MERIT BADGE SERIES







# DISABILITIES AWARENESS











Scouting America

## How to Use This Pamphlet

The secret to successfully earning a merit badge is for you to use both the pamphlet and the suggestions of your counselor.

Your counselor can be as important to you as a coach is to an athlete. Use all of the resources your counselor can make available to you. This may be the best chance you will have to learn about this particular subject. Make it count.

If you or your counselor feels that any information in this pamphlet is incorrect, please let us know. Please state your source of information.

Merit badge pamphlets are reprinted annually and requirements updated regularly. Your suggestions for improvement are welcome.

## Who Pays for This Pamphlet?

This merit badge pamphlet is one in a series of more than 100 covering all kinds of hobby and career subjects. It is made available for you to buy as a service of the national and local councils of Scouting America. The costs of the development, writing, and editing of the merit badge pamphlets are paid for by Scouting America in order to bring you the best book at a reasonable price.

Send comments along with a brief statement about yourself to
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SCOUTING AMERICA
MERIT BADGE SERIES

# DISABILITIES AWARENESS



*"Enhancing our youths' competitive edge through merit badges"*

Scouting America

# Requirements

*Scouts should go to scouting.org/merit-badges/disabilities-awareness or check Scoutbook for the latest requirements.*

*Scan this QR code for the latest Disabilities Awareness requirements.*

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SUSTAINABLE FORESTRY INITIATIVE
Certified Chain of Custody
Promoting Sustainable Forestry
www.sfiprogram.org
SFI-01042

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# People First

Look around at the Scouts in your unit, the members of your sports teams, and the kids in your class. You are not all alike, are you?

Your friends, teammates, and classmates have separate personalities, distinct interests and ideas, and different physical features. You do not all look alike, think alike, or act alike. You have your own skills and strengths, and your own needs and situations.

> Having a "disability" means only that someone is "differently able."

People who have disabilities are no different from the members of your group or any other group of individuals. A person might use a wheelchair or be deaf or hard of hearing. A friend from school might be a terrible speller. Your Scout patrol leader might dislike heights.

You know there is more to your patrol leader than an aversion to high places. You know your friend does many things well, even if he or she has a hard time spelling. In the same way, people who have disabilities are not defined by their disabilities. A person might have hearing loss, wear leg braces, or have a medical condition such as epilepsy, but that's not who the person is.



## Person-First Language

Many people with disabilities want to emphasize what they are able to do rather than emphasize their disabilities. Remember that *people* with disabilities are people first. Each person gets to decide how he or she should be described. You should use *person-first language* when talking about people who are not personal acquaintances or about people with disabilities as a group. When you make a new friend or talk about an individual, show a *person-first attitude* by calling the individual what he or she wants to be called.

Many people with disabilities see their condition as part of who they are, just like their gender, hair or eye color, or ethnicity. For example, an individual might prefer to be called "deaf" or "hard of hearing" instead of being identified as someone with "a hearing impairment." Honoring their preference might seem to be the opposite of person-first language, but it definitely reflects a person-first attitude.

Writing and talking with person-first language is a good habit to get into because it is the proper form for most situations. Don't call someone an epileptic when you mean to say the person has epilepsy. The condition and the person are not one and the same. For example, when describing someone with attention-deficit/hyperactivity disorder (ADHD), you would say "this child has ADHD" rather than "this ADHD child." The examples in the list on the next page will help you get into a person-first language habit.



A *disability* is a condition that may limit a person's mobility, hearing, vision, speech, or cognitive function. A *handicap* is a restriction or a disadvantage that is placed on a person. For example, some people with disabilities use wheelchairs. Stairs, curbs, and narrow doors are handicaps that hinder people who use wheelchairs. People with disabilities are not "handicapped" unless these kinds of barriers are put in their way.

| Say | Instead of |
|---|---|
| Person with a disability | Disabled person |
| People with disabilities | The disabled or the handicapped |
| Disability | Handicap |
| Person who has epilepsy, autism, a spinal cord injury, etc.; or ask the individual how he or she prefers to be identified. | An epileptic, an autistic, a quadriplegic, etc. (Never identify people only by their disability. A person is not a condition.) |
| Seizure | Fit |
| Person who is deaf or hard of hearing | Hearing-impaired person ("Hard of hearing" is preferred to "hearing-impaired," which translates in sign language as "broken hearing.") |
| Person with Down syndrome | A Down's person |
| Has a cognitive or developmental disability | Is retarded or slow |
| Has had a disability since birth, or was born with a disability | Has a birth defect |
| Wheelchair user/person who uses a wheelchair, or person who uses or walks with crutches | Confined/restricted to a wheelchair; wheelchair-bound (People use wheelchairs and crutches for getting around. Most people who use such devices see them as liberating, not confining.) |
| People without disabilities/nondisabled | Healthy, normal, able-bodied (Calling people who are not disabled "healthy" suggests that people with disabilities are unhealthy. In fact, many people who have disabilities are in excellent health. Similarly, labeling nondisabled people as "normal" incorrectly implies that people who have disabilities are "abnormal.") |
| Accessible parking/ accessible restrooms | Handicapped parking/handicapped restrooms |

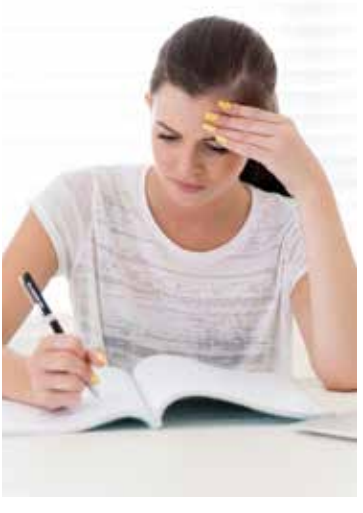
## Invisible Disabilities

You may have found something in this list that describes you, and that is OK. Many traits that make things harder also create new opportunities.

Typically, a physical disability is *visible*—you can see how it affects people and identify what they need in the way of assistance or adaptation.

However, more than 70% of people with disabilities have disabilities that you can't identify just from looking at the person. These *invisible disabilities* may make it hard for people

- To interact socially because they struggle to understand others or to recognize facial expressions.
- To learn, remember, read, write, or do math.
- To concentrate or to restrain sudden impulses.
- To speak; that is, make the right sounds, find the right words to express themselves, or correctly understand the words spoken to them.
- To maintain a good mood. They find themselves stressed out by everyday life, easily frustrated, angered, or afraid.
- To cope with sensory overload. People who have extra-acute senses can be agitated by loud noises, bright or cluttered walls, textures or flavors of foods, textures of clothing, types of touch, and many other things.



All of the conditions described here have names, such as attention-deficit disorder (ADD), autism spectrum disorder (ASD), obsessive-compulsive disorder (OCD), depression, anxiety, dyslexia, dysgraphia, expressive and receptive communication disorders, and more. Dozens of conditions have been identified, but in real life the boundaries and definitions are blurry. One person can have a blend of different disabilities. Many people have a characteristic of one condition or another—not severely enough to be disabled, but it still affects them.

## Disability Etiquette

When you meet someone who has a disability, that might be the first thing you notice. Because the person *seems* different, you might be a little uncomfortable or even scared at first.

Just remember that the disability is not the person. Look beyond the wheelchair, crutches, leg braces, hearing aid, or whatever seems different. Treat the person as an individual—the way you like to be treated.



Here are some tips for disability etiquette.

The disability is not the person.

1. When you meet someone who has a disability, it is always appropriate to smile and say hello. You also may offer to shake hands (shaking hands with the left hand is OK). While people with artificial limbs or limited use of their hands do shake hands, remember that not everyone can. When in doubt, ask the person whether he or she would like to shake hands with you.

2. When you talk with someone who uses a wheelchair, sit down so you will be at eye level with the wheelchair user. This is not only polite, but it shows the same level of respect with which you like to be treated.

3. Do not lean on a person's wheelchair.

Ask your parents, guardian, or adult leaders not to park in places reserved for people with disabilities. People need the large parking spaces to maneuver wheelchairs, wheelchair lifts, and other mobility equipment.

