

# LEARNING DISABILITIES



**TUTOR TRAINING**



# TABLE OF CONTENTS:

## LEARNING DISABILITIES

---

Background Information.....	2
What's in a Name?.....	2
Tutor Self Assessment.....	2
What About ADHD?.....	3
LD: Definition and Debate.....	4
Six Research-Based Facts About Learning Disabilities.....	5
Types of Learning Disabilities.....	7
Tutoring Adults with Learning Disabilities.....	8
LD Tutoring Guidellines.....	10
Signs of a Learning Disability.....	11
Further Study.....	11
Explicit Instruction for Strategy Learning.....	12

**Background Information** - This is content that will be useful in understanding the topic. You will want to read this element before attending the presentation.

**Tutoring Strategies** - These are activities you might do with a learner during a session. They are research and evidence-based strategies for tutoring adults.

**Resources and Materials** - Recommended for use directly with the learner during your sessions.

**Further Study** - Recommended resources for additional independent study of this topic.

**Handouts** - Items you need during this presentation; keep this element open during the module.

Any section can include the following call-out items to draw your attention to certain recurring themes. These include:

### Putting Theory into Practice

This will highlight how theory you have learned informs your tutoring practice.

### Tutor Tips

This will highlight tips from experienced tutors on using this strategy or information.

### Reflect and Grow

This is a time for you to stop and spend time in thoughtful reflection about a topic.

### Definitions and Keywords

This will call attention to and define key words and concepts.

## Definitions & Keywords

**Learning Preferences** are conditions of learning one finds helpful. They are the largest circle because they affect everyone—ways of learning that are helpful but not necessary. *Some learn better in the morning or with a lecture; others prefer learning through stories vs. graphs.*

**Learning Difficulties** arise when a specific task or circumstance inhibits an individual's ability to learn. *Some are good at math but can't focus on reading a novel; others may understand concepts but struggle to memorize dates.*

**Learning Disabilities** is a legal term for a neurological condition that makes one or more of the processes associated with learning extremely difficult. These individuals have legal rights and are protected by laws designed to level the playing field. They have an average or above-average IQ. Examples of learning disabilities include dyslexia (reading based), dysgraphia (writing based), and dyscalculia (numbers based).

**Cognitive Impairments** occur in individuals with developmental disabilities or those with brain injuries. Cognitive impairments may cause difficulties with short-term memory, expression, and attention span. Learners will typically progress slower.

## What's in a Name?

---

Individuals who struggle with learning may be described as having:

- Learning differences
- Learning difficulties
- Learning challenges
- Learning disorders

We use many different terms, such as those listed above, that are less stigmatizing than “learning disabilities.” These terms describe individuals who struggle with learning, and many prefer to use the descriptor “learning differences” rather than labeling an individual as having “learning disabilities.” The purpose of this session is to clarify what it means to have LD as opposed to a learning difficulty, difference, or challenge. Having a Learning Disability means something very specific that we'll cover later in the Coursepack.

## Tutor Self Assessment

---

Please spend 5 minutes thinking about the questions below and how they impact your tutoring.

- Why do you think it's important to understand the difference between the types of learning challenges?
- How may a learner's learning challenges affect your tutoring sessions?
- How do you personally feel about tutoring someone with a learning disability? How about a cognitive impairment? How will that change your expectations as a tutor?



## What About ADHD?

While it can affect the way learners learn and process information and often occurs with learning disabilities, ADHD (attention deficit hyperactivity disorder) falls under the umbrella of mental health conditions, so is not technically considered a learning disability on its own. **ADHD is often undiagnosed in adults.**

ADHD impacts executive function, which is a set of mental skills that helps individuals organize, plan, remember details, and direct focus. For many people, this leads to challenges with starting or sticking with studies.

