

Exceptionality Profile Research Assignment

Place the number of the general definition (provided) beside the correct (corresponding) “exceptionality” (directly below)

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|--|---------------------------------------|
| _____ Cornelia de Lange Syndrome | _____ Didaskaleniophobia |
| _____ Central Auditory Processing Disorder | _____ Dyscalculia |
| _____ Body Dysmorphic Disorder | _____ Developmental Disability (NOS) |
| _____ Autism Spectrum Disorder (NOS) | _____ Down Syndrome |
| _____ Selective Mutism | _____ Conduct Disorder |
| _____ Asperger Syndrome | _____ Aphasia |
| _____ Developmental Coordination Disorder | _____ Dysgraphia |
| _____ Rett Syndrome | _____ Tourette Syndrome |
| _____ Oppositional Defiant Disorder | _____ Synaesthesia |
| _____ Bi Polar Disorder | _____ Irlen Syndrome |
| _____ Behavioural Disorder (NOS) | _____ Dyslexia |
| _____ Obsessive Compulsive Disorder | _____ Apraxia |
| _____ Fetal Alcohol Spectrum Disorder | _____ Schizophrenia |
| _____ Prader-Willi Syndrome | _____ Trichotillomania |
| _____ Post Traumatic Stress Disorder | _____ Learning Disability (NOS) |
| _____ Attention Deficit Hyperactivity Disorder | _____ Giftedness |
| _____ Nonverbal Learning Disability | _____ Smith-Magenis Syndrome |
| _____ Gender Identity Disorder | _____ Fragile X Syndrome |
| _____ Reactive Attachment Disorder | _____ Panic/Anxiety Disorder |
| _____ Intermittent Explosive Disorder | _____ Borderline Personality Disorder |

NAME: _____

Section # _____

DEFINITIONS of EXCEPTIONALTY (Profile Research Assignment)

1. A neurological disorder with onset in childhood, which is generally characterized by tics -- involuntary, rapid, sudden movements or vocalizations that occur repeatedly in the same way.
2. Most definitions of this exceptionality, in the broadest sense, would explain an individual's difficulty or absolute inability to process language, despite normal intelligence. All variants of this exceptionality are neurological in origin.
3. A disorder which broadly describes the characteristics and condition of a child who has been exposed to alcohol during the gestational period (potentially exhibiting both physical and cognitive characteristics).
4. A specific type of learning disability that is characterized by difficulty in accurate word recognition, and sometimes by very poor spelling and decoding abilities (generally described as a "front-end" reading disorder).
5. This exceptionality is generally described as a neurobiological disorder that interferes with a person's ability to sustain attention, or focus on a task at an age-appropriate level. The inability to "screen out" irrelevant stimuli, and impulsive behaviour are two of the symptoms generally associated with this disorder.
6. This is a term/definition used to describe a broad continuum of developmental impairment, again, with a neurological basis. In its most profound manifestation, the child/student will have communication/speech impairments, intellectual impairments, and tremendous difficulty in the areas of behaviour and social interaction. Repetitive actions and fixated interests can also be symptoms.
7. A specific type of learning disability that is characterized by a deficiency in the ability to write, regardless of the ability to read, and not due to intellectual impairment. In all cases, where this exceptionality is concerned, writing requires inordinate amounts of energy, stamina and time.
8. A very general and very broad area of exceptionality, best characterized by children and/or students who are described as "troubled" and who persistently and consistently cause tremendous discomfort/irritation for parents, teachers, peers, and others in society. One of the "big five" Ministerial categories.
9. An area of exceptionality linked directly to a student who performs at, or shows the potential for performing at a remarkably high academic level, when compared to others of his or her same age. Restated, they generally exhibit high performance capabilities in intellectual, creative, and/or artistic areas.
10. A broad area of exceptionality characterized by profound, *moderate* or *mild* intellectual/cognitive impairment. Where this particular student is concerned, modifications to program will always be required.
11. While autism (ASD) is typically diagnosed on the basis of a "triad of impairments" that includes cognitive, communicative and behavioural components, those with this variant of the exceptionality overwhelmingly only display the behavioural, social interactive components.