4. Do not touch or move a person's wheelchair, crutches, cane, or other gear without permission.
5. If a sign-language interpreter helps you talk with a person who is deaf, look at and speak to the person, not the interpreter. In fact, any time you talk with a person who has a disability, speak directly to that person rather than to any companion who may be along.
6. Be patient if a person with a disability takes a little extra time to do or say something.
7. When you talk with someone who has difficulty speaking, never pretend to understand if you do not. If you don't catch what was said, ask the speaker to repeat it. Then tell the speaker what you understood. The person will correct or clarify things if necessary.
8. Speak in a normal voice. Do not shout. Shouting hinders lipreading and distorts the sounds that hearing aids pick up. Obviously, it does not help to shout at people who are blind or visually impaired. They might not see you, but they can hear you.
9. Never pet or play with service animals such as guide dogs. Service animals are working animals, not pets, and should not be distracted from their duties.
10. Ask before giving help. If the person accepts your offer of help, wait for instructions or ask how you can help.
11. Offer your arm to a person who has a visual impairment, or suggest that the person put a hand on your shoulder. This will let you guide, rather than push or pull, the person as you walk together. Give warning of doors, stairs, or curbs as you approach them.
12. When talking with someone who is deaf or hard of hearing, first get the person's attention with a light tap on the shoulder, or wave your hand or stand in front of the person and make eye contact before you speak. If the person lip-reads, face him or her directly. Speak clearly and not too fast. Let the person choose the means of communication, such as lipreading, sign language, or writing notes.

13. When talking with someone who is blind, identify yourself and anyone with you by name. When you are ending the conversation or getting ready to leave, let the person know. Don't just walk away.

14. Relax and be yourself. It is fine and natural to use common expressions such as "Did you hear about . . . ?" or "See you later" or "Got to run." Everyday language does not offend people who are deaf or blind or use wheelchairs, and is understandable to most people with cognitive disabilities. Picking your words with too much care will make everyone self-conscious and uncomfortable.

15. If you want to know about someone's disability, it is OK to ask, politely. It is also OK for the person not to talk about it.

16. Treat people with friendship and respect. A Scout is courteous. Show courtesy to all people, those with and those without disabilities.



# Who Are People With Disabilities?

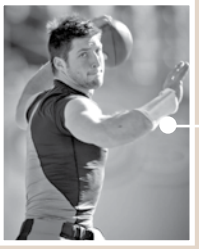


***David Larson,*** **wheelchair-racing champion, competitor in four Paralympic Games, and winner of five gold and three bronze medals, was diagnosed with cerebral palsy at age 2.**



Randall Anderson/Rossmiller Photography, courtesy

***Chris Waddell,*** **champion mono-skier and winner of numerous gold, silver, and bronze medals in the Paralympics and world champion-ships, was paralyzed below the waist in a skiing accident when he was 20.**



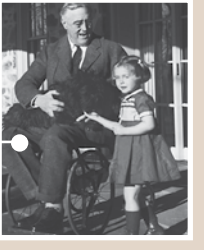
***Tim Tebow,*** **a two-time national champion in college and former quarterback for multiple NFL teams, was diagnosed with dyslexia while in elementary school. Instead of a playbook, he used flashcards to remember formations and plays.**



***Harriet Tubman,*** **who at age 29 escaped slavery and dedicated herself to slave rescuing and women's suffrage, suffered from a form of epilepsy.**



***James E. West,*** **a successful attorney and the first Chief Scout Executive of the Boy Scouts of America, had a disease in one leg that gave him a permanent physical disability.**



***Franklin D. Roosevelt,*** **who served as president of the United States longer than any other president, used a wheelchair most of his life after nearly dying from polio.**

## When Will You Be Disabled?

Nearly everyone will be disabled at some time in their lives, if only temporarily. An injury, surgery, or unexpected medical condition can suddenly create a need for crutches, walkers, or wheelchairs. We can also experience mental or emotional injury from scary events, losing family members or close friends, or suddenly having to move homes. As we age, things crop up that change our ability to use our senses, keep our balance, or do mental tasks that once were easy. By paying attention to the needs of people with disabilities and advocating for them, you will make the world better and may make it easier to manage your own potential disability when it happens.




THE ARC OF DALLAS
Making life better for people
with developmental disabilities since 1951.

# Agencies

To fulfill requirement 2 for the Disabilities Awareness merit badge, you will visit an agency that serves people who have physical, cognitive, emotional, or learning disabilities. Work with your merit badge counselor to choose an appropriate agency or organization and make an appointment to visit.

**Tip:** Many national organizations have state and regional affiliates, as well as local chapters. To find a chapter near you, search the internet or go to the agency's website, with your parent or guardian's permission. Also see the resources section of this pamphlet.

Be prepared to ask questions during your visit. Find out about the services provided.

Depending on the agency, the services offered might include the following:

- *Physical therapy* to develop or restore movement, strength, or flexibility lost because of an injury, an illness, or a physical condition





**Many agencies are available to help people with temporary or permanent disabilities.**

- *Speech-hearing therapy* to improve or recover limited or lost communication skills, treat disabilities such as language delay and stuttering, and teach other ways of communication to people who are unable to speak or hear
- *Occupational therapy* to develop the ability and independence to do everyday activities such as bathing, dressing, and eating
- *Educational programs* matched to students' ages, needs, and abilities
- *Skills training* to build skills that people need at work
- *Employment services* to help people find the kinds of positions they want
- *Residential treatment* to help people who can't live independently
- *Counseling therapy* to help people with mental health needs

The agency or organization also might sponsor camps, arts and crafts, recreation programs, or sports teams for young people with disabilities. Perhaps you can talk with someone your age who has taken part in recreational programs or received services.

Take home any brochures or fliers from your visit. Read the material. Then discuss with your counselor what you learned about the agency, its activities, and the people it serves.



**Understanding the physical struggles of a person who has a disability may help you recognize the individual's unique challenges.**



# Activities and Adaptations

In your personal or patrol camping gear, you have tents, cook kits, backpacking stoves, sleeping bags, and other tools that help you live well and be self-sufficient in the outdoors. People with various types of disabilities use different types of tools to be comfortable and self-sufficient at home, at school, at work, during leisure time, and while traveling.

Tools for independent living may be as basic as a variable-height table that a wheelchair user can adjust to fit. Tools can be as simple and commonsense as lights that flash when the doorbell rings to let a person who is deaf know someone is at the door.

Other tools are more high-tech. People who cannot use their hands, for example, to type on a keyboard or move a computer mouse, can operate computers by talking. Voice-recognition software lets users speak commands to call up programs, dictate documents, write emails, move the cursor on the screen, navigate online, and create webpages.

Here are some other tools and supports that can help people with disabilities do the things they want and need to accomplish.



**Adaptations to automobiles such as raised roofs, hand controls, left-foot gas pedals and brakes, and digital driving systems allow more people with disabilities to have greater independence.**

## Service Animals

**Guide dogs** can help people who are blind get around safely, quickly, and with confidence. A guide dog responds to its owner's hand signals and spoken commands. The main commands spoken to a guide dog are "forward," "left," "right," "hop up," "halt," and "steady." A guide dog is trained to disobey a command that might put its owner in danger. If the owner gives the command "forward," but the dog sees an obstacle in the way, such as a car, the dog will refuse to move forward.

People who are deaf or hard of hearing may have **hearing dogs** to alert them to important sounds: a ringing telephone, a knock at the door, an alarm clock buzzing, or a noise that might mean danger. A hearing dog will lead its owner to most sounds. But at the shriek of a smoke alarm, the dog is trained to take its owner to the nearest exit.



**Assistance dogs** can help people with physical or developmental disabilities do everyday tasks. Assistance dogs can open and close doors and drawers, flip light switches on and off, retrieve dropped items, and bring or carry objects such as keys, coins, mail, books, a phone, or a water bottle. An assistance dog can be trained to make its body rigid so its owner can brace against the dog when standing up. If the owner uses a wheelchair, the dog may pull the wheelchair short distances while the owner holds onto the dog's harness.




**Assistance dogs are trained to perform everyday tasks for their owners.**

Capuchin monkeys are smart, friendly, nimble-fingered, and particularly well-suited to be trained as **monkey helpers**. They can help people with many kinds of daily activities: opening doors, holding pencils, operating switches, fetching out-of-reach items, bringing a cool drink, turning the pages of a book, or putting on a video or CD to play. Monkey assistants can even be office workers, helping people with quadriplegia (paralysis of both arms and both legs) do work from their homes.

