

PROGRAM DATES

Spring Term

February – May

Fall Term

September – December

PROJECT HAPPY STAFF

Executive Director	Jennifer Tuten
Project Director	Penny Shaw
Assistant Director	Semra Kayabas
Program Assistant	Astria Richards
Aquatics Director	Nick Dunkley
Aquatics Supervisor/ Lifeguard	Natalie Palmer
Basketball Instructors	Michael Sackman, Chris Murphy
Frisbee Instructor	Brad Keller
Soccer Instructor	Brooks Paskett
Weight Training Instructor	Anthony Peters
Arts & Crafts Director	Heather Taylor
ABC Supervisor & Head Counselors	Zia Harry
Juniors Head Counselor	Cassie Sutherland
Middle Group Head Counselor	Minnie Singh
New Group Supervisor, ABC Social Worker	Leeat Perelmutter
Yoga & Fitness Coordinators	Zoe Brogden, Greg Bycoff
ESL Teacher	Natalia Cardona Posada

WORK STUDY ASSISTANTS: Hunter College students who receive Federal Work Study awards may choose to work at Project HAPPY.

VOLUNTEERS: Project HAPPY could not exist without the help of the volunteers – there are about 100 volunteers who assist each week

PARTICIPATING AGENCIES

Hunter College, Department of Curriculum & Teaching

Material For The Arts

Current funding for Project HAPPY is provided by corporate grants and individual donations:

The FAR Fund
JPB Foundation

Fred L. Emerson Foundation
Elisa and Keegan Key Charitable Fund
The Crane Fund for Widows and Children

Project HAPPY

Project HAPPY (Hunter Activity Program for Parents and Youth) is designed as an instructional physical education and recreation program. Each year the program serves over 150 young people with disabilities. Sessions are held on Saturdays from 10:00 a.m. to 4:00 p.m. All Sessions meet at the Brookdale Campus of Hunter College (425 East 25th Street. New York, NY 10010).

Project HAPPY started in 1980 as a one-semester pilot program for children with developmental delays. In the spring term of 1981 the program expanded to include teenagers who have mobility impairments, in 1985 the program expanded to include young children with mobility impairments and in 2007 the program expanded to include groups of children with Autism Spectrum Disorders (ASD).

Activities are conducted by trained specialists in adapted activities and include: aquatics, bowling, dance, aerobics, basketball, volleyball, soccer, frisbee, weight training, yoga, and arts and crafts, support groups, and ESL for parents. The specialists are assisted by a group of about 10 Federal Work Study Students and about 150 volunteers from Hunter College and the community. Some of the volunteers are preparing for careers in Physical Therapy, Special Education, Dance Therapy, Occupational Therapy or Adapted Physical Education. For some, their volunteer work qualifies as fieldwork, community service, or experience required by a college course, and others are inspired to help as a way of “giving back.”

The Participants

The participants are divided into nine groups:

Senior Group (Sr) – 10:30a.m. to 3:00p.m. - Participants are over the age of 16 who have mobility impairments.

Middle Group (MG) – 10:30a.m. to 3:00p.m. - Participants over the age of 13 who have mobility impairments.

Junior Group (Jr) – 10:15a.m. to 2:00p.m. - Participants under the age of 13 who have mobility impairments.

New Group (NG)– 10:00a.m. to 1:30p.m. - Participants between the age of 10 and 20 who have intellectual disabilities.

ABC Group 1– 12:30p.m. to 3:30p.m. – Participants between the ages of 12 and 15 with autism spectrum disorders.

ABC Group 2 – 11:45a.m. to 2:45p.m. – Participants between the ages of 10 and 12 with autism spectrum disorders.

ABC Group 3– 11:15a.m. to 2:15p.m. – Participants between the ages of 8 and 10 with autism spectrum disorders.

ABC Group 4– 10:15a.m. to 1:15p.m. - Participants between the ages of 6 and 8 with autism spectrum disorders.

Afternoon Group (PM) – 12:30p.m. to 4:00p.m. - Participants between the ages of 15 and 25 with autism spectrum disorders, intellectual disabilities, or mobility impairments. These participants sometimes have more than one disability.