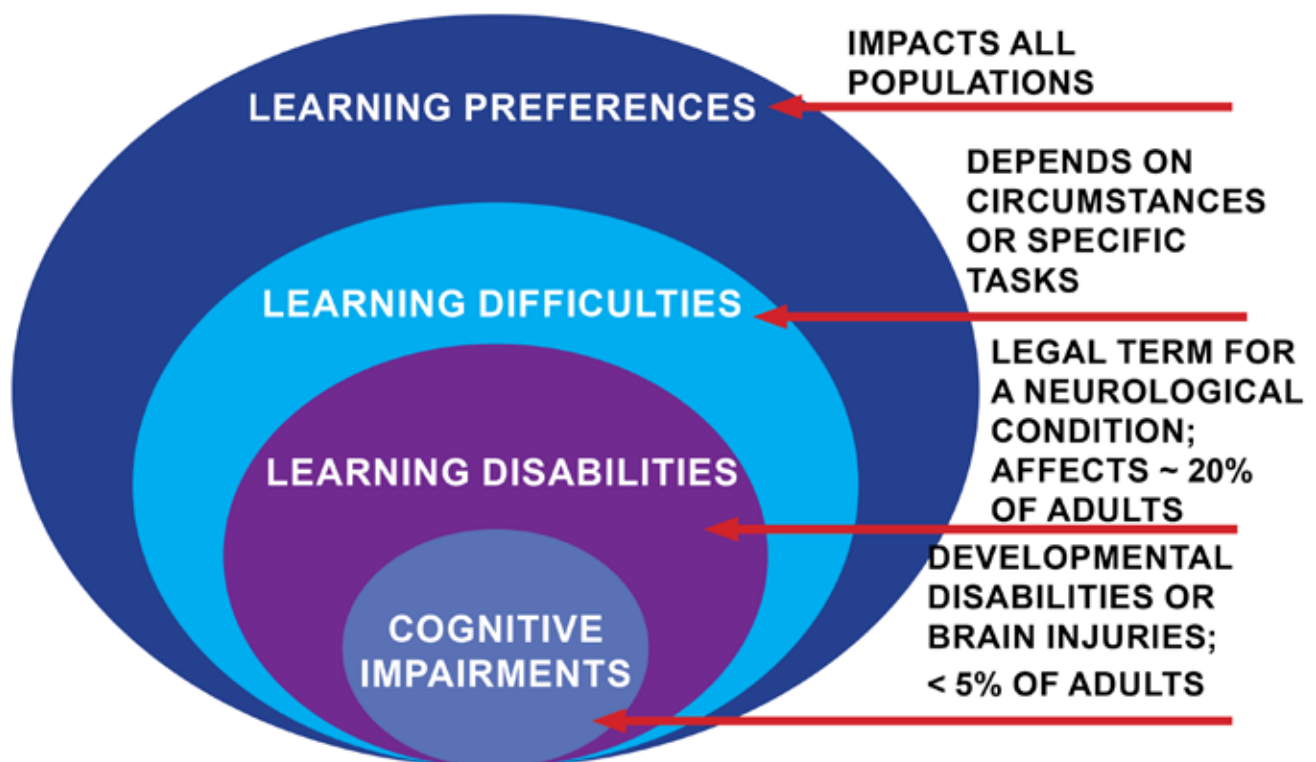
ADHD can make it harder to concentrate, learn new skills, or retain information.

Some research suggests that around 45% of students with ADHD also have a learning disability, and these two conditions may interact to make learning more challenging.

Many adult learners struggle with ADHD, so can benefit from:

- Breaking up lessons into **small chunks with frequent breaks**
- Focusing on **repetition without boredom**
- Preparing **visual cues** for strategies and keep them out during sessions.

*No matter what challenges your learners face, individual, research-based strategies will help them pursue their goals.*



## LD: Hidden Disability

---

Unlike physical disabilities, LD are “*hidden*” disabilities. They do not become apparent until individuals attempt tasks that are affected by their LD. As long as the individual can avoid tasks such as reading, writing, or math problem solving, the disability is not apparent.

Because of this, there has been and continues to be controversy and debate over how to define LD.

LD are also often undiagnosed, so learners are aware that they struggle in academics more than their peers, but may not know why. Adults have had a lifetime to compensate and mask their LD and will have ways of handling situations that work for them. It’s crucial to recognize and honor their success.

## LD: Definition and Debate

---

The best and most current guidance we have on the definition of LD is based on work done by the U.S. Department of Education. In 1999, the Office of Special Education Programs within the department began what was called the SLD [Specific Learning Disabilities] Initiative. A group of 10 organizations was convened, representing parents, state and local practitioners, researchers and policy developers, to develop consensus statements about the nature of LD. This initiative involved a series of meetings and papers, and the development of a research-to-practice document. The group provided an overall statement that defines LD.