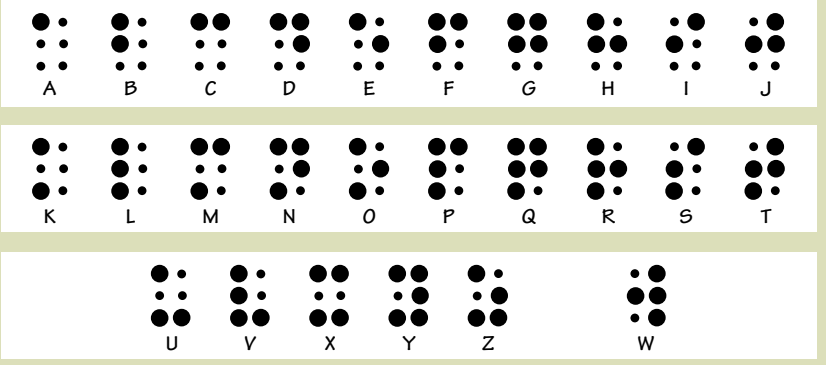
People who have epilepsy may rely on **seizure response dogs** to live on their own and get help in an emergency. A seizure response dog is trained to get its owner to lie down on the ground so they can't fall, then run back and forth from its owner to someone who can help, getting the second person's attention and repeating the alert signal as long as needed. If the dog is alone with its owner, the dog can pull a cord on a call box to bring emergency medical personnel. The dog stays with its owner until the seizure ends or help arrives.

# Touching Words: The Braille Alphabet

Braille is a system of printing and writing that uses raised points or dots. In braille, each letter, number, and punctuation mark is made up of one to six raised dots arranged in a "cell." The cell, two dots wide and three dots high, fits under a fingertip. People read braille by lightly passing their fingers over the dots.

The braille alphabet is shown here. Notice that the first 10 letters *(a–j)* use only the dots in the upper two rows of the cell. The next 10 letters *(k–t)* are formed by adding the lower-left dot to each of the first 10 letters. The remaining letters *(except w)* are formed by adding both lower dots to each of the first five letters.

The letter *w* is an exception because the French alphabet did not contain a *w* when French inventor Louis Braille created the code in the 1820s. The symbol for *w* was added later.




**The braille alphabet**

Braille can be written by hand using a slate and stylus, or typed by striking keys on a machine resembling a typewriter, called a braillewriter. Today, there are software programs that translate braille; computer printers that emboss braille dots on thick, heavy paper; portable, electronic note takers with braille keyboards and synthesized voice readouts; and braille displays that make the characters on a computer screen appear on a touchable surface.

## White Canes

The white cane is both a tool for travel and a symbol telling others that the person using the cane is blind. The white cane makes blind pedestrians more visible to motorists, helping them travel in greater safety.

By tapping the cane from side to side in front of them as they walk, people who are blind or visually impaired can check for objects in the path of travel, find doorways and steps, and locate potential dangers such as holes in the sidewalk or curbs and drop-offs.



**It takes much practice to learn how to skillfully use a cane to avoid obstacles and travel independently.**

## Power Chairs

Modern battery-powered wheelchairs hardly resemble the push-from-behind type of wheelchair you may have seen used in hospitals. Most power chairs have a variable speed control that can be set between 0 and a top speed of about 5 miles per hour. With a fully charged battery, most power chairs will travel between 15 and 20 miles on level surfaces. Some power chairs break down into sections to fit in the trunk of a car for transport.



**A modern power wheelchair**

## Augmentative Communication Devices

American Sign Language (ASL) is not just a signed version of spoken English. ASL is its own language, with its own grammar, syntax, and word-order rules.

With advances in technology, *augmentative communication* devices are constantly changing to help people with hearing loss, speech disabilities, or both. These devices can amplify sounds, convert noises to lighted signals, or change speech to text or American Sign Language. Many such communication devices are in use. The most common ones are shown here.



**Captioned telephones are used by people with some hearing who are able to speak for themselves. A built-in screen displays text (captions) for every word the other party speaks during the conversation.**

**Videophones are used to communicate in American Sign Language. The screen allows people to sign rather than type or speak their messages.**





**Voice recognition and text-to-voice features in smartphones allow a person who is hard of hearing, visually impaired, nonverbal, dyslexic, and dysgraphic to communicate freely with others. Cameras, microphones, and apps allow phones to become magnifiers and hearing aids as well.**

As the technology advances, soon we all may have automated text-to-voice and voice-to-text translators in our mobile phones.

## Telecommunications Relay Service

All of the phones described above can use a Telecommunications Relay Service (TRS). By law, telephone and videophone companies provide services to allow people with hearing or speech disabilities to place and receive phone calls. TRS is available throughout the United States and its territories. The service uses a third person, called a relay operator, as the interface between the hearing or verbal person and the nonhearing or nonverbal person in the conversation. Every communication technology can be used for TRS, including video for signing, typed text, spoken word, and language translation.




Relay operator

**A third person, called a relay operator, acts as the go-between to enable communications between a nonhearing or nonverbal person and a hearing or verbal person.**




**The American Manual Alphabet used for finger spelling**

## Finger Spelling

Many people who are deaf learn to finger spell by using hand shapes and positions that stand for the letters of the written alphabet. Finger spelling is like writing in air. Try using the manual alphabet shown here to spell out your name.

## Alert Devices

Alert devices use loud noise, lights, and vibrations to alert people with hearing loss to various actions or environmental dangers. These devices can respond to a specific signal like a doorbell, smoke alarm, or alarm clock; or to certain types of sounds like a baby crying or a fire alarm in the building. An alert system transmits signals to receivers located throughout a home or workplace, activating flashing lights or vibrating devices in multiple rooms.

## Adaptive Sports

Many people with disabilities use adaptive equipment to take part in sports and recreational activities. Any sport can be an adaptive sport. Among the most popular are:

- Adaptive golf
- Adaptive snow skiing
- Adaptive water skiing
- Archery
- Beep baseball
- Bocce
- Canoeing
- Goal ball
- Handcycling
- Horseback riding
- Kayaking
- Power wheelchair hockey
- Quad rugby
- Sailing
- Sitting volleyball
- Sledge hockey
- Snowboarding
- Swimming
- Wheelchair basketball
- Wheelchair football
- Wheelchair road racing
- Wheelchair soccer



- Wheelchair softball
- Wheelchair tennis
- Wheelchair track and field
- Whitewater rafting

Adaptive sports have gone big-time and international. There are now Paralympic Games, Deaflympics, and Special Olympics international games.

Sports may need a few modifications to be accessible to people with disabilities. Canoeists with disabilities, for example, may use seats that give extra back support and paddles with modified shafts and grips. Wheelchair archers commonly use the same archery tackle as standing archers. An armrest of the wheelchair may be removed to allow the archer to fully draw the bowstring.



Custom equipment opens other popular sports to people who have disabilities. Adaptive snow-skiing gear includes the bi-ski (two skis with a molded bucket seat for the skier to sit in), mono-ski (a one-ski type of sit-down ski), four-track (stand-up skiing using two skis with two handheld outriggers for balance, giving the skier four points of contact with the snow), and three-track (stand-up skiing with one ski and two handheld outriggers).



Handcycling is among the newer sports popular with athletes who have disabilities. Three-wheeled handcycles have gears like bicycles, and riding one is much like riding a bike except you power the cycle by cranking with your arms and upper body muscles instead of your legs. Recreational handcyclists typically cruise along as fast as an average bicyclist. Handcycle racers are setting human-powered vehicle speed records.

To find out what adaptive sports and recreation activities are available in your community, contact the parks and recreation department, school athletic department, rehabilitation centers, or sporting goods stores that sell adaptive sports equipment. To learn more about your sport of interest, you may be able to attend an introductory clinic, seminar, or demo day given by an adaptive sports organization.



## Can You Adapt?

Test your creativity. Choose one of your favorite activities and think of ways you could adapt it so people with various types of disabilities could enjoy it, too. Will you need to modify the rules? The rules of wheelchair basketball, for instance, allow players to hold the ball while pushing once or twice on their wheels. When a player with the ball makes more than two consecutive pushes (without dribbling, passing, or shooting), a traveling violation is called.

Will you need to create specialized equipment? Beep baseball is played with a large softball that beeps so players can track it by hearing, not sight.