One on One Group (1-on-1) – Various times between 11:30a.m. and 3:30p.m. Participants between the ages of 7 and 25 with Autism Spectrum Disorders and who need individual attention at all times.

Participants in the Senior and Middle group make individual choices of activities throughout the day. The Junior Group is offered limited choices, and the other groups participate in activities on a fixed schedule.

HOURS

All **Federal Work Study students** should arrive at **8:15 a.m.** each Saturday.

VOLUNTEERS should arrive at least 10 minutes before they are scheduled to start work. At that time be sure to check with Penny or Semra for your day's assignment.

Volunteers who need their hours recorded for credit should sign in and out each Saturday. The sign in sheet is located near Penny and Semra's desk.

The participants start arriving at around 9:30a.m. and leave by 4:15 p.m.

ABSENCE AND CONTACT INFORMATION

If you are unable to be present on a particular Saturday, please notify Penny by email as soon as possible.

EMAIL ADDRESS: PROJECTHAPPYNYC@gmail.com (anytime)

OFFICE TELEPHONE: 212-772-4613 (This is a good place to leave a message before 5pm Friday.)

PENNY'S CELL PHONE: Penny's cell phone should be used on program SATURDAYS only.
Cell # 917-882-0757 (**NO TEXTS** and **NO VOICEMAILS** at this number.)

BROOKDALE CAMPUS PHONE NUMBER

If you must reach Penny during program hours, call Penny's cell phone (917-882-0757). If you cannot reach Penny on her cell phone, do not leave a message or a text. It is better to try again in five minutes. If your call is urgent, phone Brookdale Security (212-481-4444), and they will give Penny a message.

SMOKING

SMOKING IS NOT PERMITTED INSIDE OR ON THE GROUNDS OF THE BROOKDALE FACILITY.

PERSONAL BELONGINGS

Lockers are available in the men's and women's locker rooms. You will most likely need to use a locker, so be sure to bring a lock for use during program hours. Personal belongings are not safe unless they are locked in lockers. You must remove your lock at the end of each Saturday.

CELL PHONES

Cell phones should be used for emergencies only.

HEADPHONES

Headphone use is prohibited during program hours.

PHOTOGRAPHS

We have signed photo consent forms from most of our participants which allow us limited use of photographs and video. Some parents do not like their children to be photographed, so please be sure to talk to Penny or Semra before using any kind of camera at Project HAPPY.

LUNCH

Interaction with the participants during lunchtime is important. **LUNCH TIME IS NOT TIME OFF.** The New Group eats at 12:30p.m. and the Juniors, Seniors and Middle Group eat at 1:00p.m. The Afternoon Group participants arrive at 12:30p.m. in time for a light lunch. All of the ABC Groups eat in their classrooms. Many of the participants bring their lunch. A light lunch is provided for volunteers and participants who have not brought their own. Coffee, tea, and cookies are available from 9:00a.m. to 11:00a.m. in the hallway near the Project HAPPY kitchen. Some participants have food allergies so be sure to check with the head counselors before offering food.

DO NOT USE LATEX GLOVES WHEN HANDLING FOOD (see “RUBBER GLOVES”).

Carefully wash hands with soap before handling food.

YOU MUST NOT WALK THROUGH THE PROGRAM AREA WHILE CARRYING A HOT DRINK.

SCHEDULE OF ACTIVITIES

The schedule changes from time to time. The schedule will be posted near the Project HAPPY desk, so be sure to look at the copy of the day's schedule when you arrive. A sample schedule is on the last page of this manual.

SNOW DAYS

When there is a snow emergency, Project HAPPY will not be in session. Refer to our website for information on emergency closings. You will be notified by telephone or email if possible, but if you have a last minute question call or email Penny between 7:00 a.m. and 8:00 a.m. (917-882-0757) or call the office (212-772-4613), where there will be a message. **Always leave your name and a number where you can be reached.**

CLOTHING

The uniform for volunteers and staff is a black t-shirt and blue jeans.

