



**Winona, MN**

# **DISABILITY INCLUSION TRAINING MANUAL**

**A "How to" manual for successfully including persons  
with and without disabilities in Community Education classes/events.**

**Helen L. Newell, Author**



**Welcoming All Learners<sup>SM</sup>**

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This manual is available as a PDF document at Winona Area Public Schools website.

[www.winona.k12.mn.us/communityed](http://www.winona.k12.mn.us/communityed)

# COMMUNITY EDUCATION'S PROJECT COMPASS INCLUSION TRAINING MANUAL

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# PROJECT COMPASS

A program of Winona Area Public Schools' Community Education

## Disability Inclusion Training Manual

*Helen L. Newell, Author*

*Project COMPASS is excited about sharing with you the following Disability Training Manual. This disability awareness information has been written to increase opportunities and create supportive environments that encourage and welcome people of all abilities into our Community Education programs.*

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# PROJECT COMPASS MISSION STATEMENT AND PHILOSOPHY

## MISSION STATEMENT

Assist people with and without disabilities to realize their potential by providing a wide range of learning experiences.

## PHILOSOPHY STATEMENT

Our community recognizes the rights of all persons to develop their potential to the fullest. Project COMPASS provides opportunities for lifelong learning and personal growth for youth 11 years old through older adults with disabilities.

This mission is addressed through Project Compass, Winona Area Public Schools Community Education Disability program, its classes and activities in education, crafts, health and wellness, recreation/life skills, support groups, disability related workshops, and specialized services in an effort to:

- I. Enhance the quality of life for people living with disabilities.
- II. Encourage attitudes of acceptance and actions that support people living with disabilities as integral members of our community.

## AMERICAN WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA) is a comprehensive national mandate which ensures basic civil rights for individuals with disabilities. The ADA provides assurance of access to education programs for adults with special learning needs. The ADA defines an individual with a disability as a person who has physical or mental impairment that substantially limits one or more major life activities. These major life activities include seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for one's self and working.

*This Title of the ADA is of particular importance to Community Education Providers:*

Title II, Section 202 prohibits discrimination on the basis of disability in the offering of benefits, programs or services by state and local governments.

People living with disabilities must be able to attend Community Education programs, and be assured that appropriate services will be provided to meet their unique needs in accessibility, learning, recreation and life skills classes and events.

# DEFINITIONS

## A Disability is

...a functional limitation that interferes with a person's ability to walk, talk, learn or function in a major life activity.

## a Disability is NOT

...a person unable to get up the stairs.

If you saw a person in a wheelchair unable to get up the stairs, would you say, "there is a handicapped person unable to get up the stairs"? Or would you say, (correctly) "There is a person with a disability who is handicapped by an inaccessible building"?

## Handicap(ped) is

....a word which describes a situation, barrier, or disadvantage imposed by society, the environment or one's self.

## Handicap(ped) is NOT

....a synonym for disability. Except when citing laws or regulations, it is **NOT** a term for describing a person's physical or mental condition. It is better used to describe environment conditions, such as stairs, attitudes, or laws which inhibit a person's ability to function independently. For example, it would be correct to say, "the stairs are a handicap for her," but incorrect to say, "the handicapped child could not use the stairs."

\*the origin of the word handicap is "cap in hand", meaning to beg - a negative connotation.

# ATTITUDE

1. Through education about the abilities of people living with disabilities, we can change attitudes. An inclusive attitude can be easily demonstrated by being a positive role model, being supportive and showing appreciation and acceptance of people of all abilities.
2. Emphasize abilities, not limitations.
3. Reinforce the positive by praising progress and triumphs, be genuine, do not patronize.
4. Choice and independence are important; let (s)he do or speak for themselves whenever possible.
5. USE COMMON SENSE - People with disabilities want to be treated the same way as everyone else.
6. BE POLITE - Show the person the same respect that you would expect to be given to you.
7. BE CONSIDERATE - Be patient, take time, and try to understand the problem or need of the individual.
8. OFFER ASSISTANCE - Do not hesitate to offer assistance. However, do not automatically give help unless the person clearly needs and wants help, do not insist on helping. Ask the person if assistance is needed and how it should be given, accept their direction.
9. COMMUNICATE - Talk directly to the person. It is not difficult to communicate with a person with a disability. In some cases, it may take more time, depending on whether their disability affects their communication (see Speech Impairments on page 24).

# People First Language

Children and adults living with disabilities are like everyone else, except they happen to have a disability. In using People First language, you will be reinforcing the basic rights of individuals with disabilities to be referred to not as a disability, but as a person First who happens to have a disability.

Please use People First language. It is respectful, humanizing disability terminology.