This definition can be broken down into six Consensus Statements:

- 1. LDs Are Real**
- 2. LDs Are Brain-based**
- 3. LDs Are Specific to Individuals**
- 4. LDs Occur Across the Life Span**
- 5. Can occur with other disabling conditions, but are not caused by them**
- 6. Occur across ethnic, cultural, language, and economic groups**

## Research-Based Facts About Learning Disabilities

### 1. LDs Are Real

Functional MRIs show that LDs are valid, but since they're hidden disabilities they're difficult to identify, understand, and accept as "real." Someone with a reading disability will appear normal until asked to read independently, when the hidden disability becomes apparent. Compare that with someone with a physical disability, which is apparent immediately. Accommodations and limitations are expected and more easily understood with physical disabilities.

**LDs are disabilities requiring accommodations, not an illness/disease to be fixed.**

### 2. LDs Are Brain-based

LDs are a part of someone's neurological make-up. They are specific and can encompass one or more ability areas (e.g. reading or math), but not necessarily all ability areas--they're not simply a delay in development. LDs are not eliminated by changes in the environment (like increased literacy tutoring), though a person can learn to effectively manage LDs.

**LDs can't be eliminated, but using research-based strategies in tutoring will help minimize the impact of the LD on your learner's life.**

### 3. LDs Are Specific to Individuals

There is neither one type of learning disability nor one profile for adults with LD; there are many different patterns of difficulties. People with LD have specific weaknesses but also many specific strengths.

**Tutoring should help individuals with LD focus on their strengths to compensate for their specific weaknesses.**

Examples

- An individual may be a slow and labored reader but may comprehend written material well if it is read out loud.
- An individual may be able to read well at the word level but have great difficulty comprehending what they have read. Just being able to read individual words is not enough to comprehend text.
- An individual may read well but have great difficulty with math computations.

**Each of these individuals exhibits profiles that may indicate learning disabilities because of the marked performance difference in specific areas of functioning.**

1. LDs Are Real

2. LDs Are Brain-based

3. LDs Are Specific to Individuals

4. LDs Occur Across the Life Span

5. Can occur with other disabling conditions, but are not caused by them

6. Occur across ethnic, cultural, language, and economic groups

## Research-Based Facts About Learning Disabilities

### **1. LDs Are Real**

### **2. LDs Are Brain-based**

### **3. LDs Are Specific to Individuals**

### **4. LDs Occur Across the Life Span**

### **5. Can occur with other disabling conditions, but are not caused by them**

### **6. Occur across ethnic, cultural, language, and economic groups**

### **4. LDs Occur Across the Life Span**

LD may be uncovered at different stages of a person's life depending on many factors (an LD in a 7-year-old looks different from that in the same person as an adult). A person can learn to deal with their LD but it won't go away. Learning problems apparent in school persist throughout life; only the environment changes. Some environments can minimize the influence of the disability, while others can highlight areas of need. A person may learn to compensate for LD, but that area will remain a relative challenge.

**For adults with LD, matching strengths and weaknesses with appropriate learning and employment environments is crucial.**

### **5. Can occur with other disabling conditions, but are not caused by them**

LDs may occur with other conditions (depression, physical impairments, ADHD) but these are not the cause of the LD. This can make identifying LD more difficult; many people who struggle with learning for another reason may display similar characteristics to those with LD (e.g., a person who had poor schooling may present the same reading needs as those whose reading challenges are caused by LD).

**Whatever your learner's condition, focusing on their individual goals and strengths will help them succeed.**

### **6. Occur across ethnic, cultural, language, and economic groups**

LDs occur across all groups in countries and cultures throughout the world. There is a concern that identification is culturally-biased and in K-12 education, minority groups with LD are overrepresented. This can be due to a lack of culturally appropriate tests, procedures, and teacher recommendations.