The gymnasium and hallways tend to be quite warm even on very cold days, but some areas can be cool. If there is a possibility that you will be able to assist in the pool, PLEASE **BRING A BATHING SUIT.**

PARENTS/CAREGIVERS

Parents/caregivers are responsible for children who are not registered in the program. No unregistered child is permitted to go unescorted through the Brookdale campus. Parents/ caregivers should not be in the activity areas unless they have special permission from Penny or Semra, or are participating in the Project HAPPY sponsored English class.

There is a waiting area for parents and siblings, and whenever possible a parent discussion group will be set up. Parents are welcome to refreshments.

If there is a problem with a child, please discuss this with Penny. DO NOT speak directly to the parents.

PROJECT HAPPY INJURY PROCEDURE

1. In case of a serious injury call security at extension 4444 (212-481-4444) and inform Penny, or Semra. Do not move a seriously injured person. Do not perform medical treatment unless bleeding has to be stopped or breathing has to be restored.
2. In case of a minor injury summon the directors (Penny or Semra). Do not treat the injury.

The following staff are certified in C.P.R.: Nick Dunkley (at the pool), Natalie Palmer (at the pool), Semra. Please put your name on the C.P.R. list if you are also certified in C.P.R.

PARTICIPANT CONFIDENTIALITY

At no time should staff involve themselves in trying to resolve the personal problems of our participants. You must report all signs of abuse to Penny.

PROJECT HAPPY FIRE PROCEDURES

Evacuate all participants without delay. All staff should be familiar with the location of the emergency exit doors.

RUBBER GLOVES

You must wear protective gloves whenever you deal with bodily fluids of any kind. Gloves are stored in the first aid kit at Penny's desk, and they are also in Penny's file box (filed under G). You may also find gloves in W111 (in the women's locker room).

Non-latex gloves are available. Always ask participants if they have a latex allergy.

EQUIPMENT

Most equipment is stored in W105 (a storage room located in the large gymnasium under the bleachers) or in the recreation room storage closet. If you are the last person to leave W105 please lock both doors by closing and latching the first door and then slamming the second door. Keep the recreation room storage closet locked at all times. Be sure to return equipment to the same location from which it was removed.

Do not leave equipment behind or unattended when you complete an activity. Report damaged equipment to Penny or Semra so that it can be repaired or replaced.

DONATIONS

Donations of bathing suits and towels are much needed, appreciated, and tax deductible.

Contributions of baked goods are a real treat at lunchtime.

There will be a fundraising drive in November.

The annual SWIMATHON will take place in late March or early April.

There will be a raffle in May.

Let us know if you know anyone who would be willing to swim, donate a raffle prize, or make a contribution

The following is a copy of a letter sent to all participants. Except for items 1 and 2, the information applies to everyone on the premises.

Dear Participant,

Enclosed is a schedule of the dates on which Project HAPPY meets this term. The following is a list of the things you need to know. Please keep both of these lists handy throughout the term.

1. A medical form is required of all participants. A new form must be submitted every two years.
2. If you are traveling by Access A Ride you will need the following information:
Address of Project HAPPY: 425 E 25th Street (the cross streets are First Avenue and FDR Drive).
Penny's cell phone number is 917-882-0757. Use it only on Saturdays. Please don't leave a message on the cell phone.
3. Be sure to check the schedule, kept at the desk each Saturday so that you can participate fully in the activities offered. You must participate in sports activities in order to be part of Project HAPPY.
4. Since lunchtime is the only time for socializing at Project HAPPY, it is recommended that you bring your lunch. We will continue to serve a light lunch for those who are unable to bring their own.
5. You must be over 18 years of age in order to leave the campus during program hours.
6. You are not permitted to bring guests to Project HAPPY.
7. Smoking is prohibited in all college buildings as well as on the grounds.
8. The use of headphones is not permitted during program hours.
9. During program hours cell phones should be used in case of EMERGENCIES ONLY.
10. Security does not permit Project HAPPY staff or participants above the first floor unless a resident signs them in.
11. Participation in Project HAPPY is at the discretion of the director.

I am required to inform you of college regulations that apply to Project HAPPY participants, and I expect you to help us maintain the college standard of conduct at all times. The college regulations prohibit disorderly or indecent conduct, possession of any firearm or other dangerous instruments, possessions or illegal drugs or controlled substances.

