

USASF EXCEPTIONAL ATHLETE DIVISION



HANDBOOK
2023-24 SEASON



BELIEVE YOU CAN AND YOU'RE HALFWAY THERE.

-THEODORE ROOSEVELT-

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USASF EXCEPTIONAL ATHLETE COMMITTEE

PURPOSE

To provide rules, safety guidelines, understanding and specialized training for coaches and assistants that will foster positive life experiences for athletes with disabilities in All Star cheer and dance.

GOALS

- Provide athletic training to children and adults with intellectual and physical disabilities.
- Create a club that fosters physical fitness and social/emotional growth in a safe and encouraging environment.
- Review the current scoring process annually to continue to provide the best evaluation tool for this division.
- Determination of rules adjustments for safety and compliance requirements.

EXCEPTIONAL ATHLETE COMMITTEE MEMBERS

CHAIRS

Justin Carrier, USASF Board of Directors
Glenda Broderick, USASF Regional Director-SE

SECRETARY

Vanessa Vail, Dance Athletics

Patty Adams, USASF Dance Panel Director, Executive Director Spirit Ride Therapeutic Riding Center
Alison Dyer, Double Good, Head of Partnerships-Inclusive & Adaptive Organizations
Dwyana Garrett, Unity Cheer Inc.
Michelle Kostelecky, Cheer Central Suns
Jodi Kandl, Sonshine Gymnastics
Ann Lehrmann, Cheer & Dance Extreme
Joseph McGibboney, Arizona Royals
Sarah Miller Bate, USASF Dance Rules Associate Director, Communications
Sharon Myrick, Maryland Twisters
Kaylee Pellack, ICE All Stars
Bobbi Segin, Cheer Tyme
Dr. Lindsay Stephens, DO, USASF Board of Directors Special Advisor, Sports Medicine Associates
Justin McSurley, Star Spirit Productions
Jeannie Temple, CheerTyme

GETTING STARTED

1. Review this handbook.
2. Utilize the tools and resources provided in USASF Member Resources (from your membership profile), including a roadmap and video guide to getting started.
3. Seek additional guidance from professionals.
4. Connect with other coaches of athletes with disabilities for advice through USASF Facebook, Exceptional Athlete Coach Group
5. Visit local competitions that offer Exceptional Athlete Divisions to observe.
6. Educate and train coaches within your club.
7. Follow USASF membership requirements for athletes, coaches and assistants. Contact your USASF regional director for assistance.

WHAT IS AN EXCEPTIONAL ATHLETE?

The USASF follows the definition of disability as defined by the American Disabilities Act: A person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

GETTING STARTED



EA TEAM ONBOARDING CALLS

Contact:
GLENDA BRODERICK
glenda@usasf.net



RESOURCES

ASSESSMENT FORM

The **Assessment Form** found on page 25 of this handbook should be used at the beginning of the season to gather information regarding each Exceptional Athlete. This exercise helps coaches understand the abilities and needs of individuals in order to provide safe practices while coaching. The Assessment Form is not meant to be fully inclusive of all considerations for working with people with special needs. Members should further consult doctors and/or other professionals for advice regarding additional concerns that might affect a program for athletes with special needs.

HOW TO COACH THROUGH A DISABILITY GUIDE

The **How to Coach through a Disability Guide** beginning on page 32 of this handbook provides simplified definitions and associated terms of various disabilities most commonly seen among Exceptional Athletes. Supporting charts include characteristics of the disability and recommended ways to coach through the disability/behavior/actions with accommodations, adaptations and modifications.

PEOPLE FIRST LANGUAGE TRAINING


Disability Is Natural offers many resources including education on People First Language. PFL represents more respectful, accurate ways of communicating. People with disabilities are not their diagnoses or disabilities; they are people first. Filled with stories, newsletters, articles and even an online store, *Disability Is Natural* encourages new ways of thinking and an inclusive approach to working with people with disabilities. Go to *People First Language* at www.disabilityisnatural.com. See page 45 of this guide for more information.

SEIZURE TRAINING

The Epilepsy Foundation has provided information for recognizing seizures, knowing proper first aid and when a seizure is a medical emergency. For more information, visit www.epilepsy.com. For staff training, contact Glenda Broderick, glenda@usasf.net.

AED/CPR NATIONAL SAFETY TRAINING

The American AED CPR Association offers online training and certification for Automated External Defibrillator (AED) and Cardiopulmonary Resuscitation (CPR). To take the course online, visit aedcpr.com. *Who We Play for* offers athlete heart screenings for \$20. Contact glenda@usasf.net for scheduling information.

PEOPLE FIRST LANGUAGE (PFL)  is about respect and dignity, and it puts the PERSON — not the condition — FIRST. Like gender and ethnicity, disability is one of the many characteristics of being human. PFL is not political correctness, but good manners! Here are a few examples:

SAY: *people with disabilities*
INSTEAD OF: *handicapped/disabled*

SAY: *Mike has autism.*
INSTEAD OF: *Mike is autistic.*

SAY: *JoAnn uses a wheelchair.*
INSTEAD OF: *JoAnn is wheelchair-bound.*

SAY: *Kay communicates with...*
INSTEAD OF: *Kay is non-verbal.*

SAY: *accessible parking*
INSTEAD OF: *handicapped parking*

Learn more at: disabilityisnatural.com.

MEMBERSHIP REQUIREMENTS

COACHES | ASSISTANTS | BUDDIES | JUNIOR COACHES

COACH MEMBER

18 and over

REQUIREMENTS

- USASF coach membership
- JDP background check with green light determination
- Safe @ All Star abuse prevention training (CAPT) and *Protecting Exceptional Athletes* training
- Background check and Safe@All Star training must be completed through the USASF coach member profile

RECOMMENDED

2023-24 Season

- *People First Language* training
- Seizure training
- AED/CPR national safety training
- First-aid training
- NOTE: For the 2023-24 season, it is highly recommended that at least one coach complete the appropriate Exceptional Athlete credentialing.
- IMPACT leadership training through USASF

EA ASSISTANT | BUDDY

Volunteers, helpers, best buddies, team parents age 18 and over prior to June 1, 2023.

REQUIREMENTS

- USASF personnel membership
- JDP background check with green light determination
- Safe @ All Star abuse prevention training (CAPT) and *Protecting Exceptional Athletes* training
- Above items must be initiated through the club's USASF membership portal.

RECOMMENDED

- *People First Language* training
- Seizure training
- AED/CPR national safety training
- First-aid training

JUNIOR COACHES

Junior coaches are buddies and assistants who are age 12 (turning 13) through age 18 (turning 19) during the season ending May 31, 2023. Junior coaches may also be regular athlete members.

REQUIREMENTS

- USASF personnel membership designated as junior coach (no fee is required)
- added to the roster for each competition they attend with the team
- proof of identity to obtain access to warm-up areas at competitions

RECOMMENDED

- *People First Language* training
- Seizure training
- BOLT (USASF athlete leadership training)



CREATE A PERSONNEL MEMBER PROFILE

For personnel and junior coaches without existing membership accounts.

From the CLUB membership account:

1. Click PERSONNEL > REGULAR PERSONNEL > CREATE.
2. Enter profile information.
3. Continue with prompts to pay fee as required.

COMPLETE ADULT PERSONNEL BACKGROUND CHECKS AND ABUSE PREVENTION TRAINING

Once personnel accounts have been created and paid through the club account portal, **adult** personnel members may log in to their own profiles to complete further requirements:

1. From usasf.net/members, log in to personnel profile.
2. From the dashboard, click START BACKGROUND CHECK or ABUSE PREVENTION TRAINING.
3. Follow prompts to complete background check or training.