**LDs are not unique to our culture.**



# Types of Learning Disabilities

## A Guide To THE 7 TYPES OF LEARNING DISABILITIES

As Defined by the Learning Disabilities Association of America

<p><b>Dyscalculia</b> 5 to 10% of the population</p> <p>Affects a person's ability to comprehend numbers and memorize math facts. It is common and often overlooked. You probably know someone who has it. Even some scientists, engineers, and mathematicians have it!</p> <p>May struggle with:</p> <ul style="list-style-type: none"> <li>Seeing how numbers fit and associate together</li> <li>Counting</li> <li>Recalling math facts like <math>2 + 4 = 6</math></li> <li>Miswriting symbols like <math>+</math> and <math>=</math></li> <li>Reading a clock</li> <li>Understanding concepts like "greater than" and "less than"</li> <li>Working with money</li> <li>Telling left from right</li> </ul>	<p><b>Dyslexia</b> 5 to 10% of the population</p> <p>Affects a person's ability to read, spell, and write. They often read slowly and make mistakes. Dyslexia does not mean a lack of intelligence. Many people living with it, including actors, elected officials, and entrepreneurs.</p> <p>It is NOT a problem with reading letters backward or changing the order. That is a myth.</p> <p>May struggle with:</p> <ul style="list-style-type: none"> <li>Sounding out written words</li> <li>Spelling</li> <li>Reading comprehension</li> <li>Word recognition, even with common words</li> <li>Learning a foreign language</li> <li>Solving mathematical word problems</li> <li>May struggle with phonemic and phonological awareness, which is the ability to hear, identify, and change the sound structure of a spoken word (for example, picking out words that rhyme or counting syllables)</li> </ul>	<p><b>Dysgraphia</b> 5 to 20% of children</p> <p>Affects a person's ability to write effectively. Impacts handwriting, typing, and spelling. Rooted in difficulty with memorizing and automatically retrieving letters and numbers.</p> <p>May struggle with:</p> <ul style="list-style-type: none"> <li>Forming letters</li> <li>Writing with proper grammar</li> <li>Spacing letters correctly</li> <li>Writing in a straight line</li> <li>Holding and using a writing instrument effectively</li> <li>Messy handwriting</li> <li>Often associated with motor skill struggles</li> </ul>
<p><b>Auditory Processing Disorder (APD)</b> 5% of school-age children, 15% of military veterans, due to head trauma</p> <p>Affects a person's ability to understand what words or sounds mean. They hear the sounds but have trouble making sense of them.</p> <p>Not related to hearing or intelligence.</p> <p>May be caused by brain injuries, pneumonia, meningitis, or illness.</p> <p>May struggle with:</p> <ul style="list-style-type: none"> <li>Noticing, comparing, and differentiating separate sounds (such as cat and bat)</li> <li>Focusing on specific and important sounds in noisy settings</li> <li>Recalling auditory memories, even in the middle of a conversation</li> <li>Understanding and remembering the proper order of sounds and words</li> <li>Following directions with multiple steps</li> <li>Slow to respond in conversation</li> </ul>	<p><b>Language Processing Disorder (LPD)</b> 5% of children</p> <p>Subset of auditory processing disorder. The Learning Disabilities Association of America states: "There is difficulty attaching meaning to sound groups that form words, sentences, and stories."</p> <p>Two types: expressive and receptive</p> <p>May struggle with:</p> <ul style="list-style-type: none"> <li>Expressive: expressing thoughts and feelings</li> <li>Receptive: understanding what people are saying or following conversation</li> <li>May be a late talker as a child</li> <li>May appear stony or "dumb"</li> <li>Limited vocabulary</li> <li>Verb tense confusion</li> <li>Words get stuck "on the tip of their tongue"</li> <li>Comprehending jokes</li> <li>Inappropriate answers due to lack of understanding the question</li> <li>Nonliteral sentences</li> </ul>	<p><b>Nonverbal Learning Disorder (NLVD)</b> 3-4% of the population</p> <p>Affects a person's ability to decode nonverbal behavior and social cues. May also cause difficulty with motor and visual-spatial skills.</p> <p>May excel academically but struggle in social/emotional aspects.</p> <p>May struggle with:</p> <ul style="list-style-type: none"> <li>Understanding body language</li> <li>Understanding facial expressions</li> <li>Understanding tone of voice</li> <li>Often well-spoken and can write well but struggle with subtle social cues</li> <li>Abstract concepts comprehension</li> <li>Early speech and language (talks like a "know-it-all" from a young age)</li> <li>Poor coordination, may be "clumsy"</li> <li>Extremely literal; struggles with innuendo, sarcasm, and other awareness</li> <li>Anxiety and difficulty coping with change</li> </ul>
<p><b>Visual Perceptual/Visual Motor Deficit</b></p> <p>May struggle with:</p> <ul style="list-style-type: none"> <li>Loss their place in reading and math</li> <li>Using pencils, crayons, scissors</li> <li>Five motor activities</li> <li>Unusual eye activity when reading or completing assignments</li> <li>Lack of coordination</li> <li>Letter discrimination (confusing "n" and "r")</li> <li>Writing in a straight line</li> <li>Remembering what they have seen</li> <li>Recognizing parts of objects, like part of a car or chair</li> </ul> <p>Affects a person's hand-eye coordination, which influences using tools, keeping track of words while reading, and navigating surroundings.</p>		<p>Note: The Learning Disabilities Association of America and other mental health practitioners consider these seven disorders as specific learning disabilities. It is recognized that autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are related disorders that affect learning, but they are not specific learning disorders. Coexisting disorders and conditions are extremely common for those with ADHD and ASD.</p> <p><b>Playground Equipment!</b></p>