Use what you have learned about adaptive sports to come up with your own adapted activity. You might invent a new pastime or a new way of playing an old game that will catch on big!



## The Voice of Experience

Whatever activities you enjoy, you can be sure there are many people—with and without disabilities—who like doing the same things. Maybe you belong to a club for people who share your interest, such as an astronomy club or a collectors' group. You might have a friend from the club who has a disability.

Talk with your friend about his or her experiences. Find out what adaptations or adjustments, if any, your friend has made or used to take part in favorite activities or do everyday tasks.

Talk with a Scout who has a disability and learn about the Scout's experiences in Scouting. What merit badges have been enjoyable to earn? Have any badges presented especially difficult or unsolvable problems? Find out about any adaptive gear or techniques the Scout may have used to achieve Scouting goals. Also learn about adaptations or adjustments the Scout may use in daily life and activities outside Scouting.



# Alternative Requirements for Scouts BSA

- Scouts with physical or cognitive disabilities who are unable to complete any or all of the requirements for Tenderfoot, Second Class, or First Class rank may complete alternative requirements if certain criteria are met.
- Scouts with physical or cognitive disabilities may become Eagle Scouts by earning as many required merit badges for Eagle Scout rank as their abilities permit and qualifying for alternative merit badges for the rest.

To learn more about alternative requirements, see the *Scouts BSA Handbook* and the *Scouts BSA Requirements* book, and talk to your Scoutmaster.




EAST

# Accessibility

Curbs or steps without ramps, narrow doorways and aisles, revolving doors and turnstiles, high counters, tight parking spaces with no room to maneuver a wheelchair—any of these can make it impossible for people with disabilities to take part in everyday activities such as shopping in a store, watching a movie in a theater, eating at a restaurant, or even going to school or work.

Next time you are in a public place, look at how accessible (usable) the location is for people with disabilities. Are there:

- Ramps and curb-cuts for wheelchair users?
- Steps that are low and wide enough to be easily climbed by people using crutches or canes?
- Wide doorways?
- Elevators (in buildings of two or more stories)?
- Signs and directions printed in braille?
- Visual warning signals and directions for people who are deaf?
- Accessible parking spaces wide enough for wheelchairs?
- Accessible restrooms, public telephones, and drinking fountains?
- Tables high enough for a wheelchair user to sit at without banging his or her knees?
- Illustrated or printed menus at food service counters so customers can order nonverbally?
- Maps to show accessible pathways and printed maps to carry with you?



For requirement 4 option A, you are to give examples of the features of a certain place that make it accessible to people with disabilities, and also some things that could be done to improve upon the site. Some improvements are easy and

Some of the accessibility projects suggested in this pamphlet might be done as service projects for achieving the ranks of Star, Life, or Eagle Scout. If you wish to do a project for rank advancement, check with your Scoutmaster to be sure your undertaking meets the standards for leadership service projects.



inexpensive to make. You may be able to increase the accessibility of your school, place of worship, or Scout camp or meeting place.

Here are some simple adaptations you or your patrol might make. Be sure to get permission, and ask for an adult's help if needed.

- Build and install a wooden ramp for wheelchair users.
- Replace round doorknobs (which must be tightly grasped and twisted) with lever handles that are easier for many people with disabilities to use.
- Move displays so they do not block aisles or hallways.
- Widen a path so wheelchair users can use it.
- Remove a fixed seat or bench (one that is bolted to the floor or wall) and replace it with a movable seat that can be moved aside to make room at the table for a person using a wheelchair.
- Make pen and paper available for exchanging written notes with people who are deaf or hard of hearing.
    - Make large-print signs using a computer and printer, or by hand-lettering.
    - Make signs in braille using a slate and stylus (a tool used to write braille much as paper and pencil are used for writing print).
    - Read aloud and record on a smart device, digital voice recorder, or computer the newsletters, brochures, or other printed pieces that give important or useful information about your school, place of worship, or Scout camp. Make the recordings available to visitors or newcomers who are blind or visually impaired.



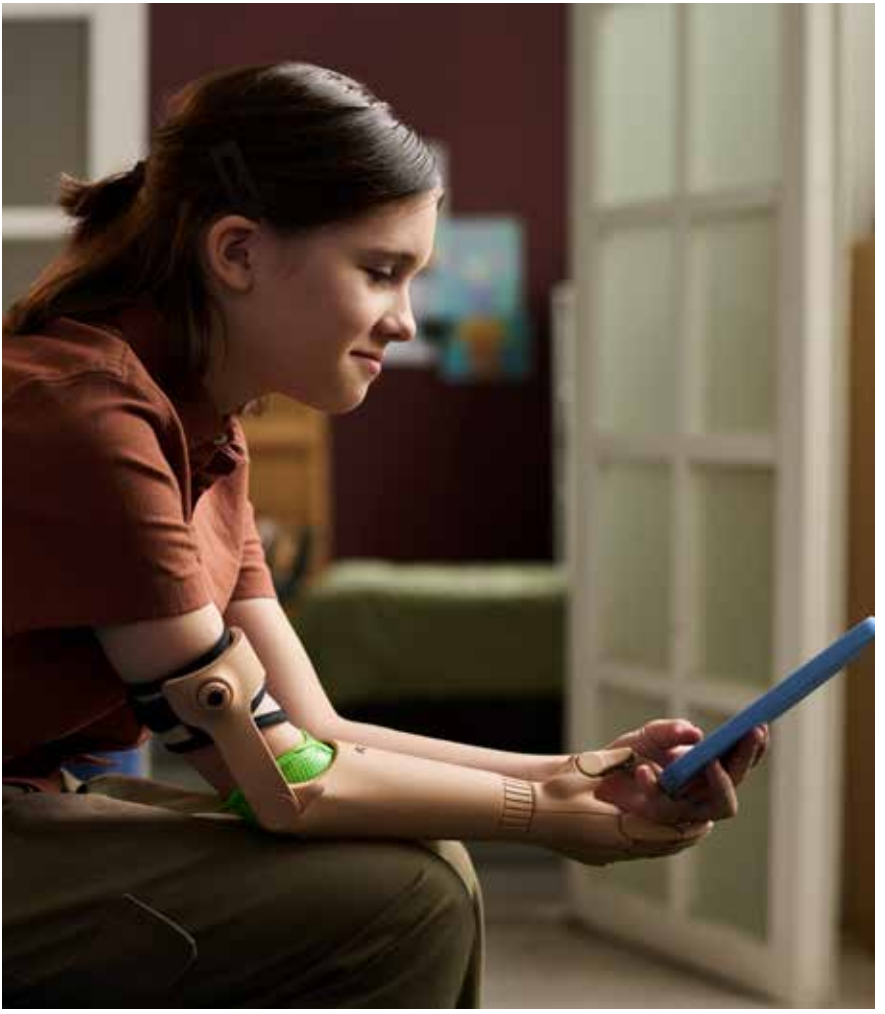
## Recreation Survey

Here is another service idea. Develop a list of local outdoor recreation spots and camping facilities that are accessible to people with disabilities. Create this list by checking with officials at federal, state, and local parks. Ask them the following questions:

- Are the parks barrier-free?
- Are pathways smooth and wide enough for wheelchairs?
- Are drinking fountains and restrooms accessible to wheelchair users?
- Are signs printed in braille?
- Is any adaptive equipment available for people with disabilities?
- At museums and historical sites, are printed scripts or American Sign Language videos available for people who are deaf or hard of hearing?



When you have compiled your list, neatly type and print it. Distribute photocopies to local organizations for people with disabilities, schools, places of worship, and anywhere else the information will serve people in your community.



# Accommodations

*Accommodations* may not be obvious to others because they don't change the environment at large, but they are like accessibility in that they help to simplify everyday life for people with disabilities. An accommodation is just a different way of doing things that is tailored to the individual needs of a person with a disability. While accessibility features may be easy to see and provide opportunities for those with physical disabilities, accommodations can provide opportunities for those with invisible disabilities. Most schools are accommodating students with disabilities to make learning better. Accommodations also happen in workplaces to make work easier and in public attractions to make experiences more enjoyable.