CREATE A JUNIOR COACH PROFILE

For athlete members **under the age of 18** who are also junior coaches.

From the CLUB membership account:

1. Click ATHLETES > REGULAR ATHLETES
2. Click on the athlete's name to open profile
3. Click ASSIGN PERSONNEL ROLES.

CREATE A UNIFIED PARTNER ADULT PROFILE (Cheer only)

For those 18 years of age and above or turning 18 before June 1, 2024

1. From usasf.net/members, log in to athlete account.
2. Choose UNIFIED PARTNER under Cheer Tier in the athlete profile
3. Continue with prompt to pay fee as required.
4. Complete background check and abuse prevention training (CAPT) and Protecting Exceptional Athletes training

SCORING & SAFETY

The scoring philosophy is developed and revised annually by the Exceptional Athletes Committee to facilitate concise communication, consistent adjudication and clear expectations for the performers. The Exceptional Athlete Committee reserves the right to pass forward rules revisions mid-season to the Board of Directors for approval when considering athlete safety concerns.

The Exceptional Athlete divisions are unique as they encompass a wide range of abilities and skill levels. We recommend event producers use the score sheets for cheer and dance. To access SCORE SHEETS or EXCEPTIONAL ATHLETE DIVISION SAFETY GUIDELINES:

1. Log in to your CLUB or COACH account.
2. Go to MEMBER RESOURCES > RULES SITE.



EXCEPTIONAL ATHLETE SCHOLARSHIPS

Application for the USASF Exceptional Athlete Scholarship is open to USASF members who participate in Exceptional Athlete Divisions. Applicants must be graduating seniors or graduates who are pursuing higher education.

Application requirements:

- 10% Essay
- 25% Highlight Video
- 20% Recommendations
- 20% Industry/Community involvement/Transitional Services
- 25% Academics/Work Performance

For details on the application process:

1. Athletes must log into their athlete profile.
2. From the DASHBOARD, click the drop-down menu below the name in the top right corner.
3. Click College Scholarship Information > USASF Exceptional Athlete Scholarship Information.

Road Map to the USASF Scholarship Process



WORLDS BIDS

for CheerABILITIES and DanceABILITIES Teams



Elite division CheerABILITIES and DanceABILITIES teams may apply for at-large bids to perform in the Exceptional Athlete divisions at The Cheerleading Worlds or The Dance Worlds, April 26-29, 2024.

HOW TO QUALIFY

1. An applicant team must submit a video of a performance at a USASF sanctioned competition.
2. Athletes must be at least 5 years old (birth year of 2018 or before) and no maximum age requirement.
3. The entry fee is \$50 per routine submission.
4. Each CheerABILITIES team must have a coach or combination of coaches credentialed to Level 2 in both building and tumbling. This may be one coach with both skill sets or two coaches with both skill sets between them.

SELECTION PROCESS

Applicant video performances are evaluated using the USASF CheerABILITIES and DanceABILITIES score sheets. Up to five CheerABILITIES and five DanceABILITIES teams may be awarded at-large bids. Only one team per club may be awarded a bid.

BID ACCEPTANCE

Bid winners must accept the bid via their member portal within 48 hours of receiving it. An unaccepted accepted may be transferred to an alternate team at USASF's discretion.

The number of participants that performed on the competition floor in the video submission may not be exceeded by the number of participants performing on The Cheerleading and Dance Worlds floors.



2023-2024

CheerABILITIES RULES

The USASF follows the definition of disability as defined by the American Disabilities Act. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

USASF ALL STAR CheerABILITIES DIVISIONS 2023-24

LEVEL	DIVISION	APPROXIMATE AGE	ELIGIBILITY BY BIRTH YEAR	GENDER	TEAM SIZE
1 with Restrictions	Novice	6+ years old	2018 or before	Female/Male	5 + Members
2 with Restrictions	Elite	6+ years old	2018 or before	Female/Male	5 + Members
2 with Restrictions	Exhibition	6+ years old	2018 or before	Female/Male	5 + Members

GENERAL RULES FOR ALL CheerABILITIES TEAMS

- A. All teams will follow the USASF General Rules, all level rules and APS.
- B. No tosses permitted *This includes 'sponge' (also known as load in or squish tosses and waist-level cradles)*
- C. ALL stunts and pyramids (at prep level or above) performed without a coach/assistant require an additional spotter that is a coach/assistant. See glossary for definition of spotter.
- D. Performances may be performed on spring floor or carpet bonded foam.
- E. Assistants will be dressed in contrasting t-shirt and jeans/dark pants and sneakers so it is clear to the judges who is the athlete and who is the assistant. *Example: if athlete is in light color uniform top, assistants will be in a dark matching t-shirt.* NO FLIP-FLOPS or jewelry worn by assistants as to not cause injury. assistants may not be in any type of cheer uniform.
- F. MOBILITY AND SUPPORT DEVICE RULES (*The use of the term "wheelchair" below also applies to the use of scooters and similar mobility devices, as is applicable.*)
 - 1. All mobility equipment, prosthesis, canes, crutches, elbow crutches and braces are considered part of the athlete unless they are removed, in which case they are considered legal props and therefore are considered legal. Please refer to USASF Coach app to send in videos of use of device if in question.
 - 2. Wheelchair users when basing stunts and pyramids must have all wheels in contact with the performance surface during the skill, wheels locked, with an added and appropriate anti-tip attachment (or a spotter/bracer with both feet firmly placed on the performance surface with both hands gripped on the two back handles stabilizing the wheelchair with both wheels on the performance surface) for safety. *Clarification: For a wheelchair anti-tip attachment to be appropriate, it must be in contact with the chair, in working order and prepared to be used on the performance surface as an additional point of contact to the performance surface while both wheels of the wheelchair are also in contact with the performance surface. Wheelchairs MAY NOT be altered from the original manufacturer's design.*

3. Athletes may not stand on any part of a mobility device (i.e. wheelchairs, crutches, etc.). Exception: A mobility device may be used to aid the top person in loading into a stunt and/or pyramid, but may not be utilized as the top person's primary support. Example: A top person may hitch their foot on the arm rail or handlebar of a wheelchair. Must have additional safety spotter behind mobility device. All weight-bearing usage of wheelchairs must be pre-approved through the USASF Coach app.
 4. Wheelchair users when basing stunts and pyramids in the wheelchair (or similar apparatus) must use a seatbelt and wheels in locked position. All weight-bearing usage of wheelchairs must be pre-approved through the USASF Coach app.
 5. All athletes spotting, catching and/or cradling a skill have mobility through their lower body OR the strength in the upper body enough (with or without use of mobility equipment) to absorb the impact of the skill, as well as with adequate lateral speed to spot and/or catch the skill.
 6. All athletes spotting and/or catching a skill must have at minimum one arm extended, not including a prosthetic or other device, beyond the elbow to adequately assist with the skill. Release moves and dismounts may be caught by individuals who are not the original bases(s) if the main base(s) are not capable of catching and/or cradling the skill.
 7. When non-motorized wheelchairs are in motion, if there is an individual pushing the exceptional athlete in the wheelchair, that individual must remain in contact with the wheelchair while it is in motion. The wheelchair **MUST NOT** be released during motion.
 8. Motorized wheelchairs must have all four wheels on the floor at all times. *Exception: if an assistant is needed to lift back wheels onto performance floor.*
- G. It is the responsibility of the coach to determine the capability and proficiency of the individuals when choosing the skill to be performed.