## Definitions & Keywords

**Dyslexia.** Problems with reading words accurately and with ease (sometimes called "fluency"); difficulty spelling, understanding sentences, and recognizing known words.

**Dysgraphia.** Problems with handwriting. Learners may have trouble forming letters, writing within a defined space, and writing down their thoughts.

**Dyscalculia.** Difficulty understanding arithmetic concepts and doing addition, multiplication, and measuring.

**Apraxia of speech.** Problems with speaking. People with this disorder have trouble saying what they want to say.

**Central auditory processing disorder.** Trouble understanding and remembering language-related tasks. Difficulty explaining things, understanding jokes, and following directions. Learners confuse words and are easily distracted.

**Nonverbal learning disorders.** People with these conditions have strong verbal skills but difficulty understanding facial expression and body language. They have trouble generalizing and following multistep directions.

HHS and NIH/Eunice Kennedy Shriver National Institute of Child Health and Human Development

## Tutoring Adults with Learning Disabilities

Think about these tips and techniques:

- Look for the latest research if you want, but remember experts disagree a lot. You may find varying opinions. **There is no “silver bullet.”** If there were, everyone would use it.
- Experiment with different strategies. Involve the learner in deciding which strategies work best.
- Use all of the senses possible: seeing, saying/hearing, writing it down
- Take mini-breaks when necessary; learning disabilities can magnify with stress and fatigue
- Your help is priceless. Most learners progress when someone is there to supply support and feedback. This might be something the learner has never experienced before.
- Be patient. Progress always takes time!

### **“People with learning disabilities (LD), just learn differently (LD)”**

“Learning disability” is a broad term covering a number of learning problems associated with the way the brain processes information. By definition, people with LD have average or above average intelligence, therefore they can learn! They just learn differently. This is really a teaching disability, not a learning one.

People can have problems with reading, penmanship, math, or other skills. Often learners have more than one LD, making diagnosis challenging. If you think your learner might have a learning disability, you may feel that you do not have the expertise to help. Research suggests that you may be the best resource to help that learner overcome or compensate for their challenges.

At Washtenaw Literacy, we believe that many learners have some sort of learning disability. However, we do not do formal diagnostic testing and many of our learners are not interested in another label, not to mention that diagnosis is a lengthy and expensive process. Some, including tutors, believe the diagnosis will provide the silver bullet that tells how to fix the problem. It doesn't. It's an individual disability that requires an individual response. We see learners make progress all the time when they have a tutor focused on their needs and covering things that are interesting and important to them (i.e. goal-oriented tutoring).

One important point is: there is a reason these learners did not excel in school. The “typical” or “average” way doesn't work for them. They need more time and practice so be patient and understand that progress will be slow. Use the strategies for adult learners outlined in your training book. They are research-based and proven effective, but it doesn't mean they produce *quick* results.