Sincerely,
Penny Shaw
Project Director

GLOSSARY OF ABBREVIATIONS	
ADL	Activities of daily living.
ADTA	American Dance Therapy Association.
AAIDD	American Association for Individuals with Developmental Disabilities
AS	Asperger's Syndrome
ASD	Autism Spectrum Disorder
CP	Cerebral Palsy
DD	Developmental Disability
DTR	Registered Dance Therapist
ED	Emotional Disabled
ICP	International Center for the Disabled.
IEP	Individual Education Plan
IRM	Institute for Rehabilitation Medicine
LRE	Least Restrictive Environment
MD	Muscular Dystrophy
MR	Mental Retardation
MS	Multiple Sclerosis
NWAA	National Wheelchair Athletic Association
NWBA	National Wheelchair Basketball Association
OI	Osteogenesis Imperfecta
OMRDD	Office of Mental Retardation and Developmental Disabilities
OT	Occupational Therapist
PDD	Pervasive Developmental Disorder
PT	Physical Therapist
UCP	United Cerebral Palsy
USABA	United States Association for Blind Athletes

Some terminology you may need when speaking about disability.

<u>Preferred</u>	<u>Acceptable</u>	<u>Unacceptable</u>
People (or students, faculty members, staff etc) who have disabilities. A person with a disability.	Disabled, the disabled community, physically challenged.	The crippled, handicapped, invalid, lame, gimp, sick, victim of handicaps (referring to people), deformed, gross cripple.
He or she is a wheelchair user. He or she walks with crutches. He or she uses a wheelchair.	A person in a wheelchair.	Wheelchair person, Wheelchair bound, confined in a wheelchair, restricted to a wheelchair or crutches. Dependent on a wheelchair or crutches.
Prosthesis	Artificial limb (or body part).	Fake leg, hook, wooden leg or arm, peg leg.
He or she has a visual loss.	Low vision. Blind, unable to see, uses a guide dog. Visual Impairment (Clinical context/definition)	Blind as a bat.
He or she has a hearing and/or speech loss.	Deaf, unable to hear. Has hearing loss. Profoundly deaf. Hearing Impairment (clinical context/definition)	Stone deaf, Hearing handicapped. Hearing impaired. Deaf and dumb.
He or she has (name of disability)		A (name of disability). A victim of Suffering from Afflicted with
He or she has a learning disability.	Learning disabled. Dyslexic. L.D. students	Retarded, lazy, stupid, dumb, moron.
People who have an intellectual disability. A person with developmental delays.	Developmentally delayed. Mental Retardation (clinical context/definition)	Retard, idiot, mongoloid, imbecile, moron. Mentally retarded.