ADDITIONAL RULES FOR CheerABILITIES **EXHIBITION** TEAMS

- A. Routines may not exceed 2:30 minutes.
- B. Teams will not receive ordinal rankings or ratings for their performance.
- C. Tumbling skills are allowed up to and including Level 2.
- D. Teams (using CheerABILITIES athletes only for required positions) may execute building skills up to Level 2.
- E. *Exception: Single leg stunts may not immediately pass through an extended position.*
- F. *Exception: Tosses and log/barrel rolls are not allowed.*
- G. If coaches/buddies/assistants are fulfilling a required position (base, back spot, top person, etc.) the group may only do waist level stunts. *Exception: T-lifts are allowed.*
- H. Spotted and assisted tumbling is allowed.
- I. There is no limit to the number of assistants on the floor assisting in skills and they **MAY** be included in choreograph dance and formations.

ADDITIONAL RULES FOR CheerABILITIES **NOVICE** TEAMS

- A. Routines may not exceed 1:30 minute.
- B. Teams may receive ratings for their performance (ordinal rankings not allowed).
- C. CheerABILITIES Novice can be offered at both 1 and 2 day events. **HOWEVER**, if offered at two-day events, they may compete or be evaluated **ONE TIME ONLY** and must exhibition if a second performance is an option.
- D. Cartwheels and forward rolls are the only allowable tumbling skills.
- E. Teams may execute Level 1 building skills.

Exceptions:

1. *Single leg stunts are only allowed at waist level (Stunts C2-3 not allowed).*
 2. *Two leg stunts may not immediately pass through an extended position.*
 3. *Up to a twist allowed (Stunts D2-4 not allowed).*
 4. *Transitions TO prone position are not allowed.*
 5. *Straight pop down dismounts are not allowed.*
 6. *If coaches/buddies/assistants are fulfilling a required position (base, back spot, top person, etc.) the group may only do waist level stunts. Exception: T-lifts are allowed.*
- F. Spotted and assisted tumbling is **NOT** allowed. *Exception: Assistants may help an athlete up after a forward roll to get to their feet.*
 - G. There is no limit to the number of assistants on the floor assisting in skills but they **MAY NOT** be included in choreography of dance and formations.

ADDITIONAL RULES FOR CheerABILITIES **ELITE** TEAMS

- A. Routines may not exceed 2:30 minute.
- B. Teams may receive ordinal rankings for their performance.
- C. Tumbling skills are allowed up to and including Level 2.
- D. Teams may execute building skills up to and including Level 2. *Exception: Tosses are not allowed.*
- E. Coach/assistant(s) may not provide support to athletes while the athletes are performing building skills. *Exception: Assistants may assist an athlete to the floor as a result of a fall or almost fall.*
- F. Spotted and assisted tumbling is not allowed. *Exception: Assistants may help an athlete up after a forward roll to get to their feet.*
- G. Up to three coaches/assistants allowed to signal from the front of the mat and may not obstruct view of the judges. There is no limit to the number of assistants around the perimeter of the floor in a squat position or on the floor assisting wheelchairs and sight impaired athletes to their spots/positions on the floor.

Additional Rules for CheerABILITIES UNIFIED Teams

- A. Routines may not exceed 2:30 minute.
- B. Teams WILL NOT receive ordinal rankings or ratings for their performances.
- C. Tumbling skills are allowed up to Level 2
- D. For tumbling: A United Partner (typical athlete) may only perform skills executed by an Exceptional Athlete in the routine. Example 1: If an exceptional athlete performs a cartwheel, Unified Partners (typical athletes) may perform a cartwheel in the routine. Example 2: If an Exceptional Athlete does not perform a back handspring, Unified Partners (typical athletes) may not perform a back handspring.
- E. Spotted and assisted tumbling is not allowed. EXCEPTION: Assistants may help an athlete up after a forward roll to get to their feet.
- F. Teams may execute up to and including Level 2 stunts with additional spotters around the skill. EXCEPTION: Single leg stunts may not immediately pass through an extended position EXCEPTION: Tosses and log/barrel rolls are not allowed.
- G. For stunts: An Exceptional Athlete must be included in any stunt performed as a required base, back base, or top person. Clarification: Front spotting does not meet this criteria for an Exceptional Athlete.
- H. Up to three Coaches/Assistants allowed to signal from the front of the mat and may not obstruct the Legality Judge's view. There is no limit to the number of Coaches/Assistants around the perimeter of the floor in a squat position, or on the floor assisting wheelchairs and sight impaired athletes to their spots/position on the floor.

USASF ALL STAR CheerABILITIES UNIFIED DIVISIONS 2023-24

DIVISION	APPROXIMATE AGE	ELIGIBILITY BY BIRTH YEAR	GENDER	TEAM SIZE
Unified Youth Exhibition	5-12 years old	2011-5/31/18	Female/Male	5 + Members
Unified Junior Exhibition	10-17 years old	6/1/06-2014	Female/Male	5 + Members
Unified Open Exhibition	18+ years old	5/31/06 and Before	Female/Male	5 + Members

CheerABILITIES Unified is defined as 50% or more of the athletes have disabilities (as defined by the Americans with Disabilities Act) and 50% or less are Unified Partners (typical athletes).

USASF SCORING SYSTEM

CheerABILITIES

TEAM NAME: _____ DIVISION: _____

CATEGORY	VALUE	STRONG AREA / NEEDS IMPROVEMENT	SCORE
BUILDING SKILLS	10	<ul style="list-style-type: none"> o Variety of Skills/Originality o Transitions o Entrances & Dismounts 	
TUMBLING SKILLS	10	<ul style="list-style-type: none"> o Variety of Skills o Transitions o Use of Tumbling o Timing 	
JUMPS	10	<ul style="list-style-type: none"> o Variety of Jumps o Transitions o Timing 	
ROUTINE COMPOSITION / CREATIVITY	20	<ul style="list-style-type: none"> o Variety o Innovative/Original o Visual Effects o Seamless o Entertainment Value 	
FORMATIONS & TRANSITIONS	10	<ul style="list-style-type: none"> o Variety o Difficulty o Originality 	
MOTIONS	10	<ul style="list-style-type: none"> o Variety o Synchronization o Placement/Location 	
DANCE	10	<ul style="list-style-type: none"> o Variety o Synchronization o Appropriate Moves o Transitions/Formation Changes 	
OVERALL IMPRESSION	20	<ul style="list-style-type: none"> o Energy & Pace o Visuals o Use of Music o Use of Skills 	

COMMENTS

GRAND TOTAL



USASF SCORING SYSTEM - CheerABILITIES

A CheerABILITIES routine should be comprised of typical routine categories, i.e.. opening, standing tumbling, running tumbling, jumps, pyramid, stunt, dance, etc. It should contain important characteristics such as visual effects and purposeful movement while projecting a high level of energy. **Keep in mind, some athletes on a team may not be able to achieve perfect execution of skills because of their differing abilities. Focus on attempt of skills verses technique. Technique will only be as good as their ability allows.**

BUILDING SKILLS (1.0 - 10.0)

The following will be considered:

- Original variety of stunts and pyramid based on the ability of top persons, bases and spotters.
- Visual elements created and correct body positions, if ability allows.
- Transitions in and out of building skills, to include the creativity, timing from skill to skill.
- Limited to no coaches standing in front of the skills counting and directing stunt groups.
- Confidence athletes display during building skills.
- Building Technique (Top Person, Base(s) and Spotter(s))

Judges will not penalize or comment on bent legs in body positions or bent arms by top persons during building skills.