People First Language (Neutral Language)	Unacceptable Terminology	Reason (Language Reevaluation)
<ul style="list-style-type: none"> <li>•people living with disabilities</li> <li>•people who live with a developmental disability, intellectual disability or are cognitively delayed</li> <li>•people who are deaf</li> <li>•people who are blind</li> <li>•sight impaired</li> </ul>	<ul style="list-style-type: none"> <li>•(the) handicapped</li> <li>•(the) disabled</li> <li>•(the) mentally retarded</li> <li>•the deaf</li> <li>•the blind</li> <li>•sightless</li> </ul>	<ul style="list-style-type: none"> <li>•see people only in terms of their disabilities</li> <li>•rob us of our individuality by lumping us into one category</li> <li>•humanizing nouns are preferable</li> <li>•they are people first</li> </ul>
<ul style="list-style-type: none"> <li>•see above</li> <li>•refer to others as non disabled</li> </ul>	<ul style="list-style-type: none"> <li>•abnormal</li> <li>•abnormalities</li> <li>•defective</li> <li>•birth defected</li> </ul>	<ul style="list-style-type: none"> <li>•see people living with disabilities as less human than so-called normal people</li> </ul>
<ul style="list-style-type: none"> <li>•Ms. Smith has arthritis</li> </ul>	<ul style="list-style-type: none"> <li>•Ms. Smith is an arthritis case (patient)</li> </ul>	<ul style="list-style-type: none"> <li>•see people living with disabilities only as objects of medical care</li> <li>•deny other roles: parent, spouse, co-worker, leader, friend, lover</li> </ul>
<ul style="list-style-type: none"> <li>•Bob cole had polio</li> </ul>	<ul style="list-style-type: none"> <li>•Bob Cole was stricken with (afflicted by, suffers from) polio</li> <li>•sick</li> <li>•victim</li> <li>•invalid</li> </ul>	<ul style="list-style-type: none"> <li>•connote helplessness, dependency, pitifulness</li> <li>•most people living with disabilities do not have diseases</li> <li>•connote helplessness from same root as invalid</li> </ul>
<ul style="list-style-type: none"> <li>•person who cannot speak</li> </ul>	<ul style="list-style-type: none"> <li>•dumb</li> <li>•mute</li> </ul>	<ul style="list-style-type: none"> <li>•imply mental incapacitation</li> </ul>

People First Language	Unacceptable Terminology	Reason
<ul style="list-style-type: none"> <li>•FDR had a physical disability</li> <li>•wheelchair user</li> <li>•uses a wheelchair</li> </ul>	<ul style="list-style-type: none"> <li>•cripple</li> <li>•crippled</li> <li>•crip</li> <li>•confined to a wheelchair</li> <li>•wheelchair-bound</li> <li>•wheelchaired</li> </ul>	<ul style="list-style-type: none"> <li>•no word is more offensive to people with disabilities</li> <li>•from old English "to creep"</li> <li>•also means "inferior"</li> <li>•wheelchairs do not confine; they make people mobile</li> <li>•wheelchair users transfer to sleep in beds, sit in chairs, drive cars</li> </ul>
<ul style="list-style-type: none"> <li>•Handel has epilepsy</li> <li>•Renoir has arthritis</li> </ul>	<ul style="list-style-type: none"> <li>•Handel was (an) epileptic</li> <li>•Renoir was (an) arthritic</li> </ul>	<ul style="list-style-type: none"> <li>•these usages see people as their disabilities</li> </ul>
<ul style="list-style-type: none"> <li>•Has a physical disability</li> <li>•Spinal curvature</li> </ul>	<ul style="list-style-type: none"> <li>•deformed</li> <li>•deformity</li> <li>•misshapen</li> <li>•maimed</li> <li>•hunchbacked</li> </ul>	<ul style="list-style-type: none"> <li>•connote helplessness and/or repulsive oddity</li> </ul>
<ul style="list-style-type: none"> <li>•Walks with crutches</li> <li>•Sen. Dole has a disabled hand</li> </ul>	<ul style="list-style-type: none"> <li>•lame</li> <li>•gimp, gimpy</li> <li>•paralytic</li> <li>•withered</li> </ul>	<ul style="list-style-type: none"> <li>•offensive, negative</li> </ul>
<ul style="list-style-type: none"> <li>•The child has co-occurring disabilities</li> <li>•Severe disabilities</li> </ul>	<ul style="list-style-type: none"> <li>•monster</li> <li>•vegetable</li> <li>•creature</li> <li>•freak</li> </ul>	<ul style="list-style-type: none"> <li>•rob people with severe disabilities of their humanity</li> </ul>
<ul style="list-style-type: none"> <li>•People living with mental illness</li> <li>•Behavior disorder</li> <li>•Emotional disability</li> <li>•People living with a developmental disability</li> </ul>	<ul style="list-style-type: none"> <li>•mentally ill</li> <li>•crazy, insane</li> <li>•psycho, maniac</li> <li>•retard, retarded</li> <li>•slow, simple</li> <li>•simple minded</li> <li>•MR EMR, TMR</li> <li>•moron, idiot</li> </ul>	<ul style="list-style-type: none"> <li>•outdated and stigmatized</li> <li>•mental retardation is used only as a medical term</li> </ul>
<ul style="list-style-type: none"> <li>•Down Syndrome</li> <li>•seizures</li> <li>•has cerebral palsy</li> </ul>	<ul style="list-style-type: none"> <li>•mongoloid (ism)</li> <li>•fits</li> <li>•spastic, spazz</li> </ul>	

## TEACHING TIPS FOR AN INCLUSIVE CLASSROOM ENVIRONMENT

**Best Practice: show respect, teach using all the senses and be knowledgeable about the participants' disabilities.**

1. Relax! If you don't know what to do or say, allow the person who has a disability put you at ease.
2. Relate to the participant as a PERSON first. Explore your common interests in a friendly way. The person likely has mutual interests besides those connected with their disability.
3. Acceptance of the person with a disability by the instructor is often a prerequisite to acceptance by other participants. Instructors, staff, and volunteers are role models!
4. Teach how to develop capabilities, not focus on disabilities. Remember that difficulties the person may be facing may stem more from society's attitudes and barriers than from the disability itself.
5. We all have the right to fail; we learn from our failures.
6. Encourage personal choice and independence.
7. Don't expect perfect finished products or performance. Participating in the group may be an accomplishment in itself for the participant.
8. Focus on the dos, not the do nots.
9. Behavior is not limited but redirected.
10. We are not caregivers, we are teachers.
11. Establish a friendly environment where people value each other.
12. Think of it as not doing "more", but doing "different".
13. Ask the individual if they need assistance before automatically helping them. Doing too much for a person may develop a dependence instead of independence.
14. Strive to appreciate and understand the person's personality as well as their disability.
15. Emphasize the things people have in common rather than their differences.
16. Remember that we all have disabilities; on some of us they show.
17. Above all, relax and have fun!