GLOSSARY	DEFINITIONS
Accessible	Refers to buildings and spaces that can be conveniently used by the disabled.
Acquired Disorders	Occurring after birth (post-natal).
Adapted Physical Education	Modified activities that people with disabilities may participate in.
Ambulatory	Able to walk.
Amputee	A person whose disability is the absence of part or all of one or more limbs. A unilateral amputee is missing one arm or leg. A bilateral amputee is missing two appendages.
Aphasia	A language disorder that results from damage to portions of the brain that are responsible for language. Aphasia impairs the expression and understanding of language as well as reading and writing.
Arthrogryposis	Is a rare congenital disorder that is characterized by multiple joint contractures and can include muscle weakness and fibrosis. It is a non-progressive disease. In the most common type of arthrogryposis, hands, wrists, elbows, shoulders, hips, feet and knees are affected.
Ataxia	A disturbance of equilibrium impairing the ability to maintain balance resulting from the brain's failure to regulate the body's posture and the strength and direction of limb movements. Most evident in unsteady gait.
Autism	A developmental disorder in which there are severe disruptions in processing information and interacting with others. Some people with autism are mentally retarded and some demonstrate areas of normal or even exceptional mental function.
Autism Spectrum Disorder	A range of neurological disorders that most markedly involve some degree of difficulty with communication and interpersonal relationships, as well as obsessions and repetitive, self-stimulating behaviors.
Asperger's Syndrome (AS)	A Pervasive Developmental Disorder commonly referred to as a form of autism. Individuals with Asperger's often have a high intellectual capacity while suffering from a low social capacity.
Bilateral	Affecting both sides equally.
Catheter	Tube for inserting into a narrow opening so that fluids may be removed. Urinary catheters are passed into the bladder through the urethra to allow drainage of urine in certain disorders.
Cerebral Palsy	A group of disabling conditions that result from damage to the brain before or during birth. The symptoms vary widely depending on severity and location of brain damage. Physical symptoms may include poor muscle control, poor coordination, problems with seeing, hearing, muscle spasms and seizures. Behavioral symptoms may include irritability, poor ability to concentrate, emotional problems and mental retardation.
Congenital Disorders	Occurring prior to or at birth.
Decubitus Ulcer	An open sore characterized by the disintegration of the tissue caused by irritation and continuous pressure on part of the body. Careful nursing is necessary. The person's position should be changed frequently.
Dermatomyositis	A connective tissue disease that is characterized by inflammation of the muscles and the skin. It is theorized that an autoimmune reaction or a viral infection of the skeletal muscle may cause the disease. There may be difficulty with raising the arms over the head, rising from a sitting position, and climbing stairs.
Developmental Disability	A disability originating prior to the age of 18 and likely to persist throughout the individual's life. Can be a physical, mental, emotional or speech disorder.
Down's Syndrome	Is a chromosomal disorder caused by the presence of all or part of an extra 21st chromosome. Characterized by cognitive and physical impairments with possible mental retardation.

Epilepsy/ Seizure Disorder	Any of various neurological disorders characterized by sudden attacks of motor sensory or psychic malfunction with loss of consciousness during convulsive or non-convulsive seizures. Epilepsy a Seizure Disorder where the attacks are recurring.
Erb's Palsy	A paralysis of the arm caused by injury to the upper group of the arms main nerves of the brachial plexus (a network of nerves near the neck that give rise to all the nerves of the arm). It is caused by a stretch injury to the brachial plexus usually during birth and leads to weakness in the new born baby's arm. Most infants will recover both movement and feeling in the affected arm.
Genetic Disorders	Inherited disorders.
Harrington Rod	Metallic orthopedic device used to help straighten the spine in patients with scoliosis. It is placed near the spine by/through surgery.
Hydrocephaly	An increase of spinal fluids in the cranium causing enlargement of the head and sometimes damage to the brain. Individual needs a shunt to drain the fluids from the brain to another part of the body to be absorbed without causing further brain damage.
Hypotonia	A condition in which there is diminution or loss of muscular tonicity, resulting in stretching of the muscles beyond their normal limits
Incontinence	The involuntary passage of urine. Fecal incontinence is the inability to control bowel movements.
Least Restrictive Environment	A principle stating that services and treatment for disabled persons be provided to enable them to reside in a manner as close as possible to what is normal in a given society, based on the individual's capabilities.
Mainstreaming	Integration of children who have disabilities into ordinary classes and activities.
Mental Retardation/Intellectual Disability	Is characterized by generalized delayed cognitive functioning, on a scale of severity from mild, moderate, severe, to profound based on the IQ score of the individual. Individuals with Mild Mental Retardation, who comprise 80% of all cases of Mental Retardation, are high functioning and can take part in everyday living activities. Individuals with Moderate Mental Retardation, who comprise 15% of all cases of Mental Retardation, are able to learn basic interpersonal communication skills.
Multiply Disabled	A combination of developmental and physical disabilities.
Muscular Dystrophy	Characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue. Although the disease cannot be cured, physiotherapy and orthopedic measures can relieve the disability.
Myasthenia Gravis	Hallmark is fatigability. Muscles become progressively weaker during periods of activity and improve after periods of rest. Muscles that control eye and eyelid movement, facial expression, chewing, talking, and swallowing are especially susceptible. The muscles that control breathing and neck and limb movements can also be affected.
Mobility Impairment	Disabilities caused by disease of or damage to the bones and joints of the skeleton, muscular or nervous system. Disabilities may be corrected through surgery, manipulation, traction or special apparatus.
Osteogenesis Imperfecta	A congenital disorder in which bones are unusually brittle and fragile. The tendency to fracture sometimes diminishes at adolescence.
Paraparesis	Weakness of both legs, resulting from disease of the nervous system.
Paraplegia	Paralysis of both legs, usually due to diseases or injury of the spinal cord. It is often accompanied by loss of sensation below the level of the injury and disturbed bladder function.