TUMBLING SKILLS (1.0 - 10.0)

The following will be considered:

- Attempt of a variety of skills and the connection of skills in running and standing tumbling.
- Attempt of a correct approach.
- Timing of the approach or first steps into a skill or skills during group pass(es).
- Connected skills, i.e., cartwheel - forward roll by majority of the team or in groups
- Tumbling Technique (Including a clean position after the pass)

Judges will not penalize for athletes attempting a cartwheel or round off which may include; running across the floor with arms up, dipping down/touching floor and standing back up. No penalty will be given for athletes that land in a flat position after a roll due to issues completing the skill.

JUMPS (1.0 - 10.0)

The following will be considered:

- Timing of the choreographed approach prior to a jump or jumps. Ex: clap, prep/punch, dip approach, etc.
- The attempt of a variety of jumps and the transitions between jumps.

Judges will not penalize for toes that are not pointed, bent legs, low height or timing of landing.

ROUTINE COMPOSITION / CREATIVITY (1.0 - 20.0)

The following will be considered:

- Pace and flow
- Innovative, visual, and creative ideas
- Additional skills used to enhance the overall appeal. Ex: motions while moving in transitions or a transition into a building skill or out of a building skill etc.
- Utilizing all athletes throughout routine and purposeful placement of those athletes to highlight their abilities

Judges will not penalize a team for lack of skills but will give credit to teams with innovative skill sets and skills that fit the overall capabilities of the team.

FORMATIONS & TRANSITIONS (1.0 - 10.0)

The following will be considered:

- Spacing, timing, seamless patterns of movement, use of floor, and visual elements. *Keep in mind, there may be a few athletes that do not move or simply take a few steps forward, backward, side-to-side or crouch down, turn in a circle and stand back up. In these cases credit and comment on spacing in formations.
- A variety of original movement without buddies leading or coaxing the athletes across the floor.

Judges will not penalize for buddies or assistants pushing wheelchairs or assisting sight impaired athletes to their spots.

USASF SCORING SYSTEM - CheerABILITIES

MOTIONS (1.0 - 10.0)

The following will be considered:

- A variety of motions that create visuals through levels and creative formations.
- Memorization of the motions from most athletes in the group.
- Timing of motions as a group and attempt of placement.

Judges will not penalize for bent arms, imperfect placement, or 1-2 athletes lacking precise timing.

DANCE (1.0 - 10.0)

The following will be considered:

- Variety of movements that enhance the musicality and levels throughout the section that create unique visuals.
- How well the team dances as a group rather than the execution of body placement.
- Endurance and the ability to maintain timing, project high energy level, pace/speed, and overall movement of the dance as a whole.
- Appropriate athletic moves.

Judges will not penalize for athletes standing in a single formation, 1-2 athletes lacking precise timing, or imperfect body placement.

OVERALL IMPRESSION (1.0 - 20.0)

The following will be considered:

- Pace of movements that enhance the energy throughout the routine and how well it is executed.
- Visuals created because of good timing, use of skills and placement that also enhance musicality.
- Athletes projecting confidence with energetic expression through facials, connecting with the audience, displaying pure joy throughout the routine and not relying on constant reminders from the coaches at the front of the floor.
- Incorporation of all athletes throughout the routine

Judges will not penalize nor comment on lack of skills or abilities.

BUILDING JUDGE NOTE: (ELITE DIVISION)

If an **Assistant** fulfills a required building role (required base, spotter, top person) the team will be given a **ZERO** in the **Building Category** on the score sheet (regardless of the number of groups).

TUMBLING JUDGE NOTE: (ELITE DIVISION)

If an Assistant spots or assists tumbling the team will be given a **ZERO** in the **Tumbling Category** on the score sheet (regardless of the number of athletes).

NOTE: An **Assistant** may help an athlete up after a forward roll to get to their feet and it will **NOT** result in a **ZERO** in the **Tumbling Category**.

LEGALITY OFFICIAL NOTES: *(The rules are for all divisions. Points deducted for Elite and Novice since they receive a score sheet. Please give warnings to Novice, Exhibition and United teams accordingly.)*

- CheerABILITIES rules can be found here: <https://usasf.net/rules>
- If a team breaks one of the CheerAbility General Rules it is a .25 legality penalty.
- If an Assistant spots or assists tumbling it is a .25 legality penalty, per occurrence.
- If an Assistant assists a skill to help put it back up, stabilize it, save the stunt, help the top person stay up, etc. they will be given a 1.0 legality penalty, per occurrence.

NOTE: If they are assisting as a result of a fall or almost fall the Assistant can help the athlete to ensure they get down safely - there is no deduction.



DanceABILITIES RULES

USASF ALL STAR DanceABILITIES DIVISIONS 2023-24

DIVISION	APPROXIMATE AGE	ELIGIBILITY BY BIRTH YEAR	GENDER	TEAM SIZE
DanceABILITIES	6+ years old	2018 or before	Female/Male	No min/max

1. All DanceABILITIES teams will follow the USASF general rules and routines requirements. *Exception: General Rule #7: The use of service animals by athletes is permitted.*
2. INDIVIDUALS: *Executed by one person not in contact with another person*
 - a. Inverted skills may not be airborne and must involve hand support with at least one hand throughout the skill (example: headstand, handstand). Poms/props are not allowed in supporting hands in any inverted skills.
 - b. Skills with hip-over-head rotation may not be airborne and are limited to two consecutive rotations. Poms/Props are not allowed in supporting hands in any hip-over-head rotation skills. *Exception: forward and backward rolls.*
 - c. No simultaneous tumbling over or under another dancer is allowed.
 - d. Drops are not allowed.
 - e. Dancers may not land in a push up position from any jump.
3. GROUPS AND PAIRS: *Executed by two or more individuals in contact with one another*
 - a. All partner and group lifts must be performed independently with a coach/assistant as an additional spotter with the following limitations:
 - ii. Lift may not elevate executing dancers hips above head level.
 - iii. The executing dancer must maintain contact with a supporting dancer who is in direct contact with the performance surface.
 - iv. At least one supporting dancer(s) must maintain contact with the executing dancer(s) throughout the entire skill.
 - v. Hip-over-head rotation skills and inverted skills are not permitted when the executing dancer is elevated from the performance surface.
 - vi. Unassisted dismounts to the Performance Surface are not permitted. *Clarification: The executing dancer may not be released.*