For requirement 4b, you are to identify accommodations that already exist at certain places and suggest better accommodations. You will need to talk with staff members at the locations or facilities to help you understand the accommodations, because they often are not obvious. An accommodation that works for one person with a disability may not work for everyone else, so it isn't always possible to accommodate everyone or to include everyone in the same space.

## Accommodation Methods

Here are some ideas and examples to get you thinking.

### Timing

- Allow extra time for completing a task, such as a test at school.
- Do the hard-thinking work in the morning or afternoon, or whenever works best.
- Break a task into smaller pieces and take breaks in between.
- Slow down or speed up the pace.
- Allow time for physical activity or movement.
- Provide a schedule and tell everyone exactly what is going to happen.

### Sensory

- Move to a more open or uncrowded space where other people or objects present fewer visual distractions.
- Change the type of lighting to adjust the light's brightness or color, or to eliminate flickering.
- Use earplugs or noise-canceling headphones to reduce noise, or mask noise with intentional background sounds or music.
- Adjust sound louder or softer to a comfortable and functional level.
- Adjust ventilation to eliminate distracting odors.
- Hold or squeeze an object to occupy the hands or provide needed tactile (touch) stimulation.

### Presentation and Communication

- Change the group size when teaching.
- Use technology to interact and communicate instead of verbal or face-to-face methods.
- Provide captioned screens or captioning glasses for video presentations and in movie theaters.
- Change the method of communication—verbal to visual to written—as needed.
- Have a sign-language interpreter for meetings, performances, ceremonies, and similar events.
- Use hands-on activities or demonstrations instead of words.



**A sign-language interpreter assists during an arena show at the 2010 National Scout Jamboree.**

### Organization, Memory, and Attention

- Have an assistant to help with tasks or keep time.
- Use electronic devices, or paper and notes to record important information.
- Have an aide redirect a person's attention back onto the topic when they drift off or become distracted.

## Medications

Medications can help ease the symptoms of some disabilities. They do not eliminate the disability or all of the difficulties. Many laws and rules limit how medications can be used, especially for youth. If a youth takes a medication, a responsible adult should keep track of when and how much medication is given. Depending on the medication and what it does, a person with a disability may need to plan to do some activities at certain times to get the most benefit from the medication.

As a matter of good manners, you should never talk about a person's medications with anyone other than that person. Whether a person is "on meds" or "off meds" is never a joking matter. If you are truly concerned about a person not receiving necessary medications, talk with the person directly, the parent or caregiver, or the adult responsible for the outing or event.




Scout leaders should refer to the *Guide to Safe Scouting*, "Personal Health and the Annual Health and Medical Record" section, for guidance about handling prescription medications for Scouts.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# Advocacy, Attitudes, and Awareness

*Advocacy* means supporting, promoting, encouraging, or defending something. To be an advocate for people with disabilities means you support and encourage positive attitudes about people with disabilities. It can also mean that you are brave enough to challenge false and unfair beliefs or call to account those who mistreat people with disabilities. You help strip away the labels so that people can see each other as individuals. You help build bridges of understanding and respect among all people, regardless of their abilities.

In completing the requirements for the Disabilities Awareness merit badge, you have learned things that you can now teach to others. Use what you have learned to put together a disabilities awareness program that you present (with your counselor's approval) to a Cub Scout pack or other group. Teach the group about person-first language and demonstrate its importance while giving your presentation.



Or, volunteer your time with an education program or advocacy agency in your school or community. The agency you visited for requirement 2 likely will welcome you back as a volunteer. Your school might have education programs with which you could help.

Maybe a group has organized in your area to support a specific issue affecting people with disabilities. You might join with the group (or start one, if none exists) to advocate for accessible parking spaces, wheelchair-friendly picnic tables at local parks and playgrounds, or sign-language interpreters for government meetings such as meetings of the city council or school board.

Your counselor might know of, or help you find out about, other volunteer opportunities in your neighborhood. Maybe you can help with programs at a rehabilitation center or camp for children with disabilities. Or be a big brother or big sister to a boy or girl who has a disability, giving the child your friendship and help with homework or other needs. Or tutor a student who has learning disabilities, or assist at a Special Olympics competition.

Talk with a physical therapist, occupational therapist, speech therapist, adaptive physical education instructor, recreation program leader, special education teacher, social worker, or other specialist to learn where your efforts are needed.

Special Olympics is an international program of games and athletic competition for children and adults who have an intellectual disability, sometimes accompanied by physical disabilities. Events are modeled on those of the Olympic Games. Scouts often take part, as competitors, as unified athletes on mixed teams, or as event helpers. You might organize your patrol or troop to help at a Special Olympics meet.

Disabilities come in all sizes, shapes, and forms, just like the people who have them. If you already know something about a specific disability, or you would like to learn more about it, you may want to focus on researching and sharing information about that disability and the people who have it. You may choose to give a talk or volunteer with an advocacy program that focuses on the disability of interest.

Here are some possibilities. Add your interest if it is not on this list.

- Amputation
- Arthritis
- Asthma
- Attention-deficit disorder, or ADD (with hyperactivity—ADHD)
- Autism spectrum disorder
- Blindness/low vision
- Brain injury
- Cerebral palsy
- Cleft palate
- Cognitive (formerly mental) disabilities
- Cystic fibrosis
- Diabetes
- Down syndrome
- Dwarfism
- Epilepsy
- Hearing loss
- Heart conditions
- Hemophilia
- Learning disabilities
- Leukemia
- Multiple sclerosis
- Muscular dystrophy
- Polio/post-polio
- Sickle cell anemia
- Speech impairments
- Spina bifida
- Spinal cord injury
- Stroke



## Myths and Misconceptions

We are all hurt by mistaken ideas and misunderstandings about people with disabilities and what they can and cannot do. Here are some myths you may hear. Learn the facts so you can share the correct information with others.

**Myth:** A person with a disability is sick.
**Fact:** Having a disability is not the same as being sick. Many people with disabilities are in excellent physical condition, healthy, athletic, and strong. Some people who have disabilities also have illnesses, just as some nondisabled people are ill.

**Myth:** A person with a disability has a poor quality of life or lives a life totally different from people without disabilities.
**Fact:** Overall, people with disabilities live like anyone else. The attitude that a disability ruins a person's life can be more disabling than the disability itself. People can make adjustments and adaptations that allow them to fully participate, to live full lives, and strive to reach their potential. Although they may do some things differently, depending on the type and extent of the disability, people with disabilities are no different from anyone else.



**Myth:** People with disabilities deserve special admiration for having the courage and creativity to overcome their disability.
**Fact:** People with disabilities do not have special virtues. They do not become heroes by adapting to disabilities. Many people with disabilities do not like to be called "brave" or "inspirational." They are just living their lives when they drive to work, shop for groceries, pay their bills, or compete in athletic events.

**Myth:** Only people in wheelchairs or who use crutches are disabled.
**Fact:** Many disabilities, such as learning or emotional disabilities, cannot be seen or are not obvious.

**Myth:** People with disabilities need expensive, high-tech devices for mobility and other assistance.
**Fact:** Simple, inexpensive tools often are the only help a person with a disability needs to live independently. Assistive devices can be as low-tech as reachers with jaws for grasping objects and bringing them within reach, or grippers for holding eating utensils, toothbrushes, and other small items.

**Myth:** People with disabilities can do only light work or only simple, repetitive work.
**Fact:** People with disabilities work successfully in many different trades, businesses, and professions, having the same responsibilities as nondisabled people. Individuals with disabilities have many different skills to offer, the same as everyone else.

**Myth:** People with disabilities need to be protected from failing.
**Fact:** An opportunity to fail is also an opportunity to succeed, and people with disabilities have a right to do both. Opportunities to try difficult things allow us to grow and improve ourselves.

There are heroic people with disabilities who deserve our admiration. What makes them heroes is personal courage, commitment to serving others, and determination to keep striving when most others have given up. Heroes are heroes because of their character, not simply because of, or despite, their disability.

**Myth:** People with disabilities always need help at school or work.
**Fact:** A person's ability to work or study independently depends on the person's preparation, training, skills, experience, and motivation. These qualities vary among individuals. Having a disability does not necessarily affect a person's qualifications to work unaided or unsupervised.

**Myth:** People who are deaf can easily work in noisy places.
**Fact:** Loud noises can damage anyone's organs of hearing. People who are deaf should be chosen for positions based on the skills and talents they have, not the disability they have.

