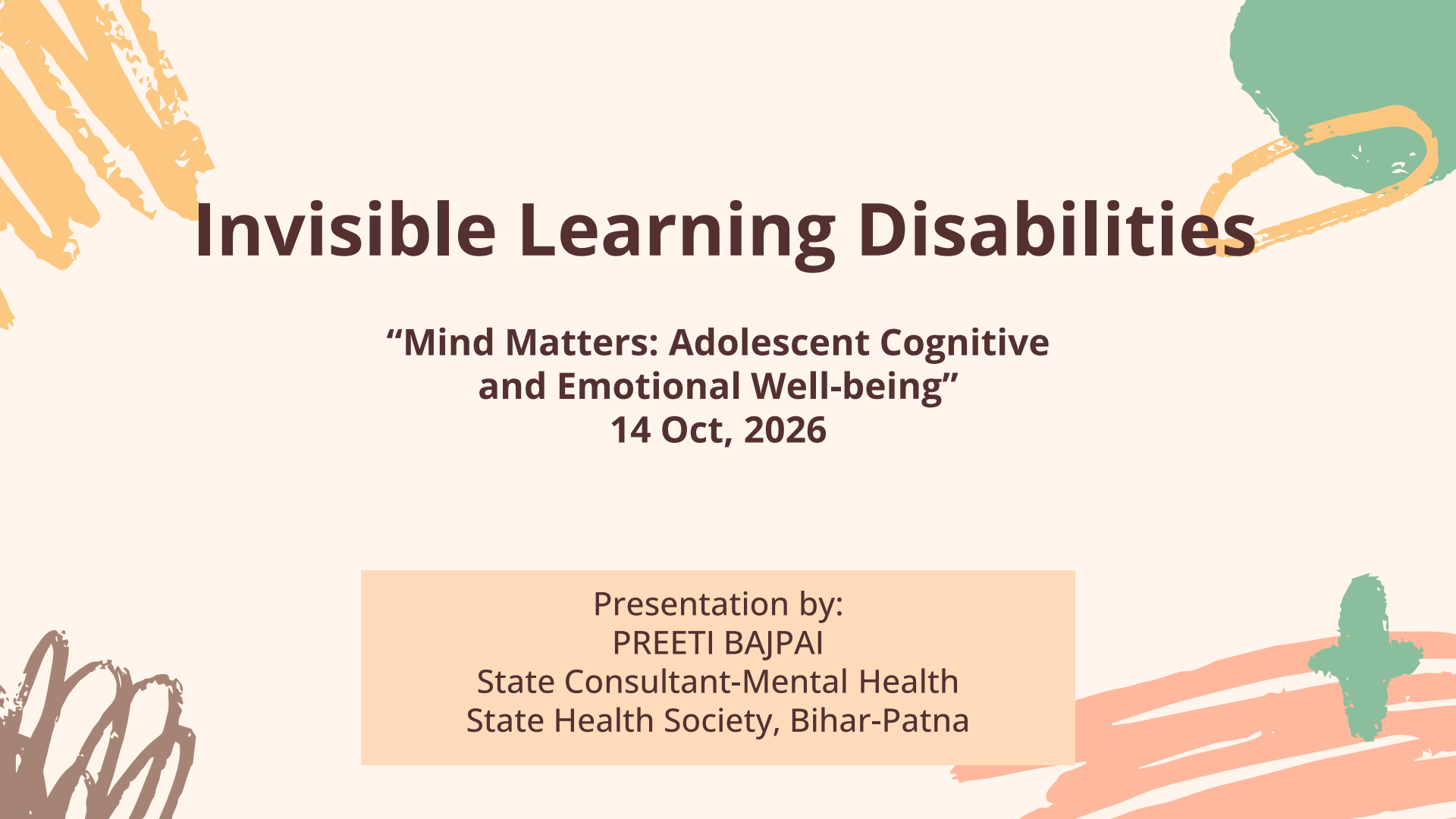




Invisible Learning Disabilities

**“Mind Matters: Adolescent Cognitive
and Emotional Well-being”
14 Oct, 2026**

Presentation by:
PREETI BAJPAI
State Consultant-Mental Health
State Health Society, Bihar-Patna

The purpose: notice, understand, support

WHY IT MATTERS

NOTICE

Recognize learning differences that may not be visible to others.

