

Educational Implications

It is essential for speech-language pathologists, parents, teachers, peers, employers and others collaborate to maximize individuals' abilities to communicate functionally and thus participate actively in their communities. Children need multiple means of communication and knowledge of when to use one method vs. another depending on particular situations. Educators must understand that communication instruction must not be reserved for therapy rooms but should instead be targeted throughout the day. Themes such as membership, participation, and inclusion should be pervasive in all attempts to foster communication skills. It is through communication that children will establish and maintain friendships and networks of support that will be available throughout their lives.

Resources

The Angelman Syndrome Foundation's mission is to advance the awareness and treatment of Angelman Syndrome through **education and information, research, and support** for individuals with Angelman Syndrome, their families and other concerned parties.

<http://www.angelman.org/about-us/>

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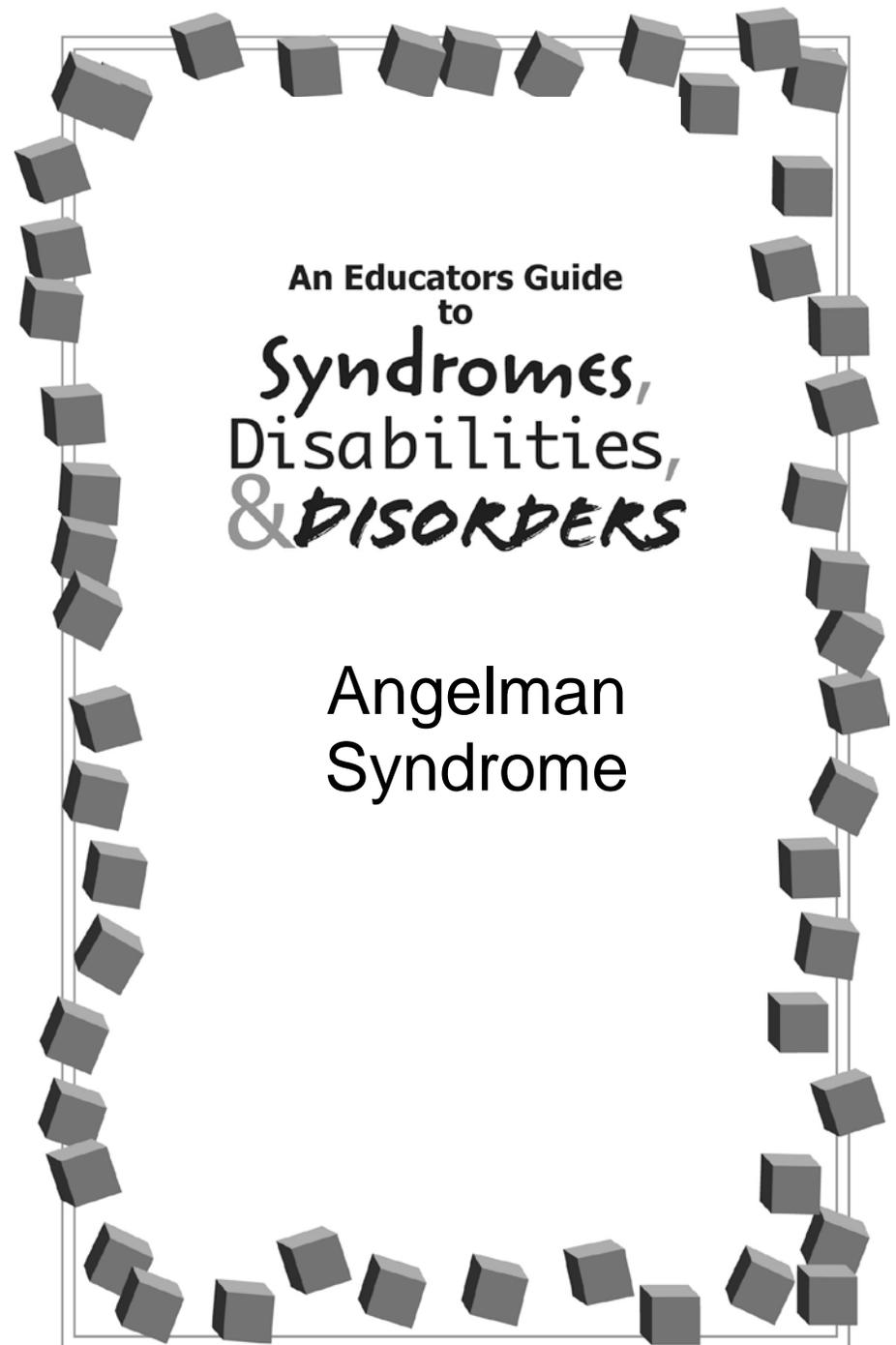
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Symptoms or Behaviors

- Delayed developmental milestones without loss of skills
- Notable developmental delays by six months to twelve months of age
- Minimal speech or no speech, receptive language skills and nonverbal communication skills are higher than Expressive language
- May laugh or smile for no reason, very happy, social, excitable
- May have issues with movement, walking, sitting
- Slow head growth
- Poor sleeping habits
- Attracted to water
- Arms are up when walking
- Sucking, or swallowing issues, excessive chewing, mouthing, drooling
- Seizures
- Hyperactivity is a very common behavior in AS and it is best described as hypermotoric

Instructional Strategies and Classroom Accommodations

Hyperactivity In extreme cases, the constant movement can cause accidental bruises and abrasions. Grabbing, pinching and biting in older children have also been noted and may be heightened by the hypermotoric activity. Persistent and consistent behavior modification helps decrease or eliminates these unwanted behaviors the attention span can be short and social interaction is hindered because the AS child cannot seemingly attend to facial and other social cues.

Laughter and Happiness

Giggling, chortling and constant smiling soon develop and appear to represent normal reflexive laughter but cooing and babbling are delayed or reduced.. A few have pronounced laughing that is truly paroxysmal or contagious and “bursts of laughter”. More often, happy grimacing and a happy disposition are the predominant behaviors. In rare cases, the apparent happy disposition is fleeting as irritability and hyperactivity are the prevailing personality traits; crying, shrieking, screaming or short guttural sounds may then be the predominant behaviors.

Mental Deficiency and Developmental Testing

Attention deficits, hyperactivity and lack of speech and motor control. Developmental delay is still consistently in the functionally severe range and formal psychometric testing seems to indicate a ceiling for developmental achievement at around the 24-30 month range. In general, Angelman syndrome

individuals have relative strengths in nonverbal reasoning skills and with social interactions that are based on non-verbal events.

Autism and Related Traits

Repetitive behaviors (e.g. using objects or toys inappropriately), sensory interests (licking/mouthing, sniffing objects), and stereotypic motor movements (rocking, hand-flapping) are common to all individuals with AS

Speech and Language

Some AS children seem to have enough comprehension to be able to speak, but in even the highest functioning, conversational speech does not develop. The nonverbal language skills of AS children vary greatly, with the most advanced children able to learn some sign language and to use such aids as picture-based communication boards.

Communication

Still all individuals with AS demonstrate communication difficulties to some extent. Problems in this area have implications for most aspects of education and daily living and should thus be a focal point in all instructional programs. Communication skills are critical in order for children to access the general education and special education curriculums and participate actively throughout the day. Whether we are referring to physical education, reading, writing (e.g. with line drawings), art, music, lunch, or science, all of these events have corresponding communication demands that must be met for students to be full participants. It is thus essential that speech-language pathologists (SLPs) are available to other educators to problem solve communication strategies needed for children to be included throughout the day.