**Using these suggestions will result in positive relationships with people of all ability levels.**



## TIPS FOR VOLUNTEERS WHEN PARTICIPANT'S STAFF IS PRESENT

**You are my eyes; report back to me.**

1. When a participant is accompanied by a staff it means that this person needs one on one support to meet his/her daily needs.
2. Usually the staff person will assist this participant, but if the individual is striving for more independent living skills the staff may sit at a distance and just observe. In this case you may help this individual if needed.
3. If you are feeling challenged while working with the participant you may want to ask the staff for help or request information that will help you become more effective as their volunteer.
4. Staff members know the program and goals of the individual. They are your role models.

## TEACHING TIPS WHEN LEARNERS ARE OF VARYING ABILITIES

1. Appeal to a variety of learning styles and avoid concentrating solely on verbal instruction. Instead, think of a number of ways to explain the concept using all of the senses.
2. Focus learning on doing and sharing. Present the participants with the information, then reinforce learning through activities which emphasize a practical and interactive approach to the concept.
3. Keeping the attention of the participant can be a difficult task when their attention span is short. Explain the concept in a concise manner and then reinforce it with experiential learning opportunities.
4. Be a role model. Encourage the participants to ask you questions as this will reinforce their understanding of the information.
5. Establish purposeful roles for all participants. When there are a variety of learning levels, it is important that everyone has a role during the activity. This encourages an appreciation of one's self and of others.
6. Participation does not mean that everyone does everything specified in the activity. Encourage some type of participation at all times, partial participation is acceptable.
7. Redirect inappropriate behavior to appropriate behavior.
8. Ask if the participant would like your help.
9. Don't help too much too soon, however, if the participant appears to be confused, losing interest, or frustrated, step in.

## **INSTRUCTORS: TIPS TO KEEP PARTICIPANTS COMING BACK**

1. Have a sense of humor!
2. Arrive early, then start and end class on time.
3. Learn the names of participants early on and use them.
4. Plan more material than you need and use short units.
5. Use a variety of teaching methods and audio-visual aids.
6. Have participants evaluate class meetings from the start.
7. Avoid busy work or excessive reading that could be done after class.
8. Be enthusiastic and passionate about what you are teaching.
9. Avoid arguing or embarrassing a participant who challenges something you say.  
Use the class break time to have a private conversation if necessary.
10. Encourage and compliment participants' accomplishments.
11. Welcome participant questions, but tactfully redirect anyone from dominating the conversation by addressing any ongoing questions individually at break or after class if needed.
12. Adapt assignments to the level of participants' experience, vocabulary, and available time.
13. Be flexible, respectful, tolerant, and cheerful.
14. Have a business-like or professional appearance tailored to your area of expertise.
15. Use relevant situations shared by class members, if they fit the discussion.
16. Avoid word mannerisms, poor posture, and fiddling with things.
17. Remember that you are there to educate and not to sell your business.
18. Prepare and include any relevant handouts, resource lists, or other helpful information

## **INSTRUCTORS: GREAT WAYS TO HELP PROMOTE YOUR CLASS**

Want to do more than wait for the Community Education catalog to hit the streets? Try these!

1. Word of Mouth - Tell colleagues, friends, business associates, and community leaders, or announce it at any meetings. Request a few extra catalogs from the Community Education Coordinator if you would like to send them to anyone within your network.
2. Flyers or Posters - Create a special flyer to mail to a select group of people, distribute to local libraries, or drop off at area businesses.
3. Media: Newspapers, Radio, Magazines, and Television - Coordinate any media releases with the Project Compass coordinator. Media people are always looking for new ideas that relate to unusual, trendy or human interest stories. What is it that makes you an interesting instructor or why your course is worth writing about? Think of an angle that may get their attention. Consider being interviewed for radio and or TV.

# **TEACHING A PERSON WHO HAS ATTENTION DEFICIT DISORDER (ADD) OR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

## **Attention Deficit Disorder (ADD/ADHD)**

...is characterized by attention skills that are developmentally inappropriate, including impulsivity, and, in some cases, hyperactivity. It affects 5-10% of all Americans. Symptoms continue into adulthood for 30-70% of individuals with ADD. It is a neurobiological disability that interferes with a person's ability to sustain attention or focus on a task and to delay impulsive behavior. It is a performance disability.

## **Attention Deficit Disorder (ADD/ADHD) - below ADD and ADHD will be referred to as ADHD**

...is NOT a learning disability.

### **CLASSROOM AND INSTRUCTIONAL CONSIDERATIONS FOR PARTICIPANTS WITH ADHD**

1. The most effective classroom environment is highly ordered and predictable, but not boring.
2. Provide a quiet work area.
3. Provide regularly scheduled breaks.
4. Use visual references for auditory instructions, such as writing instructions on the blackboard and giving verbal instructions.
5. Create learning partnerships (pairing calm or advanced participants with ADHD participants or a volunteer to help them learn new concepts or practice).
6. Use positive reinforcement, be supportive, have clear expectations, and USE HUMOR!