### **Additional suggestions:**

- **Consciously construct the environment for success:**
  - Be welcoming, encouraging and patient
  - Nurture learner's curiosity and learning
  - Give credit for both effort and achievement
  - Help learners recognize their strengths
  - Show the whole picture first, then break information into small, sequential steps
  - Take extra breaks and plan for short activities
- **Promote learner independence:**
  - Design lessons around everyday needs
  - Include learners in decisions and planning
  - Be sure learners know you are working on their goals at all times

- **Use LD-appropriate instruction:**
  - Make learning fun (use materials of interest and value to the learner)
  - Teach important skills connected to learners' lives, interests, and needs
  - Demonstrate what it is that they will be learning and explain why it's important for them personally
  - Make learning manageable (work in small bits, not huge concepts)
  - Offer guided, scaffolded practice
    - Build on what your learner already knows
    - Practice to mastery before moving to the next level
- **Utilize technology appropriately:**
  - Encourage use of computers and the internet
  - Use audio-taped versions of books
  - Demonstrate and encourage accommodations like text-to-speech software (e.g., Google Lens)
  - Make interactive, multimedia learning opportunities available
  - Use a sans serif font (such as Arial or Verdana)
  - Print on colored paper to reduce glare
  - Boldface key words to help with focus
  - **Present multi-sensory lessons to maximize learning.**
    - Start each lesson with a review of prior learning.
    - Utilize demonstrations, observations, and experimentations.
    - Incorporate kinetic or sensory learning experiences.
    - Provide hands-on learning activities.
- You don't need to "diagnose" the disability. It doesn't change the tutoring method.
- Adult learners bring previous experience and knowledge to every lesson--always build on their prior knowledge to increase their confidence and help them make connections.
- It's more important to teach fewer (but crucial) skills to mastery rather than trying to teach a wide range of skills.
- Explain how skills will be used increases motivation and clarifies expectations.
- Guided, scaffolded practice means lots of practice where the tutor is guiding the learner and gradually increasing the difficulty as mastery is achieved.

## Reflect and Grow

How will a learner's LD impact your session planning?

- ...choice of activities?
- ...selection of materials?
- ...expectation of progress?
- ...satisfaction as a volunteer?

What insight does the knowledge that LDs occur across the life span give you about your learner?

How much time do you think you should spend on accommodations?

- ...during tutoring sessions
- ...for life outside tutoring (e.g., school, work)

What does choosing to self-disclose a Learning Disability to an employer mean for a learner with LD? What are the benefits and drawbacks?

## LD Tutoring Guidelines

<b>Teach important skills</b>	Deciding what is important to teach is critical given the limited amount of time for instruction and the learner's needs. Learners should be involved in deciding what is important and those skills should be as functional as possible.
<b>Teach less better</b>	It is more effective and efficient to pick fewer (but important) skills and teach them to mastery rather than teaching a wide range of skills that learners don't "own."
<b>Teach explicitly</b>	A direct and explicit approach is most effective with adults with LD.
<b>Teach contextually</b>	Literacy skills and strategies should be taught and practiced in the context of "real life" situations.
<b>Explain what is to be learned and why it's important</b>	Briefly explaining the purpose of the strategy, skill, or activity will clarify learner expectations. Discussing the relevance will increase motivation to learn the skill.
<b>Check the old before teaching the new</b>	Before teaching a new skill, verify that learners have retained any prerequisite skills or knowledge needed for the new skill. This is best done by asking learners to demonstrate the prerequisite skill rather than just asking.
<b>Model what is to be learned</b>	A clear demonstration of the strategy is crucial prior to practicing it. Effective modeling includes a clear demonstration AND a comprehension description of any thinking or decision-making (think-aloud).
<b>Use supported practice</b>	After viewing a model of a strategy, adults with LD benefit from guided practice. Use questions and prompts to gently guide the learner through the skill so they have maximum initial support and success.
<b>Use controlled materials</b>	Control the difficulty of the task when introducing a new skill. Initial practice on "easy" materials allows learners to focus on learning the new strategy. Once they've achieved success, gradually introduce more difficult material.
<b>Provide practice, practice, practice (and more practice!)</b>	Adults with LD need multiple practice opportunities over time to retain new skills or information. Independent practice (with no guidance or prompting) should be provided only after learner reaches an 80% success rate.
<b>Require frequent responses</b>	Adults learn better when they stay involved during tutoring sessions. Ask frequent questions related to the info being taught.
<b>Provide corrective feedback</b>	Adults with LD should receive concrete, corrective, and timely feedback. The better the feedback, the more quickly they'll master the skill.
<b>Promote generalization</b>	Often adults with LD have difficulty transferring what they learn to different settings or tasks. Activities and techniques that promote skill generalization should be part of every lesson.
<b>Be prepared</b>	The amount of time spent planning is directly related to the quality and effectiveness of instruction.