Physical Disability	Disabilities caused by disease of or damage to the bones and joints of the skeleton, muscular or nervous system. Disabilities may be corrected through surgery, manipulation, traction or special apparatus.
Physiatrist	Rehabilitation Medicine Physician.
Polio	A virus infection of the motor cells in the spinal cord. If the infection destroys cells, the result is permanent paralysis the extent of which varies a great deal.
Prosthesis	Any artificial device that is attached to the body as an aid. Prostheses include artificial limbs, dentures, hearing aids, implanted pace makers and any other substitutes for parts of the body that are missing or nonfunctional.
Proximal Femoral Focal Deficiency (PFFD)	A rare, non-hereditary birth defect that affects the pelvis, particularly the hip bone, and the includes the dislocation or instability of the joint between the femur and the kneecap, a shortened tibia or fibula, and foot deformities. The disorder may affect one or both sides of the body.
Quadriplegia	Paralysis affecting all four limbs. Can be caused by spinal cord injuries or traumatic brain injuries.
Scoliosis	A lateral curvature of the spine. Spinal braces and/or surgery is used to treat the condition.
Shunt	A passage connecting two anatomical channels and diverting excess bodily fluids from one to the other. It may occur as a congenital abnormality or be surgically created.
Spastic	A form of paralysis (and the most common form of cerebral palsy) in which certain muscles are in a state of continuous contraction causing rigidity of a normally moveable part.
Spina Bifida	A birth defect of the spinal column often called "open spine" in which the spine never closes completely. The condition may range from very slight, resulting in slight disability, to the most severe, resulting in paralysis and lack of bowel and bladder control.
Spinal Cord Injury	A lesion caused by injury to the spinal cord. The more severe the injury, the greater the loss of muscle and sensory function. Individuals may be paraplegic or quadriplegic, depending on their loss of function.
Talipes Equinovarus	A deformity that is a combination of talipes equinus (ball of foot rest on the ground) and talipes varvus (the outer side of the sole of the foot rests on the ground), also known as clubfoot affecting an individual's gait.
Transverse Myelitis	An inflammatory disease of the spinal cord. Paralysis and numbness affects the legs and trunk below the level of the diseased tissue.
Visual Impairment	Impairment of the sense of sight.

Notes on interactions with children who have autism spectrum disorders

Basic Concept: **Relationship**

The relationship between you and the child is key.

For all of us, our patterns of movement, of cognition, and of perception are based on relationships.

Tips and suggestions:

Meet the child at her/his eye level; kneel or sit on the floor to do so

Match the child's rate of speech and length of pauses between words

Wait for child's response; it may be longer than you are used to

Find something the child is good at, and/or is interested in

Find ways to keep the circle of interaction open and fluid. Expand the subject, even make a deliberate mistake, and find ways to encourage open ended responses.

Wear the same distinguishing thing every week, like a funny hat or belt.

Basic Concept: **Comfort**

Comfort is based on knowing where one is in space, and about the physical environment, about the speed and type of incoming sensory stimulation, about the kind of personal interactions and relationships around us, and about the feeling of being met in a profound and personal way.

Tips and suggestions:

Find moments to reinforce and reassure the child's physical boundaries

Allow as long as possible for transitions including for changes in sound, light, activity.

Let the children know what the next activity is before it is time to shift, and notice which children need extra support and time for transitioning.

Your own comfort can add to the general sense of well-being of the children around you.

If a child looks and acts "overextended," inspire the child to use more flexion (bent joints) Use soft surfaces such as pillows, under inflated physio balls, blankets etc for gentle compression of child's head and limbs. Arrange to have a small space available, such as under a table for the child to sit or lay.