### **INSTRUCTIONAL CONSIDERATIONS FOR PARTICIPANTS WITH ADHD**

There has been a growing realization that ADHD persists into adulthood for many individuals. Adults experiencing ADHD have a "hidden disorder" in which the symptoms of ADHD are often obscured by problems with relationships, staying organized and holding a steady job. It is important to remember that approximately 50% of adults with ADHD do make good adjustments and their symptoms may be an asset in certain jobs. Some tips that adults with ADHD have found useful include:

1. The instructional considerations for participants with ADHD are also effective for nearly any learner.
2. Design projects, tasks, etc., to minimize or eliminate frustration. Break large tasks into smaller ones; prioritize.
3. It's useful if partners, instructors, staff, and volunteers are constantly providing incentives to help the participant stay on track – as long as it's done with humor and sensitivity. (Redirecting behavior)

# TEACHING A PERSON WHO HAS A BRAIN INJURY

## Traumatic Brain Injuries (TBI)

...caused when the injury is sudden and produced by an external force to the brain (such as a blow to the head during a car crash), the injury causes change in the level of consciousness or a decrease in ability to function. It also results in partial or total disability of a temporary or permanent nature.

## Stroke or Cerebral Vascular Accident (CVA)

...is a sudden rupture or obstruction of an artery in the brain which may cause loss of consciousness, sensations, motor function, speech or vision. It may result in intellectual or emotional disorders.

Effects of a brain injury can affect one or all areas associated with brain functions cognitive (thinking), behavioral (social) and sensorimotor (physical).

## INSTRUCTIONAL CONSIDERATIONS

1. Many brain injury survivors don't appear to have a disability. Their `hidden` disability is often compared to someone with a learning disability. The difference is the person with a brain injury remembers what they were like before the injury. Long term memory has not been affected, but short term memory loss may cause the participant to forget what happened yesterday or an hour ago. (S)he may often become very frustrated by new learning difficulties. Understanding and patience are needed from instructors, staff, and volunteers.
2. Because of increase in fatigue, allow for rest periods.
3. Distraction-free environment is helpful. Use selective seating.
4. You may need to implement consistently, monitoring and refocusing the participant's attention on the task at hand. Give consistent feedback and encouragement.
5. A short, direct presentation of material and direction are most successful.
6. Repeat and rephrase what you say. Let the participant ask questions. Have her/him repeat the information back to you in their own words.
7. Use multisensory presentation of materials.
8. Some people with brain injuries have seizures. (See page 23).
9. Participants with brain injuries may become disoriented or lost in unfamiliar surroundings. Team them with a volunteer or class participant when necessary.

# TEACHING A PERSON WHO HAS A CONGENITAL DISABILITY

## **Cerebral Palsy is**

...an abnormality of motor functions due to disorders of the motor centers of the brain. A class participant with cerebral palsy may exhibit paralysis, weakness, incoordination and palsy. Some individuals with cerebral palsy experience seizure disorders along with speech, hearing and ambulation disorders.

## **Spina Bifida is**

...a defect in the spine that occurs early in the unborn child's development. It is caused by incomplete fusion of the spinal cord which leaves an opening in the spine. Because of paralysis or muscle weakness in the back and leg below the defect, many persons with Spina Bifida will use a wheelchair or an assistive device for walking.

## **Muscular Dystrophy is**

...the general name for a group of over 40 types of chronic hereditary diseases. Characteristics of the disease include progressive weakening and degeneration of voluntary muscle fibers. The cause of this disease remains unknown.

## **CLASSROOM CONSIDERATIONS**

1. Locate the class participant in an area of the classroom that is relatively free from distractions.
2. Locate the class participant where he/she can hear well.

## **INSTRUCTIONAL CONSIDERATIONS**

1. Provide the participant copies of any class notes or board work.
2. Ask how the individual feels about speaking in front of the class.
3. Don't assume the participant wants assistance. Ask if you can help before jumping in with assistance.
4. If you don't understand the person's speech pattern, turn to page 24 for tips on communicating with a person with a speech impairment.

# TEACHING A PERSON WHO HAS A DEVELOPMENTAL DISABILITY

## A Developmental Disability

is...a condition with several important components. It may be caused by one or more cognitive and/or physical impairments which are present in the person before age 22. (An exception to the age of onset may be made when the disability results from traumatic head injury.) This condition may range in severity from mild to profound impairment, and will impact at least three, and possibly more, essential activities of life. These activities include: self-care, communication, functional academic learning, the ability to move, the capacity to live independently, vocational and leisure skills, and self-direction. The term mental retardation is used only as a medical term and is replaced with the terms developmental disability, intellectual disability or cognitively delayed.

A developmental disability will likely persist indefinitely and be a chronic condition of a person's life. Depending on the level of severity of impairments, a person may require a quite specific and lifelong (or at least prolonged) plan of care that is highly individualized and coordinated across many environments. The potential for living independently and being self-sufficient is typically limited for a person with a severe developmental disability.

An important aspect of the current philosophy of support for persons with developmental disabilities is person-centered planning. This approach respects and supports the individual as s(he) identifies their own choices and make their own decisions about those choices. Service providers, advocates, volunteers and friends are increasingly moving away from 'doing for' and 'doing with' the person, to creating systems and services that empower the person to think and act autonomously and independently.

## A Developmental Disability is NOT

...a disease, nor is it a set of precisely defined symptoms. Persons with developmental delays often have a limited repertoire of available skills. Developmental disabilities occur in varying degrees, ranging from mild impairment to a profound deficit in functional behaviors.

### Boundaries

Quite often people with developmental disabilities along with people diagnosed with other disabilities do not understand or use social boundaries. They may think after spending an hour with you being kind, caring and welcoming that you are now their best friend and want to give you a big hug. This is not acceptable. Instead, give a high five, a bump or a two handed hand shake.

## **TEACHING A PERSON WHO HAS A DEVELOPMENTAL DISABILITY (CONT.) INSTRUCTIONAL CONSIDERATIONS**

Like everyone, people with developmental disabilities are different from one another in their interests, strengths and weaknesses, it is important to view each member of a class or activity as a unique individual.