12. A clinically diagnosed exceptionality, falling within the behavioural domain, characterized generally by an ongoing pattern of disobedient, hostile, and defiant behavior toward authority figures (which goes well beyond the bounds of normal childhood or adolescent behavior).
13. An infrequently occurring psychiatric disorder most commonly found in children. It is characterized by a failure or refusal to speak in certain situations and/or settings (despite having the ability to both understand and speak). To be formally diagnosed, the condition must exist for longer than a month.
14. A specific variant of anxiety disorder - generated by having been exposed to a psychologically stressful event (an event well beyond the scope of normal human experience). People who suffer from this “exceptionality” often relive the negative event and/or experience, and can become completely detached from the schooling experience as a direct result.
15. With this identified disorder, students become so consumed with certain thoughts and/or behaving in a certain way, that everyday life is profoundly compromised, including school life. Repeated behaviours or rituals are very characteristic of this disorder and, in many instances, these behaviours and/or rituals are specifically directed at preventing some dreaded, and, in many instances, completely imagined event or situation from happening.
16. An identifiable learning disorder in which the individual has difficulty with mathematical concepts and/or dealing with numbers.
17. A formally diagnosed mental illness thought to be caused by defective or even deficient neuronal development in the fetal brain, but a clear cause has yet to be concretely established. It often remains latent in childhood; in most instances only revealing itself in later adolescence. It is characterized by extreme levels of confusion and profoundly impacts a person’s ability to determine fact from fiction. Common characteristics often include, delusional behaviour, deteriorating personal hygiene, social withdrawal, the hearing of voices, and a dramatic shift in overall basic personality.
18. Although the exact cause of this particular exceptionality has yet to be established, it has been shown to be a visual-perceptual problem, most likely originating either in the retina of the eye or in the visual cortex of the brain. Individuals with this identified exceptionality often report general word blurriness, or that words appear to completely shift on the printed page. As the individual continues to read, the problem often seems to worsen. Colored overlays and filters are often used to help individuals with this particular exceptionality.
19. A distinct and clinically recognizable genetic disorder characterized by a specific pattern of physical, behavioral, and developmental features. The deletion of chromosome 17 factors significantly within this diagnosis. Some characteristics include: distinct facial features, short stature, speech delays, cognitive delays, eye problems, and some very distinctive behavioural patterns (example, head banging, aggressiveness).

20. A specific disorder caused by an injury or damage to the parts of the brain that control language. As a result, this disorder makes it difficult to sometimes read, write, speak, or understand speech. It impairs language comprehension and expression. It often does not affect "thinking" and "intelligence", only language.
21. A distinct and clinically recognizable genetic disorder characterized by a specific pattern of physical, behavioral, and developmental features. Having an extra copy of chromosome 21 factors significantly within this diagnosis. Although cognitive development and physical development are sometimes profoundly impacted in a less than favorable way, those with this particular exceptionality can range from mild to severe with respect to overall presenting characteristics.
22. People with this exceptionality are typically characterized as very poor listeners. This area of exceptionality is usually diagnosed when there is a measurable difference between a person's capacity to hear sounds and speech, and the person's capacity to process what is actually heard. Restated, the inability to differentiate, recognize, or understand sounds, despite normal hearing and intelligence levels, is of significance when identifying this particular exceptionality. Some characteristics include: being easily distracted or unusually bothered by loud or sudden noises.
23. A neurodevelopmental disorder that affects girls almost exclusively. It is thought to be triggered by a chain of events beginning with the mutation of the MECP2 gene. The child with this exceptionality is usually born healthy and shows an early period of apparently normal or near normal development until 6-18 months of life, when there is a slowing down or complete stagnation of acquired skills. The DSM-IV classifies this exceptionality as an autism spectrum disorder. Some characteristics may include: loss of purposeful hand movements (or stereotypic hand movements), loss of speech, and loss of balance and/or coordination problems.
24. A variant of this disorder has a profound impact on overall speech and/or communication. A person may have trouble saying what he or she wants to say correctly and consistently, and it is not due to weakness or paralysis of the muscles that specifically influence the capacity to speak (face, tongue, and lips). The severity of this exceptionality can range from mild to severe (even rendering a person completely non-verbal). It is a neurological disorder of unknown origin.
25. This diagnosis comprises a whole group of behavioral and emotional problems. Children and adolescents with this exceptionality, generally have great difficulties in both following rules and behaving in socially acceptable ways. A repetitive and persistent pattern of bad behaviour, in which the basic rights of others or major society rules are violated, are very often characteristic of someone with this diagnosed mental illness. Other symptoms might include: verbal and physical aggression, cruel behavior toward people and pets, self-destructive behavior, lying, truancy, vandalism, and stealing.
26. Children and/or adolescents with this exceptionality often have difficulty performing tasks that involve both large and small muscles, including forming letters when they write, throwing or catching balls, and buttoning buttons. Frequently described as "clumsy" or "awkward" by their parents and teachers, children with this exceptionality may have great difficulty in mastering simple motor activities, which can profoundly impact their abilities in performing age-appropriate academic and self-care tasks.