**Myth:** People who are deaf cannot speak.
**Fact:** Deafness does not affect the vocal cords. People with hearing loss may not hear the sounds they make when they speak. Because they are unable to hear the sound of their voice, some people who are deaf make a conscious choice not to use their voice. Others choose to speak. The age at which the person became deaf also influences speaking ability. People who lost their hearing after learning to talk as a child may speak more readily than those who were born deaf and never heard human speech.



**It's the Law.** The Americans with Disabilities Act (ADA) of 1990 is a federal civil rights law that protects people with disabilities from job discrimination. The law also requires that public buildings and transportation systems be accessible to people with disabilities. In addition, the ADA requires telephone companies to provide relay services so that people who are deaf or hard of hearing or who have difficulty speaking can send and receive messages by telephone.

**Myth:** People who are deaf do not enjoy television shows or movies because they cannot hear.

**Fact:** Many movies and TV shows are captioned—the words appear on the screen. Performances at theaters may be interpreted into sign language. The type and extent of hearing loss and the age at which the person became deaf also may influence a person's appreciation of vocal art and entertainment.

**Myth:** All people who are deaf or hard of hearing can read lips.
**Fact:** Some people lip-read; some do not. Those who do read lips also read facial expressions, gestures, and other body language for help understanding.

**Myth:** People who are blind have extra-sharp hearing.
**Fact:** Loss of vision does not affect hearing. However, people who are blind may depend more on their hearing and be more alert to sounds than people who are sighted.

**Myth:** People who are blind develop a "sixth sense."
**Fact:** Most people who are blind develop their senses of smell, hearing, taste, and touch more fully, but they do not gain a sixth sense—or a power of perception that most people don't have.

**Myth:** Employees with disabilities miss more days of work than employees without disabilities.
**Fact:** Several studies have shown that employees with disabilities are not absent any more often than other employees. In fact, the studies show that, on average, people with disabilities have better attendance rates than their nondisabled coworkers.

**Myth:** People without disabilities should take care of people with disabilities.
**Fact:** Anyone may offer help, but most people with disabilities prefer to be self-sufficient and responsible for themselves when possible.

## Acceptance

People with disabilities need and deserve to be accepted by the community around them just as they are. All people have the right to be comfortable in their own skin and to have dignity and respect. People with disabilities should not be asked to become someone else for the convenience of others. Nor should they be sheltered from the difficulties of life that they can manage. They should not be praised for doing ordinary things that are easier for others. Rather, they should be praised for true accomplishments and embraced as full members of the community. "They" are "us."

*Ableism* (or able-ism) is a bias that leads to discrimination and denial of opportunities, much like racism or sexism. Ableism is the attitude that those without disabilities are fundamentally better (or better off) than people with disabilities. This viewpoint sees people with disabilities as unable to live happily or independently and needing to be "fixed" by medical therapy. Even when well-intended, a person with an ableist viewpoint tends to pity people with disabilities or push them to change for the "better," rather than accept them as they are.

## Bullying

Many people with disabilities are bullied as children or adults. Sadly, though we all know bullying is wrong, some bullies see what they do as "just having fun" or "joking around" with the one being bullied. You might think of bullying as physical abuse or intimidation, but there are other forms that people with disabilities often have to deal with, such as

- Teasing—making fun of or pointing out differences
- Taunting—hurling insults to provoke or challenge
- Excluding—denying participation in an activity or group
- Ignoring—pretending someone doesn't exist or doesn't matter as a person
- Harassing—persistently irritating or aggravating someone

Be watchful, especially when you are with friends, not to be a bully or to put up with one of your friends acting that way.

## Changing Attitudes

To wrap up your work on the Disabilities Awareness merit badge, discuss with your counselor your own attitudes about people with disabilities. Has your work on this badge given you insight or changed your outlook? Tell your counselor how you intend to use proper disability etiquette, show positive attitudes, and encourage them in others.

You have seen that people with disabilities are all individuals. Each person has talents, abilities, feelings, likes, dislikes, wants, and needs. Each person has the right to be treated respectfully, as an individual.

You also have learned that people with disabilities are people first. And maybe you have realized that all people are more alike than different. People are people. Individual variations aside, we are all much the same.

> "If you inquire what the people are like here, I must answer, 'The same as everywhere.'"
>
> —Johann Wolfgang von Goethe (1749–1832), German poet and novelist





# Career Opportunities

Many types of specialists work with people who have disabilities. Some of the careers you might pursue are described here. Your merit badge counselor may know of other positions in this field that might appeal to you.

*Occupational therapists* teach skills to help people with disabilities do the things they need to do. Occupational therapists work in hospitals, clinics, rehabilitation centers, mental health centers, schools, nursing homes, child-care centers, and in some cases patients' private homes. A bachelor's or master's degree in occupational therapy is required. College programs include courses in biology, psychology, and occupational therapy theory and practice.

In occupational therapy, the focus is on practical activities and the skills of daily life. For example, someone who has lost both legs may learn how to drive a specially equipped car. A person who uses a wheelchair might be taught how to maneuver in the kitchen and cook while seated. To help a child with a learning disability learn to recognize shapes or colors, an occupational therapist might have the child play games or do crafts that require matching items of different shapes, sizes, and colors.

*Physical therapists* use treatments of heat, cold, light, sound, water, and exercise to treat diseases or injuries, build stamina and strength, and restore function to parts of the body.



Physical therapy can help prevent, reduce, or relieve conditions that affect a person's physical abilities. Physical therapists work in the same types of places as occupational therapists. Most physical therapists have a master's degree, but a growing number of them have a doctor of physical therapy (DPT) degree. Physical therapy studies include courses in anatomy, physiology, psychology, and therapeutic exercise. In the United States, physical therapists must be licensed before they may practice.

*Special education teachers* help children with disabilities learn to the fullest of their abilities. These teachers may work in schools, homes, hospitals, and institutions. They help students get mainstreamed into regular education classes and succeed in life after leaving school. This career field requires at least a bachelor's degree and a teaching credential.

If a career in audiology interests you, you should begin early to get the background needed. In school, take biology, physical science, language, and physical education classes. Get an after-school job or volunteer with an agency or organization that serves people who have disabilities.

*Audiologists* are trained to detect and diagnose hearing problems. An audiologist uses an instrument called an audiometer to test a person's hearing. An audiologist also may give behavioral tests to find out how a person reacts to various sounds and vibrations. Most audiologists have at least a master's degree and many have a doctoral degree. College programs in audiology include courses in hearing, speech, and language. Audiologists may work in schools, hospitals, clinics, private offices, and community speech and hearing centers. To practice audiology in the United States, a person usually needs a certificate or license.

*Speech therapists* (also called speech-language pathologists or speech clinicians) work with children and adults who have speech disorders that interfere with communication or make people self-conscious when they talk. Most speech therapists have at least a master's degree. They work in schools, hospitals, speech clinics, specialized speech and hearing centers, or private practice. College students interested in speech therapy take courses in biology, linguistics, psychology, physics, and speech correction.

*Psychologists* study mental processes and behavior and how people relate to one another and to the world around them. Many psychologists treat emotional problems and serve as counselors or therapists in schools, hospitals, rehabilitation centers, clinics, mental health centers, or private practice. Some positions in psychology require only a bachelor's or master's degree, but most require a doctoral degree. A doctorate usually takes four or more years of study beyond a bachelor's degree.



In addition, most people who plan to become clinical psychologists work at least a year as an intern, treating patients under the supervision of experienced psychologists.

Psychology is similar to a medical field called *psychiatry.* Psychologists may or may not specialize in treating cognitive disorders. Psychiatrists, however, are medical doctors whose field is the treatment of cognitive disorders. A psychiatrist might work in a mental health center or a psychiatric hospital, or in private practice.

Some of the more common speech disorders include stuttering, lisping, slurred speech, delayed speech and slow language development, the inability to make certain sounds, and the partial or total inability to speak or understand language.

Other *physicians* working with people who have disabilities are specially trained in physical medicine and rehabilitation. Many hospitals have a rehabilitation department that provides patients with physical and occupational therapy. Treatment is usually carried out by a team of specialists that may include physicians, nurses, psychologists, social workers, speech pathologists, and various other therapists.