Basic Concept: **Cycle of attention, engagement and processing**

Being attentive is a whole body state; for many children, sorting out competing sources of stimulation is challenging. They may not spend enough time in this part of the cycle, and so do not have enough information to engage comfortably. Engagement is the working and playing activity, such as building a tower alone or with friends, followed by time to rest and process the experience. For some children, attending, then processing new information and finding new patterns of response may happen rapidly and comfortably. But, as the challenges mount, the child's speed of processing may not keep up, and the child may not seek out processing time without help.

Tips and suggestions:

Notice signs that a child is getting "full" and needs support to find quiet for processing

Project HAPPY ABC Groups

What is ASD?

Autism spectrum disorders are neuro-developmental disabilities with onset before 36 months and characterized by:

1. Impairments in reciprocal social interactions.
2. Impairments in verbal and non-verbal communication skills.
3. Stereotyped behavior, interests and activities.

Mission of Project Happy:

We aim to provide an enjoyable and safe environment in which the children can take part in sports activities while building communication and social skills.

ABC group policies:

- Playground: Counselors must be spread throughout the playground to provide adequate supervision. One counselor should be at the gate.
- Street crossing: A counselor must act as the crossing guard to make sure that traffic is stopped. The children must be partnered and holding hands.
- Head-count: Children must be counted regularly during activities and in transition.
- The counselor should direct his/her body toward the child (eye contact is less important).
- Keep explanations brief and concise.
- Encourage the use of full sentences, child to child communication, and expression.
- Participate with the children.
- Keep counselor to counselor chatting to a minimum and avoid cell phone use.
- Keep conversations with the parents to a minimum.

We have created age appropriate goals for each group. As a counselor it is your role to try and help students reach these goals so that they are prepared to move on to the next age group when the time arrives.

Group Goals:

ABC 1 and 2 (Ages 10-14):

Independence: walk to bathroom/ water fountain. Drop off/pick up at Hunter door. Dressing and shoes with minimal prompting.

Communication: use of feelings, discuss negative feelings without tantrum. Avoid impulsive behavior and address issues with feeling statements instead.

ABC 3 (Ages 8-10):

Listen to counselors and peers. Follow directions as they are stated.

Develop communication skills among peers, express preferences, and identify feelings.

Require ADL independence: minimal verbal cuing for dressing, eating, bath rooming.

ABC 4 (Ages 6-8):

Structure: following a set schedule, adhere to set expectations.

Listen to counselors and peers. Follow directions as they are stated.

Foster ADL independence: minimal assistance for dressing (this includes putting on and taking off of shoes), eating, bath rooming.



Although most seizures end naturally and without the need for emergency treatment, a seizure in someone that has not been diagnosed with epilepsy/seizure disorder could be a sign of serious illness. Call medical assistance if:

- the seizure lasts more than 2-3 minutes
- no epilepsy/seizure disorder I.D. visible
- slow recovery, a second seizure, or difficulty breathing afterwards
- pregnancy or other medical I.D.
- any signs of injury or sickness.

Some things to avoid

- **DO** be helpful and reassuring.
- **DO NOT** restrain a person's movement in any way, except to prevent injury from a possible accident.
- **DO NOT** put any hard object between the teeth or in the mouth (the tongue *cannot* be swallowed).
- **DO NOT** attempt to give the person liquids during or at the immediate conclusion of a seizure.
- **DO NOT** give artificial respiration or oxygen during a seizure. However, if normal breathing does not resume at the end of the seizure artificial respiration should be started.
- **DO NOT** shout at the person or expect response to a verbal command.

¹ Epilepsy Foundation of Central Florida. "First Aid for Seizures". Retrieved 3 August 2009, <http://www.epilepsy-cf.org/firstaid.htm>



Welcome To Holland

By Emily Perl Kingsley

I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this.....

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around.... and you begin to notice that Holland has windmills....and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever, ever, go away...because the loss of that dream is a very very significant loss.

But... if you spend your life mourning the fact that you didn't get Italy, you may never be free to enjoy the very special, the very lovely things...about Holland.