4. Mobility and Support Device Rules (Note: The use of the term 'wheelchair' below also applies to the use of scooters and similar mobility devices, as is applicable.)
 - a. All mobility equipment, prosthesis, canes, crutches, elbow crutches and braces are considered part of the athlete unless they are removed, in which case they are considered props and therefore are required to follow the props rules. Please refer to USASF Coach App to send in videos of use of device if in question.
 - b. Wheelchair users, when acting as the supporting dancers in a lift must have all wheels in contact with the performance surface during the skill, with wheels locked and an added and appropriate anti-tip attachment (or a spotter with both feet firmly placed on the performance surface with both hands gripped on the two back handles stabilizing the wheelchair with both wheels on the performance surface) for safety.
 - i. Clarification: For a wheelchair anti-tip attachment to be appropriate, it must be in contact with the chair, in working order and prepared to be used on the performance surface as an additional point of contact to the performance surface while both wheels of the wheelchair are also in contact with the performance surface. Wheelchairs MAY NOT be altered from the original manufacturer's design
 - c. Athletes may not stand on any part of a mobility device (i.e. wheelchairs, crutches, etc.).
 - i. Exception: A mobility device may be used to aid the executing dancer into a groups or pairs skill, but may not be utilized as the executing dancer's's primary support. Example: An executing dancer may place their foot on the arm rail or handlebar of a wheelchair. Must have additional safety spotter behind mobility device. All weight-bearing usage of wheelchairs must be pre-approved through the USASF Coach app.
 - d. Wheelchair users, when acting as supporting dancers, in the wheelchair (or similar apparatus) must use a seatbelt with wheels in locked position. All weight-bearing usage of wheelchairs must be pre-approved through the USASF Coach app.
 - e. All athletes spotting and/or catching a skill must have at minimum 1 arm extended, not including a prosthetic or other device, beyond the elbow to adequately assist with the skill. Executing Dancers may be caught by individuals who are not the original Supporting Dancer(s) if the original Supporting Dancer(s) are not capable of catching the skill.
 - f. When non-motorized wheelchairs are in motion, if there is an individual pushing the Exceptional Athlete in the wheelchair, that individual must remain in contact with the wheelchair while it is in motion. The wheelchair MUST NOT be released during motion.
 - g. Motorized wheelchairs must have all 4 wheels on the floor at all times
5. It is the responsibility of the coach to determine the capability and proficiency of the individual athletes when choosing the skills to be performed.

PRE-PERFORMANCE NOTE: Please contact the event producer about the performance surface being provided at the competition and for additional information on how to get mobility devices onto the stage if a lift is not provided.

USASF SCORING SYSTEM

DanceABILITIES

TEAM NAME: _____ DIVISION: _____

CATEGORY	VALUE	STRONG AREA / NEEDS IMPROVEMENT	SCORE
ROUTINE COMPOSITION / CHOREOGRAPHY	25	<ul style="list-style-type: none"> o Variety o Innovative/Original o Pace / Flow o Visual Effects 	
TRANSITIONS / FORMATIONS	20	<ul style="list-style-type: none"> o Use of Floor o Spacing / Awareness o Original o Seamless Patterns o Difficulty 	
TECHNIQUE / SKILLS	15	<ul style="list-style-type: none"> o Variety / Use of Skills o Attempt of Correct Body Movement According to Genre o Timing / Synchronization 	
MOTIONS	15	<ul style="list-style-type: none"> o Variety o Synchronization o Placement / Location <ul style="list-style-type: none"> o Sharp o Graceful o Groove 	
PERFORMANCE IMPRESSION	25	<ul style="list-style-type: none"> o Energy / Pace o Projection of Enjoyment o Use of Music o Appropriateness 	

COMMENTS

GRAND TOTAL



IMPORTANT TERMS

Action Plan — plan of necessary steps when dealing with seizures.

Adaptation — the action or process of adapting or being adapted. The adaptation of teaching strategy to meet athletes' needs.

Assisted — performing action with physical help from coach or assistant.

Assessment Plan — the collation of information about an athlete's needs which may include social, psychological and athletic evaluations to determine an athlete's strengths and weaknesses in order to develop his or her athlete plan. This includes the assessment form.

Assistants — volunteers assisting with teams with Exceptional Athletes to include helpers, best buddies, team parents, etc.

Atlantoaxial Instability — (AAI) is characterized by excessive movement at the junction between the atlas (C1) and axis (C2) as a result of either a bony or ligamentous abnormality. Neurologic symptoms can occur when the spinal cord or adjacent nerve roots are involved. Most often associated with Down Syndrome.

Attention Deficit (Hyperactivity) Disorder — a disorder characterized by the inability to maintain attention for a period of time.

Autism Spectrum — a condition characterized by severe language and communication delays as well as social delays.

Behaviors — moods, habits and actions.

Cheer Coach Credentialing — the USASF Cheer Coach Credentialing Program examines, tests and certifies the knowledge, expertise and proficiency that a cheer coach possesses to safely teach building and/or tumbling skills in Levels 1--5. Current USASF Career Members who are 18 years or older are eligible for the credentialing program.

Expressive/Receptive Communication — expressive language means being able to put thoughts into words and sentences, in a way that makes sense and is grammatically accurate. Receptive language means the ability to understand or comprehend language heard or read.

Developmentally Delayed — a term used to describe a student who may demonstrate delays in several areas of development.

Down Syndrome — a congenital disorder arising from a chromosome defect, causing intellectual impairment and physical abnormalities including short stature and a broad facial profile. It arises from a defect involving chromosome 21, usually an extra copy (trisomy-21).

Emotional Disturbance — a behavior problem which prevents learning and/or getting along with others; the behavior must have continued for a minimum of six months and be characterized as severe.

Fine/Gross Motor Skills — fine motor skills are small movements, such as picking up small objects and holding a spoon, that use the small muscles of the fingers, toes, wrists, lips, and tongue. Gross motor skills are the bigger movements, such as rolling over and sitting, that use the large muscles in the arms, legs, torso, and feet.

Independent — performing action without assistance.

Intellectual Disability (ID) — a disability marked by significantly below average intellectual functioning and often accompanied by deficits in adaptive behavior and adversely affects the child's educational performance.

Occupational Therapy (OT) — a related service to assist a child with motor delays.

Other Health Impaired (OHI) — a disability which affects learning due to chronic health problems.

PECS (Picture Exchange Communication System) — pictures and symbols used to help individuals who need alternative methods of communication.

People First Language/Diversity Training — terminology used when describing or talking about anyone with a disability.

Personal Space — the physical space immediately surrounding someone, feels uncomfortable for an individual with various disabilities.

Physical Therapy — a therapeutic-related service to support a child with their gait and mobility.

Process Time — amount of time takes for athlete to receive and accept information.

Seizures — brief excessive discharge of electrical activity in the brain that alters one or more of the following: movement, sensation, behaviors and awareness.

Socialization — the process by which children and adults learn from others. We begin learning from others during the early days of life; and most people continue their social learning all through life (unless some mental or physical disability slows or stops the learning process).

Spotter — a coach or assistant associated with the team that is wearing jeans or dark pants and either a white or black shirt with or without team logo. These additional spotters must be stationary, may not be involved with any other skill or choreography when the transition is initiated and must maintain visual contact with the top person throughout the entire transition.

Stimuli/Stimulus — an event or object that is received by the senses and elicits a response from a person. The stimulus can come in many forms such as light, heat, sound, touch.

Support — parent, guardian, aid, caregiver

Tactile Defensiveness — the reaction that occurs when someone is very sensitive to touch.

Traumatic Brain Injury (TBI) — a disability characterized by an injury to the brain, such that the injury affects the child's educational performance.

Triggers — factors that can lead to a seizure.

Visual Schedule — pictures that help the athlete understand verbal cues.

Visual Impairment (VI) — a disability characterized by blindness or limited/partial sight which may impair the child's educational performance.

FREQUENTLY ASKED QUESTIONS

Is there someone I can talk to who has done this before?

YES! A great place to start is by joining the USASF EA Coach FB group. You can also access information directly on the website under usasf.net/exceptional-athletes.

What determines a disability?

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

What is the difference between assisted and non-assisted?

Assisted teams have assistants that lead athletes on the floor, move body parts for the athlete, hold building skills or spot tumbling. Non-assisted means there are no assistants on the floor assisting in any capacity other than spotting a building skill.

1. For Elite Exceptional Athlete divisions, assistants are not allowed to be in direct contact with any building skill, tumbling skill or motion. Exception: Assistants/buddies are allowed to assist an athlete up from the floor if needed.
2. For Elite Exceptional Athlete divisions, assistants are allowed to guide sight-impaired athletes and athletes in wheelchairs around the floor during transitions and formation changes.