The following suggestions reflect the consideration of these differences, as well as the person-centered approach advocated by People First, a national organization of self advocates.

1. To help you and participants feel more at ease, talk directly to the participants, even if an interpreter or personal assistant is present. Encourage participants to share their own opinions, even when others seem to be speaking for them.
2. Expect variations in rates of task completion among participants. Although in general it may be true that persons with developmental disabilities acquire skills more slowly than typically-abled persons, this does not necessarily equate to completing activities at a slower rate.
3. Rather than assuming help is needed, ask. If the answer is no, gracefully accept this and remain unobtrusive but ready to help.
4. When talking or working with a person with a cognitive or developmental disability, present materials in small, sequential steps. It may be helpful to ask the person to restate what has been said to check understanding.
5. Two of the most powerful teaching tools for any class are demonstrating the task or activity, and showing a completed model. A demonstration shows the participants how to handle materials that may be unfamiliar to them. A completed model communicates clearly where the activity is going. If providing a model, however, it is important to always encourage individual creativity.
6. Throughout the class or activity, look for ways to provide positive feedback to the participants. This may take the form of giving compliments about participants' projects, and also conveying the attitude that you simply enjoy spending time with them.

### **REDIRECT**

Volunteers need to keep their interactions positive while directing people with disabilities. An example: A participant is leaving the class before it's finished - go to the participant and invite them to return with you to the activity. Only say no if redirecting doesn't work and it's a situation that is dangerous. If dangerous, alert their staff.

# TEACHING A PERSON WHO HAS A HEARING LOSS

## Hearing Loss or Hearing Impairment (both terms are acceptable)

... is a general term to describe all types of hearing losses.

## Hearing Loss does NOT

... affect the mental ability of an individual. When a person who has a hearing loss seems not to understand or is confused, please don't consider this to be a reflection of their intelligence. But, consider the possibility that the participant's hasn't heard part of your statement or conversation.

## ENVIRONMENTAL CONSIDERATIONS

1. Use a circular or horseshoe seating arrangement so the person who has a hearing loss can see the other members of the group.
2. Seat the participant who has a hearing loss away from sources of external noise. The extra noise can be very distracting to persons who have a hearing loss.
3. Provide adequate lighting that does not create shadows on the speaker's lips. Also, seat the class participant with their back to the light, so light falls on you, the instructor or volunteer.. The person with a hearing loss doesn't necessarily need to sit in the front seat because this angle may cause strain to their neck.
4. Face the participant who has a hearing loss when you speak--the person with a hearing loss needs to see your face. Please keep your hands away from your face.
5. Be conscious that hearing aids amplify all sounds in the environment, whether instructional or not. Try to keep extraneous noise to a minimum.
6. Speak as clearly as possible without over-exaggerating your speech.
7. Use facial expressions and body language, but avoid a lot of moving, turning around, and distracting hand movements.
8. Be as specific as possible as you present information.
9. Remind class members that only one person should speak at a time.
10. Remember that weather conditions (humidity) and the mood and attitude will affect how a person with a hearing loss is hearing on a specific day.



## TEACHING A PERSON WHO HAS A HEARING LOSS (CONT.)

### INSTRUCTIONAL CONSIDERATIONS

1. Be aware that the degree of hearing loss or hearing impairment will vary with class participants, as will the ability to use auditory and visual cues in understanding spoken communications.
2. The instructor or volunteer should consult the participant before class starts to learn if any classroom adaptations are necessary.
3. When a person who has a hearing loss does not understand a word or phrase, repeat it, and/or reword your statement. You may need to say things in a variety of ways to build concepts, be creative! If all else fails, use a pad and pencil to communicate.
4. Use visual aids as much as possible.
5. Encourage the person with a hearing loss to ask questions during and/or after class to clear up any confusion they may have from class discussions.
6. When an interpreter is used to interpret speech into sign language, don't consider it a lasting distraction to you or the class. The class' curiosity wears off quickly and it doesn't present a continuing problem of interference with class attention.
7. Because people who have a hearing loss are unable to attend simultaneously to visual and oral stimuli due to the need to attend to speech visually, allow the person who has a hearing loss time to shift his/her attention from the visual material to the speaker's lips for the verbal explanation whenever visual aids are presented.
8. Constant visual attention is fatiguing for people who have a hearing loss. Using gestures and facial expressions as you speak will convey meaning and emphasis as well as variety.
9. Beware of false interpretations; a nod of the head does not necessarily mean 'I understand.'

# TEACHING OR VOLUNTEERING WITH A PERSON WHO USES A SIGN LANGUAGE INTERPRETER INSTRUCTIONAL AND ENVIRONMENTAL CONSIDERATION

