



## **Generic Academic and Behavioral Accommodations/Modifications**

*(are appropriate for almost every student with T.S.—either 504 or OHI)*

### **I. Episodic Issues**

*(Tourette's syndrome waxes and wanes and changes over time with no measure of predictability.)*

- A. Practice flexibility with academic and behavioral expectations, especially when symptoms are exacerbated.
- B. Build in late arrival at school when exacerbated symptoms are present – e.g., sleep problems or difficulty with morning tasks.

### **II. Tics**

*(Parents – please write a symptom list to present. Update as tics change.)*

- A. Increased movement in classroom
- B. Extended time for test taking.
  - 1. Increased difficulty testing due to blinking, hand, shoulder and torso movements
- C. No timed tests
  - 1. Increased anxiety increases tics
- D. Safe place to discharge tics or emotions
  - 1. Pass to Nurse or other previously designated area
- E. Preferential seating – back of classroom close to door

### **III. Dysgraphia**

*(Over 90% of all boys with T.S. are dysgraphic)*

- A. Decrease all paper and pencil tasks
- B. Provide notes (student must still attempt note taking)
- C. Provide copy of homework assignment
- D. Fill-in-the-blank overheads and worksheets
- E. Use of keyboard/computer whenever possible
- F. Allow dictation: Scribe at home/school if necessary

- G. Shorten assignments without changing content
- H. Extended time to complete assignments
- I. Allow oral responses
- J. Allow voice-activated computer typing programs

#### **IV. ADHD**

*(Intrinsic disorganization)*

- A. Special Homework Plan - *will avoid a string of zeros*  
(Mom will need to check binder every day at first)
  - 1. Extra home set of textbooks
  - 2. Parent-generated emails Tuesday and Thursday regarding assignments due and/or missing
  - 3. Extended time (1-2 days) to complete missing assignments without penalty
- B. Short structured breaks
  - 1. Laminated pass for one three-minute break per 20 - 50 minutes
- C. Allow increased movement in classroom
- D. Single instruction or directive

#### **V. Obsessive Compulsive Disorder (OCD)**

- A. Allow routines which are not disabling or intrusive, e.g., flipping light switch, sharpening pencil
- B. Provide compensatory strategies/objects for annoying behavior:
  - 1. Soft object on end of pencil for tapping
  - 2. Place in front of line and instruct to keep one arm length between others for compulsive touching
  - 3. "Chewelry" for chewing shirts, pencils or other objects
- C. Assess inattention (intrusive thoughts seriously disrupt learning)
- D. Avoid direct confrontation. Use redirection whenever possible to prevent obsessive-compulsive neuro-rigidity "oppositonality."
- E. Provide transition time. (Allows brain to disengage and engage.)
- F. Provide reassurance for worries, fears or extreme perfection.

#### **VI. Tactile Issues**

*Hypersensitivity to noise and crowds*

- A. Early dismissal from classroom (2-3 minutes)
- B. Use of earphones, earplugs, darkened glasses during designated times

## **VII. Behavioral Accommodations and Directives for Implementation**

*Contained classroom is not necessary nor appropriate to implement.*

- A. Planned ignoring – tics
  - 1. Tics will worsen if attention is focused on them (increasing anxiety)
  - 2. Pass to Nurse for a short time if tics are overwhelming or disruptive
- B. Use calm, quiet voice for directives and corrections (Child is neurologically over stimulated; quiet voice will help refocus)
- C. Avoid direct confrontation. Use redirection whenever possible to prevent obsessive-compulsive neuro-rigidity “oppositonality.”
- D. Transition time both physically and for directives  
(Allows brain to engage and disengage from tasks)
- E. Stepwise directives and rules
- F. Provide structure and clear understanding of expectations with flexibility for waxing and waning of symptoms
- G. Provide increased supervision in unstructured settings, i.e., lunch, P.E. and recess
- H. Quiet area to regroup/gain control when over-stimulated
- I. Use positive reinforcement
- J. Do not apply immediate consequences (whenever possible) after escalated behavior has occurred. Wait until child has calmed before disciplining. (Will avoid continued or rapid re-escalation.)

## **VIII. Education of peers and school staff**

**The Golden Rule:** Avoid academic frustration, utilizing appropriate accommodations and by teaching compensatory strategies.

**Goal:** Always move the child to the norm.

***\*\* Remember that stress exacerbates all symptoms and behaviors \*\****

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