## LD Tutoring Guidelines

<p><b>Use accommodations when necessary</b></p>	<p>Reasonable accommodations are required by law and necessary for appropriate instruction under certain circumstances, but make sure learners don't become dependent on others vs. being independent learners. Provide the instruction necessary for learners to use and benefit from the accommodation.</p>
<p><b>Use caution when selecting instructional techniques and programs</b></p>	<p>Many programs claim to help adults with LD; become a cautious consumer. Adults with LD should not be the victims of poor instruction because they jump on the educational bandwagon.</p>

(Hughes, 1998)

## Signs of a Learning Disability

**SIGNS OF A LEARNING DISABILITY**

**COGNITIVE SIGNS OF A LEARNING DISABILITY:**

- Often spelling the same word differently in a single assignment
- Trouble with open-ended questions on tests
- Poor reading and language comprehension
- Weak memory skills
- Difficulty in adapting skills from one setting to another
- Slow work pace
- Difficulty grasping abstract concepts
- Inattention to details
- Excessive focus on details
- Frequent misreading/misinterpretation of information
- Trouble filling out applications or forms
- Easily confused by instructions
- Poor organizational skills
- Mental health problems like depression or anxiety

**BEHAVIORAL SIGNS OF A LEARNING DISABILITY:**

- Not wanting to go to school
- Complaining about the teacher
- Reluctance to engage in reading/writing activities
- Saying the work is too hard
- Not wanting to show you schoolwork
- Avoiding assignments/homework
- Saying negative things about his or her academic performance, such as: "I'm dumb"
- Disobeying teacher's directions
- Frequent misreading/misinterpretation of information
- Cutting class and skipping school (in adolescents and teens)
- Bullying

Aspiro  
 (801) 349-2740 • info@AspiroAdventure.com  
 AspiroAdventure.com

For Further Study

<https://www.lincs.ed.gov/professional-development/resource-collections/profile-1084>

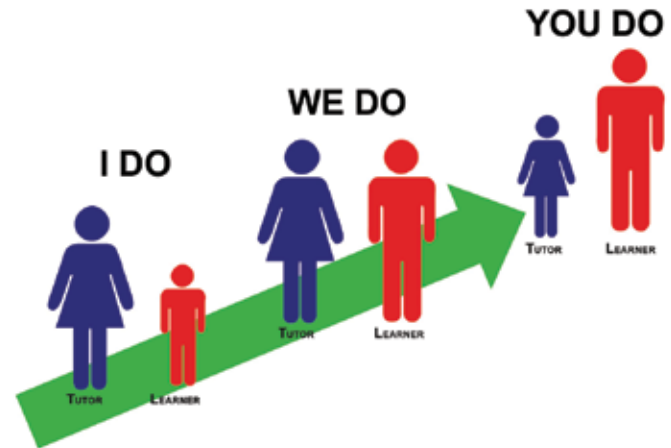
**Yes I Can: A Mental Health Guide for Adult Literacy Facilitators by Jennifer E. Hewitt**

This guide for adult education facilitators provides information and strategies for supporting adult learners living with mental health conditions or disorders.

## Explicit Instruction for Strategy Learning

A strong research base shows Explicit Instruction is the most effective way to teach adults with Learning Disabilities, but works with any individual—it's a good method of instruction for anyone learning any skill.

Explicit Instruction focuses on clearly teaching **strategies** that learners master and can use independently. It responds to learner needs and desires to learn skills and become more independent and confident.



At first, the tutor controls the learning process by explaining and modeling the strategy. Then the tutor and learner work together. Finally, the learner practices independently. Throughout, the tutor offers immediate, positive, and corrective feedback.

### Steps to Explicit Instruction:

#### 1. Provide clear explanation (I DO)

- Introduce the strategy and its steps
- Discuss the rationale of the strategy
- Connect with previous learning

#### 2. Model the learning process (I DO)

- Model the skill by doing—correctly, clearly, concisely
- Model using think-aloud

#### 3. Engage in scaffolded practice (WE DO and YOU DO)

- Engage in short practice exercises with feedback
- Check on understanding and use of skills
- When learner shows 80% accuracy with new skill, transition to YOU DO with independent practice
- This is when learners can fully develop the skill on their own

#### 4. Provide effective feedback

- Must be immediate, positive, and corrective throughout