## If you are the Instructor or Volunteer:

1. Meet with the interpreter beforehand
  - Clarify unique vocabulary, technical terms, acronyms, jargon, seating arrangements, lighting and other needs.
  - Provide interpreter with any written materials ahead of time.
2. Reserve seats of the participant who is deaf or hard of hearing
  - Provide a clear view of the speaker and interpreter.
  - Participants who are deaf or hard of hearing may still choose to sit elsewhere.
3. Interpreter should be in the participants sight line
  - This allows the participant who is deaf or hard of hearing to pick up visual cues and the expressions of the speaker.
  - In small group discussions, consider using a circle or semi-circle seating arrangement instead of a theater style arrangement.
4. Be aware of lighting
  - Provide good lighting so the interpreter can be seen.
  - If lights will be turned off or dimmed, be sure the interpreter can still be seen clearly (use spotlight or small lamp to direct light toward the interpreter).
5. Talk directly to the person who is deaf or hard of hearing
  - Maintain eye contact with the participant who is deaf or hard of hearing
  - Avoid directing comments to the interpreter (i.e. “Tell him...” or “Ask her...”), respond directly to the person who is deaf or hard of hearing
6. Speak naturally
  - Speak at your normal pace. Interpreters will ask you to slow down or repeat if necessary.
  - Interpreters listen for concepts and ideas, not just words, to render an accurate interpretation.
7. Avoid private conversations – everything will be interpreted
  - Whatever the interpreter hears will be interpreted. Do not ask the interpreter to censor any portion of the conversation
  - Ask the participant who is deaf or hard of hearing directly to find out if they are following the conversation.
8. One person should speak at a time
  - An interpreter can only accommodate one speaker at a time. Encourage the group to follow this rule.
  - If you are facilitating a group discussion, be aware that the interpreter will be several seconds behind. Pause before recognizing the next speaker to allow the interpreter to finish with the current speaker.
9. Avoid asking the interpreter for opinions or comments regarding the content of the meeting.
  - Interpreters follow a code of ethics which requires impartiality and confidentiality with all assignment related information.
  - Do not assume the interpreter has prior knowledge of the participant who is hard of hearing or deaf.
10. Provide a short break every hour. ***Interpreting is mentally and physically taxing. Do not expect the interpreter to interpret during these breaks.***

# TEACHING A PERSON WHO HAS A LEARNING DISABILITY

## A Learning Disability

is...a permanent disorder which affects the manner in which individuals with normal or above average intelligence take in, retain and express information. Like interference on the radio or a fuzzy TV picture, incoming or outgoing information may become scrambled as it travels between the eye, ear, skin and the brain. These learning deficits are inconsistent, they may present problems on Mondays, but not on Tuesdays. This disability may cause problems throughout grade school, seem to disappear during high school, and then appear again in college. It may manifest itself in only one specific area, such as in math or a foreign language.

Some adults with L.D. (learning disabilities) may have social skill problems due to their inconsistent perceptual abilities. They may not notice the difference between sincere and sarcastic comments, or be able to recognize other subtle changes in tone of voice. Their difficulty in interpreting nonverbal messages may result in lowered self-esteem and may cause them to have trouble meeting people, working cooperatively with others and making friends.

## A Learning Disability is NOT

...a form of developmental disability or an emotional disorder.

## INSTRUCTIONAL CONSIDERATIONS

1. Use multisensory input when teaching. Show the class participant how to do the task, while explaining it verbally.
2. Break down instructions into very short tasks.
3. Give information both orally and in written form to avoid confusion.
4. Give the participant a longer time than other class members to complete a task.
5. Change activities before his/her attention is gone; watch for early signs of attention loss.
6. Alternate tasks that are difficult with those that are more relaxing.
7. Provide adequate opportunities for questions and answers.
8. Make sure that the participant understands directions.
9. Limit written requirements, allow more time for getting responses written on paper.
10. Encourage the participant to finish a task before moving on to another task.
11. **DON'T** ask him/her to read aloud. Always ask class participants to volunteer when oral reading is required.

# TEACHING A PERSON WHO LIVES WITH A MENTAL ILLNESS

## Mental Illness is

...a term used for a group of organic disorders of the brain causing severe disturbances in thinking, feeling and relating. These disturbances may result in a substantially diminished capacity for coping with the ordinary demands of life, such as living arrangements, personal relationships or work and recreation.

## Mental Illness is NOT

...the same as a developmental disability. People living with mental illness are usually of normal intelligence although sometimes they may have difficulty performing due to their illness.

**Medication and therapy can reduce symptoms and enable many people living with mental illness and those with co-occurring mental illnesses live relatively normal lives.**

## INSTRUCTIONAL CONSIDERATIONS

1. Mental illness may be one of the `hidden disabilities`, but if your class participant has been identified to you as living with a mental illness, these instructional considerations may be helpful.
2. Prejudice, stigma, and discriminations are very real enemies of people living with mentally illness. Your acceptance as the teacher or volunteer may be the prerequisite to their acceptance by peers.
3. People living with mental illness whose symptoms are active will usually isolate and not attend a class or event.
4. Fears of failure and criticism are intense for the class participant that is living with an emotional disability. Thus, if failure occurs, don't dwell on it. Remember, give ample, genuine, enthusiastic support and praise for their efforts.
5. Don't be afraid of saying or doing the wrong thing. If you make a mistake apologize as you would normally, just be sincere.
6. As a teacher or volunteer working with a person who lives with a mental illness, it is important that you be patient, hopeful, caring and reality-oriented.
7. Remember, the person who lives with an emotional disability may be trying valiantly to fight through and overcome intense feelings of worthlessness, hopelessness and helplessness.

**Once the active symptoms of a person living with an emotional disability are under control, how well the person can function depends upon what his/her community provides for their rehabilitation.**

# TEACHING A PERSON WHO LIVES WITH A MENTAL ILLNESS

## DEFINITIONS

**Mental Illnesses** are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning.

**Bipolar Disorder** is a complex medical illness of the brain. People diagnosed with bipolar disorder experience alternating episodes of mania (severe highs), depression (severe lows), and mixed states which contain elements of both high and low experiences. Over the life of a person who lives with bipolar disorders, the illness expresses itself in an irregular pattern of changes in mood, energy, and thinking. These changes may be subtle or dramatic and typically vary greatly over the course of a person's life as well as among individuals.

**Major Depression** is a mood state that goes well beyond temporarily feeling sad or blue. It is a serious medical illness that affects one's thoughts, feelings, behavior, mood and physical health.