UNDERSTAND

Replace blame and labels with curiosity, evidence and compassion.

SUPPORT

Build practical pathways at home, in classrooms and through services.

A child may be bright, creative and determined—and still need a different way to read, write, listen, remember or organise information.

What is a Learning Disability?

Learning disability is a neurological disorder that affects someone's ability to read, write, speak, understand, think, etc.

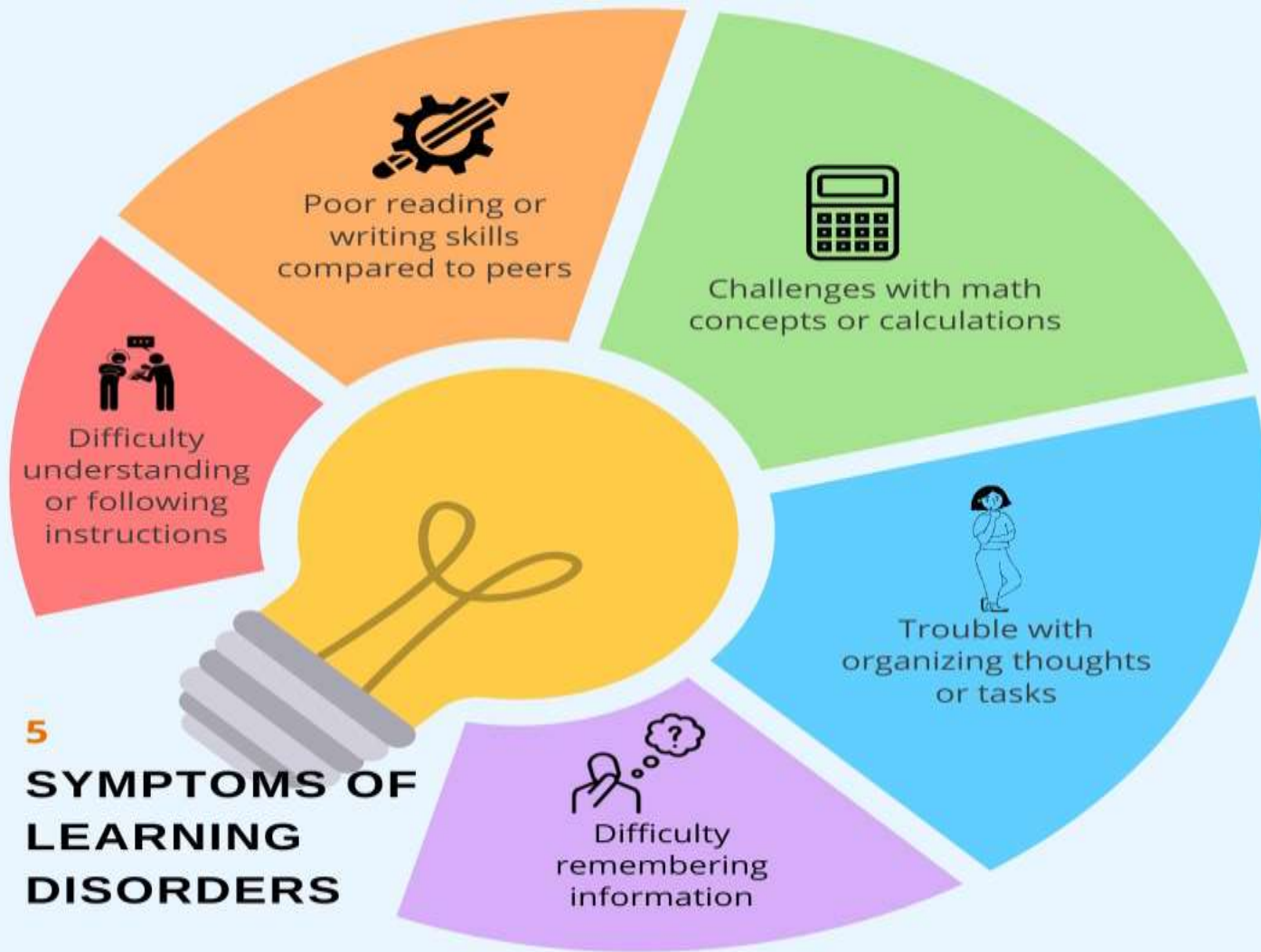


It affects how the brain processes spoken or written information, impacting academic and everyday skills despite normal or average intelligence.