What is a Unified Team?

A unified team joins athletes with and without disabilities. It was inspired by a simple principle: training together and playing together is a quick path to friendship and understanding. Refer to the age grid for three divisions: Unified Youth, Unified Junior and Unified Open.

Do Exceptional Athletes pay a USASF membership fee?

No. USASF covers the liability and other costs that come out of membership fees.

Do Exceptional Athletes pay to perform at events?

Contact the event you plan to attend to inquire about fees. Who do I ask when I have questions about performances, like ramps for wheelchairs, strobe lights, awards, etc.?

Contact the event producer organizing the event your team will be attending.

What is the age limit for athletes with disabilities?

Minimum age is 5 in alignment with typical team divisions. Refer to the age grid which is located on the USASF Rules site.

Are Exceptional Athletes required to upload a birth certificate?

Yes. Proof the athlete meets the minimum age requirement is needed. Birth certificates, passports or state IDs are accepted and must be uploaded to confirm date of birth. Contact your USASF regional director for assistance. usasf.net/regional-directors

Is credentialing required to be an EA coach?

Cheer coach credentialing is highly recommended for the 2023-24 season as it is the standard of care that parents and guardians expect from their athletes' coaches.

How many EA volunteers should I have?

There is no required or recommended number of volunteers. Some clubs have a volunteer for each individual but there is no standard requirement.

Do the EA volunteers have to be registered with the USASF?

Yes, anyone who accompanies an EA team to the competition warm-up room and/or assists on the competition floor, must have a COACH, PERSONNEL or JUNIOR COACH member profile. Volunteers/assistants who are or will be 18 years of age and older at anytime during the competition season also must complete a background check and abuse prevention training. See *page 6* for these requirements.

I have previously completed a background screening with fingerprints. May I use that for the background check requirement or do I have to do it again?

Background checks for USASF adult members must be completed through USASF membership accounts.

Where can I find affordable uniforms, shoes and other items for the athletes?

A great resource is the Exceptional Athlete Facebook page, where you can chat with other coaches of EA teams.



RESOURCES

27 | EXCEPTIONAL ATHLETE ASSESSMENT

34 | HOW TO COACH THROUGH A DISABILITY

47 | PEOPLE FIRST LANGUAGE

EXCEPTIONAL ATHLETE ASSESSMENT FORM

ATHLETE INFO

First name _____ Last name _____ Goes by _____

Date of birth _____ Age _____

Address _____

City _____ State _____ Zip _____

PARENT(S) / GUARDIAN(S)

Name _____ Phone _____

Name _____ Phone _____

OTHER SUPPORT STAFF / ASSISTANTS FOR ATHLETE

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SIBLING(S)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

DOCUMENTED DISABILITY _____

Does athlete take **PRESCRIPTIONS / MEDICINE** ____ NO ____ YES / Please list

Rx name / dosage _____

Reason for medication _____

Rx name / dosage _____

Reason for medication _____

Continue Rx on reverse if needed

Is athlete prone to **SEIZURES**? ____ NO ____ YES / Type _____

Seizure action plan. When is it considered an emergency? _____

Does athlete use **MOBILITY AIDS** ____ NO ____ YES / Type _____

If using a wheelchair, is it electric or manual? _____

Does athlete need assistance getting in/out of wheelchair? ____ NO ____ YES

Is athlete on the **AUTISM SPECTRUM** ____ NO ____ YES

Please check any **SENSITIVITIES** your athlete may experience due to ASD.

____ fabrics, zippers, buttons, snaps

____ smells

____ fog, dry ice, smoke

____ temperatures

Has your athlete experienced **SPEECH** or **LANGUAGE DELAYS** due to ASD?

____ NO ____ YES / Please describe _____

I give my permission for this assessment form to be shared with coaches and volunteers working with this athlete in all capacities.

PARENT/GUARDIAN NAME please print _____

please sign _____ Date ____/____/____

PLEASE NOTE

This form is provided as a resource for USASF members and is not intended to be fully inclusive of all considerations for working with people with special needs. Members should further consult doctors and/or other professionals for advice regarding additional concerns that might affect a program for athletes with special needs.

HEALTH / PHYSICAL DEVELOPMENT

Describe your athlete's balance and/or coordination.

Describe your athlete's gross motor skills.

Describe your athlete's fine motor skills.

Describe your athlete's regular exercise.

Does your athlete have any allergies? If so please explain.

Does your athlete have any special dietary needs? If so please explain.

Does your athlete have vision concerns including wearing glasses and/or corrective lens? If so please explain.

Does your athlete have hearing concerns? If so please explain.

If your child has Down Syndrome, have they had an x-ray indicating they do not have atlantoaxial instability?

Does your athlete have any special health and/or physical development concerns not already listed or mentioned including but not limited to any general health concerns any medical conditions (seizures etc.) and medication that may interfere with participation or any other additional information?

SAFETY

Does your athlete...?	Independently	Sometimes	Never	Comments/Additional information
recognize danger				
express fear				
respond to words stop/no etc.				Please list which words and provide needed information.
follow directions when requested during activities				
run away from activities when given directions				

Please list and/or describe any other additional safety concerns.

EXPRESSIVE / RECEPTIVE COMMUNICATION AND LISTENING				
Does your athlete...?	Independently	Sometimes	Never	Comments/Additional information
indicate basic needs				
use sign language				
use gestures to indicate needs				
lead you to what he/she wants				
use a communication binder/ or photo or picture to indicate				Please elaborate.
indicate choice between one or more items				If so, do they need to see choices or can they choose from a verbalization of choices?
have a vocabulary of 10 or more words that uses functionally				
give personal information (name, age, address, phone)				
speak in simple sentences				
answer questions				
carry a conversation				
use speech that can be understood				
respond to sounds and/or music				
respond to their name				
respond to gestures like pointing to places to go				
respond to verbal direction only when picture is used also				
respond to one-word direction				Please elaborate.
respond to more than one- word direction				

EXPRESSIVE / RECEPTIVE COMMUNICATION AND LISTENING				
Does your athlete...?	Independently	Sometimes	Never	Comments/Additional information
follow one-step directions				
follow two-step directions				
follow more than two-step directions				
follow a visual schedule				If so, please explain.
follow a written schedule				If so, please explain.
respond to words or questions immediately				
need wait time to respond				If never, please explain.
Communicative strengths:				

SOCIALIZING / BEHAVIORAL				
Does your athlete...	Independently	Sometimes	Never	Comments/Additional information
Interact with adults				
Interact with peers or siblings				
Express humor appropriately				If not, please explain.
Express anger appropriately				If no, what helps to calm child?
Take turns				
Share				
Please describe special ways that may help engage your child in adult/peer interaction.				
Additional information you wish to share regarding socialization or any inappropriate behaviors:				

INTERESTS				
Does your athlete...?	Independently	Sometimes	Never	Comments/Additional information
like physical activities				
play other sports or participate in other activities: If yes please describe				
interact with peers or siblings				
interact with peers or siblings when playing sports etc.				
enjoy music				Describe
have favorite activities				Describe
have favorite interests, TV shows, characters, etc.				Describe
Additional information you wish to share regarding your athlete's likes or dislikes:				

SELF HELP		
Describe your athlete's level of ability to:		
dress self		
put on shoes	using velcro	tying laces
manage toileting		

OCCUPATIONAL THERAPIST <i>if applicable</i>
Occupational Therapist Name:
Business Name:
Contact Information:
Additional information:

INDIVIDUAL INTEREST *To be completed by student or with assistance from parent or guardian.*

ATHLETE NAME

List five things you like and/or like to talk about.