**Schizophrenia** is a mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. Organizing one's thinking, performing complex memory tasks, and keeping several ideas in mind at one time may be very difficult for people who live with the illness. Many people with untreated schizophrenia hear voices and have hallucinations.

**Anxiety Disorders** are the most common psychiatric illness in the U.S. It may last 20 – 30 years without treatment. Symptoms may include muscle tension, fatigue, shortness of breath, tachycardia, clamminess, dizziness, diarrhea, nausea, keyed up, exaggerated startle response, insomnia (initial), concentration problems and irritability.

**Obsessive Compulsive Disorder (OCD)**. With OCD the thoughts never stop, the rituals that need to be repeated, the actions that must be done for fear of terrible things happening if the person stops doing them. Examples include washing of the hands repeatedly many times a day every day until they become raw and sore. This is done because the person fears that germs will kill them or make them ill.

**Recovery:** With an accurate diagnosis, effective medication, therapy, attention to health and wellness, and peer and family support, most people living with mental illness can obtain relief from their symptoms and achieve satisfying and meaningful lives.

### FOR MORE INFORMATION ABOUT MENTAL ILLNESS CONTACT:

Helen Newell, President, NAMI Winona Affiliate at (507)459-2233

Email: [helennewell.namiwinona@namimn.org](mailto:helennewell.namiwinona@namimn.org)

or visit our local Winona, MN website: [winonanami.org](http://winonanami.org)

For state information contact:

NAMI (National Alliance on Mental Illness) Minnesota

800 Transfer Road, Suite 31

St. Paul, MN 55114

Phone: 651-645-2948

Toll Free: 1-888-NAMI-HELPS

Fax: 651-645-7379

Email: [namihelps@namimn.org](mailto:namihelps@namimn.org)

Web: [www.namihelps.org](http://www.namihelps.org)

# TEACHING A PERSON WHO HAS A PHYSICAL DISABILITY

## A Physical Disability

is...an inclusive term referring to the impairments experienced by persons with orthopedic problems or persons with special health problems. This motor impairment includes partial or total loss of the function of a body part, usually a limb or limbs, with resultant problems such as muscle weakness, total paralysis, spasticity or restrictions in range of motion.

## A Motor Impairment does NOT

...affect the mental ability of the individual. Most individuals have worked out their own ways of coping with their disabilities, and the instructor should be careful not to assume that he/she cannot do the classroom tasks because of the motor impairment.

## ENVIRONMENTAL CONSIDERATIONS

1. Check with your class participant to see if he/she knows which entrances of the building are handicap accessible.
2. Arrange for a classroom large enough to accommodate easy movement of a wheelchair.
3. Consult with the class participant to see what, if any, special needs they may have to be comfortably accommodated.
4. Provide ample space near the table, desk or interest center to store crutches or a walker.
5. Provide tables high enough for wheelchairs to be pushed up to them, and chairs that are easy to get into and movable, yet heavy enough to prevent slipping away as a person sits.
6. Keep areas free of sharp objects.
7. Check to see if bathrooms are accessible.

## INSTRUCTIONAL CONSIDERATIONS

1. Let the class participant do as much as possible for themselves.
2. Provide a lap board or table space for the class participant using a wheelchair.
3. Keep materials within easy reach of the class participant with a mobility impairment.
4. Some class participants who have physical disabilities may also have speech problems. Listen attentively and patiently to her/him. For more information turn to page 24 on communication and speaking.
5. Expect adequate performance, but make allowances when the disability prohibits `full participation`.

## **WHEN YOU ARE WITH A PERSON USING A WHEELCHAIR (WHEELCHAIR ETIQUETTE)**

1. In greeting the person, feel free to extend your hand to shake hands. Use a very gentle grip and do not squeeze.
2. Talk directly to the person using the wheelchair rather than to someone with them. People using wheelchairs are capable of speaking for themselves.
3. If conversation lasts more than a few minutes, sit down in order to share the same eye level. It is uncomfortable for a seated person to look straight up for a long period of time. If this is not possible, stand back from the person so they do not have to look sharply upwards.
4. Do not be sensitive about using words like "walk" or "run". People using wheelchairs use the same words.
5. Do not lean against, hang on or hold on to a person`s wheelchair. It is part of their body or personal space.
6. Never start pushing a wheelchair without first asking the person if you may do so.
7. When assisting someone using a wheelchair to go up or down a curb, or in and out of an elevator, ask if the person prefers to go forward or backward.
8. In guiding a wheelchair down an incline, hold the handles so that the chair does not go too fast or out of control.
9. Learn the location of wheelchair accessible ramps, restrooms, elevators and telephones.
10. "Remember that I have many interests other than those associated with my disability. I am a person like anyone else.... I just happen to have a disability."

# TEACHING A PERSON WHO HAS A SEIZURE DISORDER

## Seizure Disorder

is....a disorder of the central nervous system. The most common seizure disorder is epilepsy, which is characterized by repeatedly occurring seizures or convulsions that result from a storm of uncontrolled electrical discharges in the brain. Epilepsy is classified according to the type and severity of the seizure experienced. Most adult people with a seizure disorder will have one of the following common types of epilepsy.

### **Grand Mal:**

Seizures take the form of blackouts and violent shaking of the entire body, irregular breathing, drooling and pale blue color in face and fingernails. After the seizure, the person may be confused or tired and will be amnesic concerning the episode.

### **Psychomotor Seizures:**

This type of seizure can take a variety of forms, such as repetitions of chewing, staring, headaches, stomach aches, buzzing in ears, dizziness or strong emotions. After the seizure, the individual cannot remember what happened.