NOT “Learning Problems”

- Involve impairment in areas of hearing, vision and motor function
- Emotional disturbances

5
**SYMPTOMS OF
LEARNING
DISORDERS**



Other Characteristics of LDs

- POOR MOTOR ABILITIES
- SOCIAL SKILLS DEFICITS
- DISORDERS OF ATTENTION
- INFORMATION PROCESSING DEFICITS
- POOR EXECUTIVE FUNCTIONS



WHAT IS DYSLEXIA?

Dyslexia is a learning difference that involves trouble matching letters to sounds, recognizing words, and difficulty reading, spelling and writing.

3 SIGNS

that could mean your child is dyslexic:

Difficulty
Reading

Difficulty
Spelling

Difficulty
Writing



- Dyslexia is a learning disability that can hinder a person's ability to read, write, spell, and sometimes speak.
- Dyslexia is the most common learning disability in children and persists throughout life.
- The severity of dyslexia can vary from mild to severe.
- It is caused by an impairment in the brain's ability to translate images received from the eyes or ears into understandable language.
- Dyslexia is a life-long condition.

Through The Eyes of A Person Who Has Dyslexia

- The words are not spaced correctly.
Thew ord sare n otsp aced cor rect ly.
- We spell words exactly as they sound to us.
We spell wrds xatle az tha snd to us.
- Sometimes the letters are pushed together.
Sometimesthelettersarepushedtogether

The second day
 house on the side
 On by the of sticks. The big
 hair on my chin
 Do you remember the story of the
 little pigs? The hewer of the
 who dug a nose of straw. The
 wolf blew and blew until he blew the
 house down. He said, "Crash!" The pig

UNDERSTANDING THE SIGNS OF DYSCALCULIA

DIFFICULTY
COMPARING THE
VALUES OF
NUMBERS

MATHS ANXIETY

OFTEN UNABLE
TO EXPLAIN
WHAT THEY ARE
DOING.

SLOW PROCESSING
AND INFORMATION
RETRIEVAL.

USE STRATEGIES SUCH
AS FINGER COUNTING



DIFFICULTY
WITH
MEMORY

FINDS
MATHS
TRICKY
(FRACTIONS,
PERCENTAG
ES ETC),

DIFFICULTIES
WITH
SEQUENCING
AND PATTERN
SPOTTING

A.

$$100 + 100 = 200$$

~~$$1 + 10 = 16$$~~

$$6 + 5 = 1$$

$$2 + 3 = 5$$

~~$$4 + 5 = 1$$~~

B.

$$26 \times 25$$

~~$$2 \times 6 = 6$$~~

~~$$4 \times 2 = 8$$~~

$$6 + 5 = 11$$

$$3 + 3 = 6$$

C.

$$\begin{array}{r} 254 \\ 476 \\ \hline 940 \end{array}$$

$$\begin{array}{r} 226 \\ 216 \\ \hline 442 \end{array}$$

$$\begin{array}{r} 410 \\ 309 \\ 303 \\ \hline 1428 \end{array}$$

$$\begin{array}{r} 26 \\ 231 \\ \hline 52 \end{array}$$

$$\begin{array}{r} 304 \\ 308 \\ \hline 1924 \\ 040 \\ \hline 912 \\ 93424 \end{array}$$

Dyscalculia is
present in
about 5% of
the population

What is dysgraphia? ☆ ☆

- Difficulty in writing (regardless of ability to read)
- Avoids writing or drawing
- Illegible handwriting
- Tires quickly while writing
- Tight, awkward pencil grip & body position
- Omits/Leaves words unfinished in writing
- Says words out loud while writing
- Difficulty in organising thoughts on paper

eeee

wooly Mamith are edst
of men and they
Men work leaves a
sels. wooly Mamit
kind of elephant. th
back then and it w
a elphen. It is
They had alot
The water was f
Mamithes had big
The mountains w

Dysgraphia struggles with writing...