Vocational rehabilitation programs prepare people with physical or cognitive disabilities to hold jobs. There are three main areas: rehabilitation counseling, vocational evaluation, and placement. A *rehabilitation counselor* advises people with disabilities about the type of training they may need or the tasks they can perform. A *vocational evaluator* gives tests to discover a person's abilities and interests and determine what specific position or field of training will suit the person. A *placement specialist* helps people put their interests and skills to use. Careers in vocational rehabilitation generally require at least a bachelor's degree; most require a master's degree.





College students majoring in rehabilitation take courses in counseling, human relations, psychology, statistics, and testing, and complete an internship. Vocational rehabilitation specialists may work for hospitals and rehabilitation centers or for state-operated vocational rehabilitation programs and programs serving military veterans with disabilities.

## Support for Independent Living

Many people with disabilities can live on their own when they have support. Delivering support services has created many career opportunities. The purpose is to provide enough help to allow people to live as independently as they possibly can. The people served, who are referred to as "clients" or "residents" rather than "patients," may live in sheltered apartments, group homes, or senior housing facilities. Others live on their own in an apartment or home. The range of support services is huge, from something as simple as walking dogs up to complex in-home nursing care.

Numerous agencies, nonprofit organizations, churches, and others provide independent living resources and services. If

multiple services are needed, different agencies can work as a team to provide the amount of support that is "just right" for the client.

Space prevents listing all of the job possibilities in support services, but here are a few to consider: *habilitation coordinator, social worker, transportation coordinator or driver, community living coordinator, nutritionist or dietitian, recreation activities coordinator, in-home care housekeeper, Medicaid service coordinator, residential house manager, visiting nurse, day facilitator program manager, food preparation worker,* and *clinical service coordinator.* Can you find out about others?

Some careers in support services will accept a high school diploma, while others require a specialized training certificate or a two- or four-year college degree. Besides healthcare and education-oriented degrees, look at degrees in psychology, sociology, recreation, or social work.





# Disabilities Awareness Resources

## Scouting Literature

*Architecture and Landscape Architecture, Athletics, Citizenship in the Community, Citizenship in the Nation, Citizenship in the World, Communication, Digital Technology, Engineering, First Aid, Inventing, Health Care Professions, Public Speaking, Robotics, Signs, Signals, and Codes,* and *Sports* merit badge pamphlets; *Guide to Safe Scouting,* No. 34416; and *Guide to Advancement,* No. 33088 (section 10.0.0.0)

With your parent or guardian's permission, visit Scouting America's official retail website, **scoutshop.org**, for a complete listing of all merit badge pamphlets and other helpful Scouting materials and supplies.

*Scout Life* magazine in braille. National Library Service for the Blind and Print Disabled, Library of Congress, Washington D.C.
Telephone: 800-424-8567

*Scouts BSA Handbook* in large print. Pilots and Program Development, Scouting America.
Send requests via email to advancement.team@scouting.org.

The following materials are available at scouting.org/resources/disabilities-awareness/:

- Scouting With Special Needs and Disabilities, an information sheet
- Guide to Working With Scouts With Special Needs and Disabilities, No. 510-071
- *Scouting for Youth With Disabilities Manual,* No. 34059
- Individual Scout Advancement Plan, No. 512-936
- *Abilities Digest* newsletter

For more information, email Disabilities.Awareness@scouting.org.

Resources for bullying prevention are available at scouting.org/training/youth/bullying.

# Books

## Fiction

Many of these novels are classics available in several editions and formats including audio and large print.

Burnett, Frances Hodgson. *The Secret Garden.* HarperCollins, 2010. A lonely boy in a wheelchair misbehaves until his orphaned cousin moves in. A locked garden brings them closer as they transform the garden and themselves.

Byars, Betsy. *The Summer of the Swans.* Puffin Books, 2004. A teenager gains new insight into herself and her family when her brother with cognitive disabilities goes missing.

De Angeli, Marguerite. *The Door in the Wall.* Yearling Books, 1998. In 14th-century England, a boy with physical disabilities proves his courage.

Dorris, Michael. *Sees Behind Trees.* Disney-Hyperion, 1999. An American Indian boy with a special gift to "see" beyond his limited eyesight journeys with an old warrior to a land of mystery and beauty.

Draper, Sharon. *Out of My Mind.* Atheneum Books, 2012. When a girl with cerebral palsy who cannot walk or talk is given a device that lets her "speak," she surprises everyone around her.

Flegg, Aubrey. *The Cinnamon Tree.* O'Brien Press, 2000. When a land mine explodes beneath her, Yola Abonda must learn to walk again after the amputation of her leg.

Hoopmann, Kathy. *Blue Bottle Mystery: An Asperger Adventure.* Jessica Kingsley Publishers, 2006. A boy with Asperger's syndrome and his friend travel an exciting fantasy adventure when they discover an old bottle.

Janover, Caroline. H*ow Many Days Until Tomorrow*? Woodbine House, 2000. A boy with dyslexia spends an island summer with his grandparents, developing strengths and discovering new talents.

Konigsburg, E.L. *The View from Saturday.* Aladdin Paperbacks, 1998. Four unique students attract the attention of their paraplegic teacher, who chooses them to represent their class in the Academic Bowl.

Lord, Cynthia. *Rules*. Scholastic Press, 2008. A sister helps her brother with autism understand how to live in a world that does not always have compassion.

Martin, Ann M. *A Corner of the Universe.* Scholastic, 2004. After a school for people with developmental disabilities closes, a family must deal with a child-like young man whose existence they have denied for years.

Mikaelsen, Ben. *Petey*. Hyperion Books, 2010. A man with cerebral palsy is misdiagnosed and institutionalized. Sixty years later, he befriends a boy and shares with him the joy of life.

Philbrick, Rodman. *Freak the Mighty.* Scholastic Paperbacks, 2001. Two boys unite to become a powerful team, using their unique, differently abled talents as their strengths.

Polacco, Patricia. *The Junkyard Wonder.* Philomel Books, 2010. A teacher inspires her class of students with special needs to greater heights, and discovers hidden genius.

Taylor, Theodore. *The Cay*. Yearling Books, 2003. During World War II, an adolescent boy, blinded by a blow on the head, and an old man are stranded on a tiny island where the boy gains a new kind of vision.

Winkler, Henry. *Niagara Falls, or Does It?* Turtleback Books, 2003. In a series inspired by the author's own experiences with undiagnosed dyslexia, a fourth-grader decides to "show" how he spent his summer instead of writing the usual essay.

## Nonfiction

Abramovitz, Melissa. *Multiple Sclerosis.* Lucent Books, 2010. Offers insights into the neurological disease known as MS, what causes it, and how people live with it.

Autism Speaks. *Leading the Way: Autism-Friendly Youth Organization Guide,* 2013. A guide to help community organizations make their programs more inclusive of children with autism.

Corman, Richard. *I Am Proud: The Athletes of Special Olympics.* Barnes & Noble Books, 2003. Portrays athletes' dignity, grace, and joy in competition.

Dougherty, Terri. *Epilepsy*. Lucent Books, 2009. Explains types of seizures and their triggers, and provides a historical perspective on treatments.

Flodin, Mickey. *Signing for Kids: The Fun Way for Anyone to Learn American Sign Language.* Perigee Books, 2007. An introduction to the expressive language used by many deaf people to speak with their hands.

Floyd, Ingrid. *Opening the Gate: Stories and Activities About Athletes With Disabilities.* CreateSpace, 2013. An introduction to the world of wheelchairs and prosthetics, with outstanding athletes recounting the experiences that helped them participate effectively in sports and led them to the top of their athletic careers.

Freedman, Russell. *Out of Darkness: The Story of Louis Braille.* Clarion Books, 1999. A biography of the 19th-century Frenchman who developed a system of raised dots on paper that enabled others who are blind to read and write.

Kent, Deborah, and Kathryn A. Quinlan. *Extraordinary People With Disabilities.* Children's Press, 1997. A collection of biographies of 48 famous people who made great accomplishments despite their disability.

Kling, Andrew A. *Cerebral Palsy.* Lucent Books, 2012. Discusses the incurable disorder that strikes about two in 1,000 infants yearly in the United States.

Krueger, Tira. *Taking Tourette Syndrome to School.* JayJo Books, 2002. Portrays Tourette syndrome from the point of view of a child who has the condition.