## CLASSROOM CONSIDERATIONS IF A PERSON HAS A SEIZURE

1. Most people who have a seizure disorder are taking medication that controls their seizures, so it may be rarely, if ever, that a person would have a seizure in your classroom.
2. Keep calm when a seizure occurs. You cannot stop a seizure once it has started. Do not restrain the individual or try to revive them.
3. Clear the area around him/her of hard, sharp or hot objects which could injure them. Place a rolled-up coat as a pillow under their head.
4. Do not force anything between their teeth.
5. Turn the individual's head to the side and make sure that their breathing is not obstructed. Loosen tight clothing but do not interfere with any movement.
6. Carefully observe the individual's actions during the seizure for a full medical report later. Time the seizure if possible.
7. When the seizure is over, let the individual rest if (s)he wishes.
8. Seizures lasting more than five minutes require medical intervention call 911. Passing from one seizure to another also indicates a need for medical attention.
9. **As a volunteer in class your job will be to help calm the other class participants.**



## **TEACHING A PERSON WHO HAS A SPEECH IMPAIRMENT**

Participants with congenital or other disabilities may have difficulty speaking. These tips are to help you understand their speech.

1. Face the class participant so you can watch their mouth for cues to the word they are saying. Speak directly to the individual not to a friend or companion.
2. Have them say one word at a time and allow you to repeat each word after the learner. (Sometimes it helps to write down the words as you figure them out. You can concentrate on what is being said rather than on remembering the previous words.)
3. Don't pretend you understand. It is better to show the person you really want to understand than to pretend to understand when you do not. Repeat what you did understand and ask him/her to continue from there.
4. You may admit you don't understand and ask them if you may ask their staff or friends to help you understand.
5. Occasionally, assume some of the responsibility for the communication difficulty by making comments such as, "I'm sorry. I'm not understanding you well today."
6. Even though you are trying to simplify the process of communicating, try to keep your tone as adult-like as possible. Stay away from the tendency to talk very loudly or exaggerate each word.
7. Look for staff that are conversing with a person without speech as role models.

## **AUGMENTED COMMUNICATIONS**

1. Have the participant show you how they use their communication device.
2. BE PATIENT. It may take a while for the user to construct a message.
3. RELAX and get into a slower rhythm of exchanging information.
4. DO NOT finish the user's sentences or words for him/her unless you get permission.
5. Interact at eye level if at all possible. If the user is seated, then sit down.
6. Be honest. If you do not understand, admit it. Ask the user to try again.
7. Talk directly to the user, not to his/her staff or friend, unless you ask the user for permission first.
8. Be a role model for other class participants on how to communicate with the user of a communication device.

# TEACHING A PERSON WHO HAS A VISUAL IMPAIRMENT

## Legal Blindness

is... when with the best correction possible she/he can see less at 20 feet than a person with 20/20 vision can see at 200 feet, or when their field of vision is limited to a narrow angle of less than 20 degrees. Although not declared legally blind, a person is considered visually impaired if they see no better at 20 feet than those with 20/20 vision see at 70 feet.

## Legal Blindness does NOT

...affect the hearing or mental ability of the individual. The instructor should be careful not to assume that the class participant cannot do the work or activity in the class simply because of a visual impairment. But you may want to talk to her/him to inquire if they would feel more comfortable using any alternative methods of accomplishing tasks.

## CLASSROOM CONSIDERATIONS

1. A classroom is needed that has adequate balanced lighting, but without glare. It is the instructor's responsibility to request relocation if the classroom assigned for class does not meet this need.
2. Seat the class participant with their back to the light.
3. Acquaint the class participant with the location of materials and furniture in the classroom.
4. Reorient the class participant if you must move furniture or materials.
5. Alert the class participant to location of any breakable or otherwise dangerous articles.
6. Keep the classroom doors open or closed, never half open.

## CONSIDERATION FOR THE PERSON WHO IS PARTIALLY SIGHTED

1. Use a heavy black marking pen to make worksheets or assignments.
2. Record any reading materials used in class.
3. Provide a magnifying glass for the class participant who is partially sighted when large print materials are not available.
4. Use concrete, tactile objects in the classroom.
5. Allow the class participant to feel and thus see the objects.
6. Reinforce visual lessons with verbal cues.

## CONSIDERATIONS FOR THE PERSON WHO IS TOTALLY BLIND

1. Always say your name when beginning to speak to the person who is blind. Encourage class members to do the same until the class participant has learned to recognize everyone`s voice. Don`t play ``guess who'', identify yourself. Use the person`s name to identify who you are speaking to.
2. Identify a partner to assist the class participant, as needed, but do not be over solicitous. Identify yourself when entering or leaving the room.
3. Encourage the class participant who is blind to move about the classroom area as freely and independently as they are able.
4. Be aware that a class participant with blindness may have additional disabilities.
5. Provide Braille, a recorded resource, or a reader if necessary.
6. Realize the class participant may have difficulty in relating to instruction or information which utilizes visual cues. Common verbal expressions may be meaningless to one who has never had vision.
7. The class participant may have some disorientation and difficulty in finding buildings or locations within buildings.
8. Ask the class participant if (s)he would like assistance. DON`T assume the participant needs help.
9. Speak first before touching a person who is blind to avoid startling him/her.
10. Speak in a normal voice. Most people who are blind are not deaf.
11. Remember to speak directly to the person, not through a companion or third party.
12. It is OK to use `look` or `see` as they are in everyone`s vocabulary. Do avoid pointing or saying `over here` or "over there."
13. Give the person who is blind the respect and dignity due to any individual.
14. Walk along side and slightly ahead of the person with a visual impairment who you are assisting. Never hold the person`s arm while walking; instead, let the person hold your arm. The motion of your body tells the person what to expect.
15. Do not pet a ``service" dog in a harness. The dog is working and cannot play.