Diagnosed in childhood, affects a person's handwriting ability and fine motor skills.

x THE fox jumps over the fence
x The fox jumps over the high mountain top.

The fox jumped over the fence.
The eagle flew over the high mountain top.



WHY “INVISIBLE” ?

The difficulty may be real even when you cannot see it.

- No obvious physical sign may be present.
- A child may speak confidently but struggle with reading or writing.
- Effort may be much greater than the result suggests.
- Performance can vary by task, setting, fatigue and stress.
- The child may hide difficulty to avoid embarrassment.

Invisible does not mean imaginary, intentional, or a sign of low intelligence.

LOOK BENEATH THE RESULT

Instead of asking only “Why is this wrong?”, ask:

- What part was hard?
- What helped the child succeed?
- What support would make the task accessible?

1 in 5 globally

Inventors. Entrepreneurs. Scientists. Architects. Technologists. Artists. Disruptors.



An illustration of two hands reaching towards each other. The hand on the right is orange and has a green leaf on its index finger. The hand on the left is brown and has a green leaf on its index finger. The hands are positioned as if they are about to clasp or are in the process of clapping. The background is a light beige color.

A lost economic
opportunity.

Causes of Learning Disability



Genetic Factors:
Certain genetic conditions contribute to learning disabilities.



Medical Conditions:
Epilepsy, ADHD, or autism coexist with learning disabilities.



Brain Development:
Disruptions in early brain development lead to learning disabilities.



Learning Environment:
Ineffective teaching methods or lack of support.



Environmental Factors:
These factors include prenatal conditions, early childhood experiences, educational



Language/Cultural Differences: Language barriers or cultural disparities.

What a child may be feeling

When a child repeatedly struggles, the emotional impact can become as important as the academic task.

FRUSTRATION

"I try, but it still goes wrong."

SHAME

"Everyone will know I'm different."

ANXIETY

"What if the teacher asks me to read?"

WITHDRAWAL

"I'll stop trying before I fail."

Behavior is communication. Respond with calm curiosity and preserve dignity.

When and where to seek professional support

GET HELP

Consider referral when difficulties are persistent, significantly affect participation or progress, and do not improve enough with appropriate teaching and support.

START WITH SCHOOL

Class teacher, school leadership, special educator or school counsellor—where available.

HEALTH & DEVELOPMENT

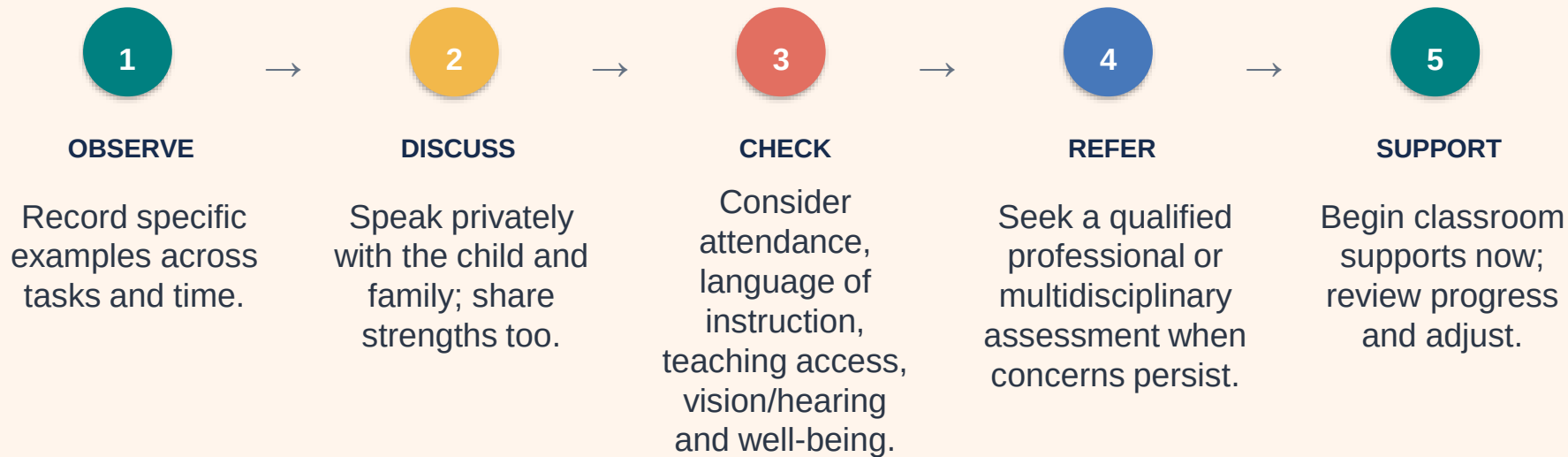
A paediatrician or qualified developmental/mental-health professional can help coordinate assessment as appropriate.