27. This exceptionality is a genetic disorder, which is generally caused by a deletion in Chromosome 15. The features of this disorder include short stature, cognitive impairments, incomplete sexual development, profound behavior problems, and an insatiable appetite. The syndrome was first described in 1956.
28. This is a relatively new and emerging diagnosis, that suggests a neuropsychological orientation. The primary deficit areas are in visual-perceptual organization, psychomotor coordination, and tactile perceptual skills. Secondary deficits include deficits in memory for nonverbal material, lack of problem solving ability, limited visual attention, and, sometimes limited physical ability. Many children with this exceptionality were thought to be precocious as young children due to their high verbal ability; however, academic difficulty tends to manifest early in the schooling process when faced with more complex and abstract material. Individuals with this exceptionality use mainly verbal language as their key method of communication, and have real difficulties when it comes to reading body language or facial expressions.
29. A person diagnosed with this exceptionality suffers from severe mood swings (highs and lows; mania and depression). There are often periods of “normalcy” in between the moods swings, but these periods can be very short in duration. It has a biological predisposition, tending to run in families. Although it has been diagnosed in children under twelve years of age, it is not found all that often in pre-adolescent children.
30. An impulse control disorder that causes people to pull out the hair from their scalp, eyelashes, eyebrows, pubic area, underarms, beard, chest, legs or other parts of the body, resulting in noticeable bald patches.
31. This is an exceptionality that is characterized by a person’s preoccupation with minor and sometimes imaginary flaws in their physical features and/or general appearance. It is considered a mental illness, and its onset has been noted in children as young as five years of age.
32. This exceptionality is one in which ordinary stimuli lead to extraordinary experiences. There are many types of this disorder. Some people with this exceptionality have conscious experiences of vivid colors when listening to music or hearing other types of sounds. Other people with this condition experience strong tactile sensations (itching, tingling) when hearing noises such as those emitted by a vacuum cleaner. The most common type of experience deals with letter/digit and color distortions. For these people, seeing, hearing, or even thinking about a letter or digit can elicit a visual experience of a highly specific color.
33. A specifically diagnosed anxiety disorder that is characterized by a profound fear of school, or fear of going to school.
34. Is an exceptionality comprised of multiple congenital anomalies characterized by a distinctive facial appearance, prenatal and postnatal growth deficiency, feeding difficulties, psychomotor delay, behavioral problems, and associated malformations that mainly involve the upper extremities. Heterozygous mutations in a gene named NIPBL, have been noted in approximately 50% of the individuals who have been identified with this particular exceptionality.

35. This particular area of exceptionality presents as profound conflict between a person's actual physical gender, and the one they actually view themselves as being. (In many instances, believing they are actually trapped in the wrong body).
36. This particular area of exceptionality is characterized by excessive worry, occurring more days than not for a period of at least six months. Within the clinical criteria, the worry can most often be associated with at least three of the following six characteristics: restlessness or feeling on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension, and/or profound sleep disturbance. Frequent stomachaches and/or other very specific physical ailments can also be symptomatic within this broad area of exceptionality. Typically, children and adolescents who experience these episodes of profound worry find that it encroaches, (in a less than favourable way), on many aspects of their daily lives, including their school lives.
37. This is an exceptionality that presents as an inability to control violent or aggressive impulses and/or outbursts. Many may initially believe that these impulses and/or outbursts are simply the result of having a bad temper, (and completely within the control of the person exhibiting the symptoms), however, it is the absolute lack of control that distinguishes this exceptionality from all others within the very broad behavioural domain. Restated, where this specific exceptionality is concerned, impulsive aggression without any control over the situation at hand, (often leading to harm to both persons and property), are the most significant of presenting characteristics. (Also, of note, in many instances the degree of aggression present in any outburst will, most often, be completely out of proportion to any circumstances that may have been cited as provoking it in the first place).
38. Also known as the Martin-Bell syndrome, this exceptionality is the most common inherited cause of profound intellectual disability. It is the result of trinucleotide repeat disorder, in which, the trinucleotide gene sequence CGG in the X chromosome is repeated several times. Most often, manifesting characteristics would/might include not only diminished intellectual capacity, but also high levels of anxiety and hyperactivity (like fidgeting), and autistic like behaviours (like hand flapping). Although, currently, it is a disorder that has no specific cure, with the application of very targeted educational, behavioural, and physical therapies, circumstances can be made significantly far better.
39. This exceptionality is a rare but serious condition in which infants and young children do not establish healthy bonds with adults, particularly parents and/or significant caregivers. Research suggests that a child or adolescent who exhibits symptoms linked directly to this diagnosed disorder, typically have been neglected, abused, and/or completely orphaned. In essence, symptoms develop because the child's basic needs for comfort, affection and nurturing are not and/or were not ever established with caring supportive adults (especially in the early developing years). Further, current evidence suggests that this lack of a supporting caring relationship early in a child's life not only has considerable influence on the child's growing brain, but it also profoundly impacts their future abilities in establishing relationships with other people, of course, not excluding teachers. In short, without proper identification and intervention, children with this diagnosed disorder are presumed to have grossly disturbed internal working models of relationships that may lead to interpersonal and behavioral difficulties in both school and later life.

40. To be diagnosed within this particular area of exceptionality 5 of 9 criteria need to be met. These criteria are varied but typically include extremely poor regulation of mood and behavior that lasts more than a year. Many teenagers have a day or even a few days when they get upset and slam a door or curse at their parents, but teens with this identified exceptionality engage in more extreme behaviors — and more often — which impairs their social, school and working lives”. More specifically, a young person identified within this mental health domain will specifically meet five of the following nine conditions:

- frantic in efforts to avoid real or imagined abandonment.
- established pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- identity disturbance: markedly and persistently unstable self-image or sense of self.
- impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
- recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
- affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria (sadness, sorrow and anguish), irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
- chronic feelings of emptiness .
- inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- transient, stress-related paranoid ideation or severe dissociative symptoms