- 1.
- 2.
- 3.
- 4.
- 5.

What kind of exercise or sports do you like?

What kind of music do you like?

What do you want to learn how to do?

Do you wish to share additional information?

PLEASE NOTE

This form is provided as a resource for USASF members and is not intended to be fully inclusive of all considerations for working with people with special needs. Members should further consult doctors and/or other professionals for advice regarding additional concerns that might affect a program for athletes with special needs.

HOW TO COACH THROUGH A DISABILITY

The guide provides simplified definitions and associated terms of various disabilities most commonly seen among Exceptional Athletes. Supporting charts include characteristics of the disability and recommended ways to coach through the disability/behavior/actions with accommodations, adaptations and modifications.

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SPECIFIC LEARNING DISABILITY - SLD

SLD covers a wide range of learning challenges such as reading, writing, speaking, reasoning, listening and mathematics. Terms associated with SLD include:

- Audio Processing Disorder
- Memory / Short term, Long Term and Working
- Dyslexia

ATHLETE	COACH
Does not/cannot follow directions	<ul style="list-style-type: none"> • Repeat instructions slowly, have athlete repeat back to you, use visual pictures. • Break up the instructions into sections and make sure they understand each section of description or direction before moving to next sentence. Continue until athlete understands each direction. • Make a check list of directions • Utilize buddies for physical movement, (modeling) and visuals
Lacking memorization skills	Repetition, repetition, repetition. Give written formations and skills that they are performing from routine, give copy of music, video of routine and their specific parts
Difficulty understanding what has been asked, told or said to them	Repeat instructions slowly and have athlete repeat back to you what you said to them to make sure they understand.
Doesn't know left from right Affects written communication Vestibular Processing Disorder/dizzy, balance, motion sickness, poor peripheral vision	<ul style="list-style-type: none"> • Tie red ribbon on right shoe and right wrist. • Use sign L for left hand or left side. • Create more space for athlete to tumble in groups, utilize cones to train spatial awareness.

OTHER HEALTH IMPAIRMENT

This category includes conditions that affect an athlete's strength, energy or alertness.

Includes disorders such as

- ADHD
- Diabetes
- Epilepsy
- Asthma
- not all inclusive

ATHLETE	COACH
Has difficulty focusing, short attention span and seeking attention	<ul style="list-style-type: none"> • Grab their attention, repeat what you said and ask them to repeat it back to you. • Utilize check lists. • Provide extra quick breaks to accommodate short attention span.
May miss more than normal practices due to illnesses	Utilize Zoom for live practice or video for parent to take home to athlete.
Seizure activity	<ul style="list-style-type: none"> • Create seizure plan (add link). • Know triggers. • Keep snacks close. Ask the athlete what they had for lunch or snack instead of <i>Did you have lunch or a snack.</i> • Do not bring attention to the athlete. • Make sure at least one coach is certified in Seizure Training (add link)
Breathing difficulties	<ul style="list-style-type: none"> • Ask parent for extra rescue inhaler and keep close by during practice. • Watch athlete's breathing patterns. • Give plenty of water breaks and between skill sets be sure to activate breathing exercises (breathe in through nose slowly, out through mouth slowly until they have built up their endurance).
Low-level activity	Check sugar levels if possible, contact parent, give orange juice or snack if parent agrees. Keep orange juice and fruit flavored life savers on hand.

AUTISM SPECTRUM DISORDER / ASD

Mainly affects an athlete's social, communication, sensory and behavior skills. Terms that may be associated with ASD include

- Asperger's Syndrome
- Non-Verbal Autistic
- Selective Mutism
- Pervasive Developmental Disorder
- Rhett's Disorder
- High Functioning Autism

ATHLETE	COACH
COMMUNICATION ISSUES	
not taking of turns in conversations	Tell Athlete, stop let me talk or use hand gesture (stop), then let them know when they can speak
No eye contact	Doesn't matter.
Speech delay	Be aware and be patient because they are processing what they want to say.
Non-Verbal, selective mutism	Use PECs for schedules, commands, and asking questions. Use story boards and if they have a communication device, ask parents to program in some terms they will need for communicating effectively at practice and events. Use sign commands. Say SHOW ME.
Inappropriate comments	When they make an inappropriate comment, discuss what is appropriate and not appropriate. Ask them if what they said was appropriate and let them tell you it is not - if they know what is appropriate. Ask WHY, check for their understanding
Doesn't smile	Not important.
No reflection in voice	Not important.
Does not recognize body language	Use your words to describe.
Takes things literally	Be literal in your conversation.
SOCIAL SKILLS	
Not taking turns in conversation	<ul style="list-style-type: none"> • Tell athlete: <i>Stop, let me talk.</i> • Use hand gesture (stop) to let them know when they can speak.
Taking initiative in social situations	Use prompts. <i>Example: Athlete does not know buddy's name, coach prompts them to ask the buddy what their name is.</i>
Social anxiety	Do not push - carefully guide, prompt, take small baby steps.
No personal space or boundaries	<ul style="list-style-type: none"> • Build a square around your body and others or use arm length to remind athlete to stay in their own space. • If the athlete is literal be sure to explain difference in personal space during stunting verses socially.

ATHLETE	COACH
Sensory / Over Stimulated	<ul style="list-style-type: none"> • Hold at least one practice a week or month to get them used to the stimulation. • Host a showcase before you compete. • Have parents bring noise cancelling headphones. • Have foam earplugs on site. • Give a break, give side hug, ask parent if athlete has a weighted vest. • Allow athlete to jump on trampoline to calm them or use games such as <i>Head, Shoulders, Knees and Toes</i> or <i>Wake up Song</i> with body parts. • Use fidget toys during break.
Smoke	Ask EP to not use dry ice when team is entering floor.
Lights	Ask EP to turn off strobe lights during performance and award ceremony
Materials	<ul style="list-style-type: none"> • Be aware of fabric, zippers, velcro, snaps sensitivity. • Ask uniform company to create uniform without zippers or different types of materials.
Textures	Be cognizant of the embellishments on the uniforms and practice wear
Proprioception (difficulty with body movement, action, location and directionality - spatial awareness)	<ul style="list-style-type: none"> • Train with cones to tumble in groups. • Block off one or two panels on the floor to get them used to change. • Practice entering from different locations and directions. • Practice routine with vertical taped lines and horizontal taped lines. • Running, skipping, jumping while turning head side to side. • Obstacle courses with up and over. • Use zig zag lines.
Touch	Ask permission to touch if you are spotting a skill or let them know you may touch if necessary.
Sensory / Under stimulated (may be runners)	<ul style="list-style-type: none"> • Allow athlete to jump on trampoline or use games such as <i>Head, Shoulders, Knees and Toes</i> or <i>Wake up Song</i> with body parts. • Repeat <i>Look at me - or eyes and ears on me.</i> • Let's dance - run a lap, etc. • Time limits during skills and in time out.

