
3. Build on students’ strengths
4. Give frequent, positive, and explicit feedback
5. Help students recognize success

LEARNING STRATEGIES

1. Teach transferable strategies such as listening, paraphrasing, SQ3R (survey, question, read, recite, review), error monitoring, note-taking methods, sentence combining, and paragraph organizing
2. Teach memory techniques such as chunking and mnemonics
3. Discuss the situations in which the strategies will be useful and discuss which strategies will be useful across situations

COMPENSATION

1. Teach techniques such as tape recording and word processing, use computer-assisted instruction, and develop aids students can carry with them (such as a list of number words they will need to write checks)
2. Encourage students to obtain note-takers, readers, tutors, and recorded texts
ORGANIZATION

1. Help students identify organizational patterns
2. Make clear transitions from one topic or task to another
3. Use color coding whenever possible
4. Break lessons into manageable parts
5. Help students set realistic goals
6. Make directions specific, concrete, and understandable
7. Make changes in the schedule, assignments, or examinations orally and in writing
8. As a check for accuracy, have the student repeat verbally what has been taught

REFERENCES

This ERIC Digest is based on the following publication:

ADDITIONAL REFERENCES

"ACLD Description: Specific Learning Disabilities." ACLD Newsbriefs, September-October 1986.


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