Lauren, Jill. T*hat's Like Me! Stories About Amazing People With Learning Differences.* Star Bright Books, 2009. Stories of 16 adults and young people who overcome by focusing on their strengths instead of their learning disabilities.

Meyer, Donald, ed. *Views From Our Shoes: Growing Up With a Brother or Sister With Special Needs.* Woodbine House, 1997. Children ages 4 to 18 share their experiences of having a sibling with a disability.

Naff, Clayton Farris, ed. *Muscular Dystrophy.* Greenhaven Press, 2011. Explains the causes and treatments of muscular dystrophy.

Oleksy, Walter G. *Christopher Reeve.* Greenhaven Press, 1999. Discusses the life-altering accident of the actor known for his role as Superman and for his efforts on behalf of people with spinal cord injuries.

Paquette, Penny Hutchins, and Cheryl Gerson Tuttle. *Learning Disabilities: The Ultimate Teen Guide.* Scarecrow Press, 2006. Gives teenagers dealing with learning disabilities tools for coping with the obstacles they face.

Rogers, Dale Evans. *Angel Unaware.* Revell, 2007. The story of a child with Down syndrome born to celebrities Roy Rogers and Dale Evans.

Stern, Judith, and Uzi Ben-Ami. *Many Ways to Learn: A Kid's Guide to LD.* Magination Press, 2010. Describes different learning disabilities and the many things children with LD can do to reach their goals.

Verdick, Elizabeth, and Elizabeth Reeve. *The Survival Guide for Kids With Autism Spectrum Disorder (and Their Parents).* Free Spirit Publishing, 2012. Helps young people with autism spectrum disorders understand their condition.

Vujicic, Nick. *Life Without Limits.* Crown Publishing, 2010. Portrays a man born without arms or legs who lives a rich, fulfilling, independent life as an internationally successful motivational speaker.

Warner, Penny. *Learn to Sign the Fun Way!* Three Rivers Press, 2001. Provides games and other activities that help the reader learn to sign.

Weihenmayer, Erik. *Touch the Top of the World: A Blind Man's Journey to Climb Farther Than the Eye Can See.* Plume Books, 2002. An adventure-packed memoir in which the author recalls becoming blind, acquiring a passion for mountain climbing, and succeeding in climbing Mount Everest.

Williams, Donna. *Nobody Nowhere: The Remarkable Autobiography of an Autistic Girl.* Jessica Kingsley Publishers, 2004. Takes readers into the mind of a person who has autism, giving an insider's view of a little-understood condition.

Woodyard, Shawn, and others. *Resources for People With Disabilities: A National Directory, 2nd ed.* Ferguson Publishing, 2001. Provides information about advocacy, assistive technology, organizations and associations, rehabilitations, state programs, and more.

## Organizations and Websites

In addition to those listed here, many local and regional organizations support people with disabilities. Internet searches (with your parent or guardian's permission) will help you find them.

**American Association of Adapted Sports Programs**
P.O. Box 451047
Atlanta, GA 31145
adaptedsports.org

**American Academy of Physical Medicine and Rehabilitation**
9700 W. Bryn Mawr Ave., Suite 200
Rosemont, IL 60018
Telephone: 877-227-6799
aapmr.org

**American Association of People With Disabilities**
2013 H St. NW, Fifth Floor
Washington, DC 20006
Telephone: 800-840-8844
aapd.com

**American Association on Intellectual and Developmental Disabilities**
8403 Colesville Road, Suite 900
Silver Spring, MD 20910
Telephone: 202-387-1968
aaidd.org

**American Council of the Blind**
1703 N. Beauregard St., Suite 420
Alexandria, VA 22311
Telephone: 800-424-8666
acb.org

**American Foundation for the Blind**
2 Penn Plaza, Suite 1102
New York, NY 10121
Telephone: 212-502-7600
afb.org

**American Printing House for the Blind Inc.**
1839 Frankfort Ave.
Louisville, KY 40206
Telephone: 800-223-1839
aph.org

**American Speech-Language-Hearing Association**
2200 Research Blvd.
Rockville, MD 20850-3289
Telephone: 800-638-8255
asha.org

**The Arc**
1825 K St. NW, Suite 1200
Washington, DC 20006
Telephone: 800-433-5255
thearc.org

**Attention Deficit Disorder Association**
Telephone: 800-939-1019
add.org

**Autism Empowerment**
P.O. Box 871676
Vancouver, WA 98687
Telephone: 360-852-8369
autismempowerment.org

**Autism Society**
6110 Executive Blvd., Suite 305
Rockville, MD 20852
Telephone: 646-385-8500
autism-society.org

**Autism Speaks**
1 E. 33rd St., Fourth Floor
New York, NY 10016
Telephone: 212-252-8584
autismspeaks.org

**BlazeSports America**
1670 Oakbrook Drive, Suite 331
Norcross, GA 30093
Telephone: 404-270-2000
blazesports.org

**Bookshare**
bookshare.org

**Brain Injury Association of America**
3057 Nutley St. #805
Fairfax, VA 22031-1931
Telephone: 703-761-0750
biausa.org

**Children and Adults With Attention-Deficit/Hyperactivity Disorder National Resource Center on ADHD**
4221 Forbes Blvd., Suite 270
Lanham, MD 20706
Telephone: 301-306-7070
chadd.org

**Disabled American Veterans**
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Cold Spring, KY 41076
Telephone: 877-426-2838
dav.org

**Easter Seals**
141 W. Jackson Blvd., Suite 1400A
Chicago, IL 60604
Telephone: 800-221-6827
easterseals.com

**Goodwill Industries International Inc.**
15810 Indianola Drive
Rockville, MD 20855
Telephone: 800-466-3945
goodwill.org

**Guide Dogs for the Blind**
P.O. Box 151200
San Rafael, CA 94915-1200
Telephone: 800-295-4050
guidedogs.com

**International Dyslexia Association**
1829 Reisterstown Road, Suite 350
Pikesville, MD 21208
Telephone: 410-296-0232
dyslexiaida.org

**Learning Disabilities Association of America**
4068 Mount Royal Blvd.
Suite 224B
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ldaamerica.org

**Mental Health America**
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mhanational.org

**Move United**
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**National Center on Health, Physical Activity, and Disability**
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nchpad.org

**National Down Syndrome Congress**
Fueled Collective, Attn: NDSC
3825 Edwards Road, 1st Floor, Suite 103
Cincinnati, OH 45209
Telephone: 800-232-6372
ndsccenter.org

**National Down Syndrome Society**
1155 15th St. NW, Suite 540
Washington, DC 20005
Telephone: 800-221-4602
ndss.org

**National Federation of the Blind**
200 E. Wells St. at Jernigan Place
Baltimore, MD 21230
Telephone: 410-659-9314
nfb.org

**National Library Service for the Blind and Print Disabled**
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Washington, D.C. 20540-4960
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loc.gov/nls

**National Multiple Sclerosis Society**
Telephone: 800-344-4867
nationalmssociety.org

**National Organization on Disability**
77 Water St., Suite 204
New York, NY 10005
Telephone: 646-505-1191
nod.org

**National Rehabilitation Information Center**
8400 Corporate Drive, Suite 500
Landover, MD 20785
Telephone: 800-346-2742
naric.com

**Special Olympics International**
1133 19th St. NW
Washington, DC 20036-3604
Telephone: 800-700-8585
specialolympics.org

**TASH**
(Equity, Opportunity, and Inclusion for People With Disabilities)
P.O. Box 10026
Washington, DC 20018-0026
Telephone: 202-817-3264
tash.org

**Telecommunications Relay Service (TRS)**
Federal Communications Commission
45 L St. NE
Washington, DC 20554
Telephone: 888-225-5322
fcc.gov/trs

**United Cerebral Palsy**
8401 Old Courthouse Road
Vienna, VA 22182
Telephone: 800-872-5827
ucp.org

**United States Association of Blind Athletes**
1 Olympic Plaza
Colorado Springs, CO 80909
Telephone: 719-866-3224
usaba.org

**USA Deaf Sports Federation**
USADSF
4001 Buckeystown Pike #92
Buckeystown, MD 21717
usdeafsports.org

**U.S. Paralympics**
1 Olympic Plaza
Colorado Springs, CO 80909-5760
Telephone: 719-866-2030
teamusa.org/US-Paralympics

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# Notes

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