SPECIALIST ASSESSMENT

A qualified multidisciplinary team may assess academic skills, language, development and related factors.

Avoid unvalidated online tests, self-diagnosis and promises of a “quick cure.” Keep the child involved and informed in an age-appropriate way.

A respectful pathway: observe → discuss → assess → support



Avoid public comparisons and public disclosure of a child's concerns.

Diagnoses

Diagnosis of SLDs requires either:

- A pediatrician
- A psychiatrist
- A Pediatric Neurologist or
- Clinical or Rehabilitation Psychologist.

Diagnosis for SLDs is a 3-Step process:

Step 1: Assessment

to eliminate any visual or hearing impairments.

Step 2: IQ Assessment

by Child psychologist/ Clinical psychologist/ Pediatric neurologist/ psychiatrist. Only if the IQ is determined to be average or above (>85), then Step 3 will be applied.

Step 3: SLD Assessment

involves application of specific psychometric tests for diagnosing SLD and giving it a severity scale.

For parents and caregivers: what helps at home?

DO

- Listen without judgement
- Praise effort, strategy and progress
- Break homework into short, manageable steps
- Read together in a calm, low-pressure way

AVOID

- Calling the child lazy, careless or unintelligent
- Comparing siblings or classmates
- Long punishment-based study sessions
- Doing all the work for the child

BUILD A ROUTINE

Predictable time, a quiet space, movement breaks and clear instructions can reduce overload.

PARTNER WITH SCHOOL

Share what you notice, ask what support is available, and agree on one or two next steps.

For teachers: make learning accessible

EVERYDAY SUPPORT

TEACH EXPLICITLY

- Model each step
- Teach sounds, spelling patterns and number concepts systematically
- Use examples before independent work
- Check understanding—not just “Any questions?”

REDUCE BARRIERS

- Give instructions in short chunks
- Pair spoken directions with written/visual cues
- Allow extra processing time
- Reduce unnecessary copying
- Offer assistive tools where available

PROTECT DIGNITY

- Never use surprise public reading as punishment
- Avoid sarcasm and public ranking
- Give feedback privately and specifically
- Track progress over time
- Coordinate with family and support staff

Classroom strategies that help many learners

EVERYDAY SUPPORT

MULTISENSORY

See it, say it, hear it, build it, write it.

CHUNKING

Split long tasks into short, clearly sequenced parts.

VISUAL SUPPORTS

Use worked examples, checklists, diagrams and key-word cards.

FREQUENT CHECKS

Ask the child to explain the first step in their own words.

FLEXIBLE RESPONSE

Where appropriate, allow oral answers, typing or extra time.

PREDICTABLE ROUTINES

Make lesson structure and transitions clear.

References

- World Health Organization (WHO): International Classification of Diseases, 11th Revision (ICD-11), neurodevelopmental disorders and disorders of learning.
- Government of India: Rights of Persons with Disabilities Act, 2016 and applicable rules/guidelines.
- UNESCO: Inclusive education and guidance on removing barriers to learning.
- National and state education/health authorities: consult current local referral pathways and examination accommodation rules.