ATHLETE	COACH
BEHAVIORS	
Running	<ul style="list-style-type: none"> • Establish, teach, and practice physical boundaries. (Use mats, tape, body blocking). • Do a body drill, stomp game or run in place. • If behavior is new, ask parent if they have been sick.
Obsessive-Compulsive	Be sure to communicate and prepare athlete for change. Redirect.
Plopping (cross arms and being obstinate	Redirect verbally to the activity. Let them know they are in the way.
Meltdown/tantrum/screaming	Redirect verbally. See Behavior Modification Video in Member Resources.
Does not make eye contact	Not important.
Difficulty with change	<ul style="list-style-type: none"> • Follow an established procedure most often. If procedures need to change discuss them briefly and practice, teach and practice them. Have athlete repeat the new instructions so you know they understand the change. • Use social stories. • Be careful in speech, precise in descriptions.
Continuous Physical Movement (not standing still)	Colored board, tape or circles to stand on.
Stimming - In a person with autism, stimming usually refers to specific behaviors that include hand-flapping, rocking, spinning or repetition of words or behaviors.	<ul style="list-style-type: none"> • If not harmful to the individual and does not interfere with practice performance, ignore. • To reduce possible triggers - stick to routines, avoid punishment, and provide alternate behavior. • If the behavior is dangerous or completely inappropriate (head hitting or yelling) provide an alternative (stress ball or clapping vs. flapping). • Do not be afraid to create a behavior contract.
Lashing out	What are they trying to tell you? Boredom, embarrassed, tired? Refer to Behavior Modification Video.
Does not understand appropriate and inappropriate behaviors	Continually communicate what is and is not appropriate and award appropriate behavior. Give examples of appropriate and non-appropriate behavior.

DEAFNESS / HEARING LOSS

Not able to process linguistic information through hearing. Terms associated with SLD include:

- Hard of hearing
- Deaf / Bilateral / Unilateral
- Hearing loss

ATHLETE	COACH
Not able to hear or process your commands	<ul style="list-style-type: none">• Utilize PECs and story boards or communication device.• Visual schedule.• Use sign language from Coach Member Resources.
Cannot hear music starting	<ul style="list-style-type: none">• Pound the floor four times for 5, 6, 7, 8.• Turn up base. Ask EP to turn up base.

EMOTIONAL /SOCIAL BEHAVIOR

- Bi-polar Disorder
- Personality Disorder
- Schizophrenia
- Obsessive-compulsive Disorder
- Defiant Disorders

ATHLETE	COACH
At registration	Use assessment form to learn as much as possible about triggers or what causes the behavior.
Displays appropriate behaviors	Use positive reinforcement specific feed back for the appropriate behavior. <i>Example: great job using words instead of hitting.</i>
Displays appropriate behaviors	Administer consequences. If ineffective create a behavior plan. See Behavior Mod video in Coach Member Resources.
Being defiant	Ignore to see if it goes away, verbal redirect, gentle touch to prompt movement away from situation, use consequences.
Being verbally or physical abusive or physically attacking other athletes	Create a behavior contract and stick to it.

INTELLECTUAL DISABILITIES

Lower or subaverage IQ that affects self-help skills, social skills, daily living skills, education and communication skills. Terms associated with this disability include:

- Down Syndrome
- Behavior Disorders
- Traumatic Brain Injury
- Fetal alcohol Syndrome
- Fragile X Syndrome
- Autism
- Prader-Willi Syndrome

ATHLETE	COACH
Less able or inability to understand or take directions	<ul style="list-style-type: none"> • Be clear and short, simple directions. Use visuals, two and three-word descriptions. • Have athlete repeat the directions you just gave. • Practice how to take a break, come into the gym appropriately, leaving facility. • Give feedback.
Issues with fine and gross motor skills	Utilize obstacle courses that practice gross/ fine motor skills and build muscle memory. <i>Example: Hopping with arms by ears through zip zag or straight lines with cones, roll back on pac-man mat with arms by ears, etc.</i>
Poor speech or expressive language	<ul style="list-style-type: none"> • Use PECs for schedules, commands, and asking questions. Use story boards and if they have a communication device, ask parents to program some terms they will need for communicating effectively at practice and events. • Use sign commands. • Say SHOW ME.
Poor Muscle Tone	Ask permission to contact their physical therapist and incorporate the same exercise they are given at appointments. Keep in mind the skills your athletes are capable of doing and work on drills that increase tone
Difficulty expressing feelings wants and needs	<ul style="list-style-type: none"> • Utilize PECS with storyboard, sign language that show what they need or want • Create a basket with a picture of need. <i>Example: a toilet, or bottle of water, etc.</i>
Hygiene Issue	<ul style="list-style-type: none"> • Keep extra personal items at facility. • Talk with parent/guardian to let them know it is an issue. • Discuss with whole group importance of good hygiene and tie into looking best at competition readiness.
Understanding safety protocol	Block off unsafe areas, constant reminders
Poor Memorization Short Term, Long Term, Working Memory	<ul style="list-style-type: none"> • Repetition, practice procedures continually. • Formations - utilize colored chalk. Different color for each athlete and pattern, color square, or circle boards that stick to the floor. • Video routine - specifically their part.

ORTHOPEDIC IMPAIRMENT/PHYSICAL DISABILITY

Any physical impairment that restricts mobility. Terms associated with this disability include:

- Cerebral palsy
- Spina Bifida
- Amputee - missing one or more limbs
- Club Foot
- Paralyzation
- Genetic Disorders
- Severe Burns

ATHLETE	COACH
Issues with fine and gross motor skills / Balance	Recommend sports physical, Occupational / Physical Eval
Issues with fine and gross motor skills / Balance	<ul style="list-style-type: none"> • Ask permission to work with the athlete's OT or PT to incorporate exercises they are using already (info should be in assessment form) • Utilize your buddy to assist with support
Communication Issues	<ul style="list-style-type: none"> • Use PECs for schedules, commands, and asking questions. Use story boards and if they have a communication device, ask parents to program some terms they will need for communicating effectively at practice and events. • Use sign commands. • Say SHOW ME.
Uses Wheelchair / Walking Assistive Devices	<ul style="list-style-type: none"> • Assure clear, safe traffic patterns throughout the facility and on the floor. • Utilize wheelchair as a base (refer to rules). • Utilizes walking device as a prop (refer to rules).

OTHER HEALTH IMPAIRMENT

Any health-related impairments that affect the ability to sustain attention, limits strength and mobility, alertness and vitality (tiredness, breathing, focus, etc). Terms associated with this disability include:

- Attention Deficit Hyperactivity
- Epilepsy
- Asthma
- Diabetes

ATHLETE	COACH
ADHA/ short attention spam	<ul style="list-style-type: none">• Say athlete's name and gain attention of athlete before explaining, ask the athlete to repeat.• Give breaks when over stimulated.• Use visual schedule.• Change activity frequently.
Prone to seizures due to Epilsepy	<ul style="list-style-type: none">• Create seizure plan within the assessment form.• Educate other coaches and all athletes about seizure plan.
Breathing issues/Asthma	Keep extra inhaler within reach and be sure to have athlete's name on the inhaler. Have a plan.
Light headed, may appear out of sorts, confused, speech is slurred, diabetic seizure	Ask parent if athlete has specific diabetic food, snacks, juice and have a plan.

SPEECH OR LANGUAGE IMPAIRMENT

Communication disorder that affects how information that is received and delivered. Terms associated with this disability include:

- Expressive Language Disorder
- Receptive Language Disorder
- Stuttering

ATHLETE	COACH
Challenges expressing wants and needs	<ul style="list-style-type: none">• Try to get them to use their words - one, two words, etc. Be patient and if all else fails use PECs for schedules, commands, and asking questions.• Use story boards and if they have a communication device, ask parents to program in some terms they will need for communicating effectively at practice and events.• Use sign commands.• Say SHOW ME.
Challenged by what is being said to them	<ul style="list-style-type: none">• One, two-word descriptives, have them repeat so you know they understand you. Utilize visuals, storyboards, PECs, etc• Be patient.
Stutters	Keep extra inhaler within reach and be sure to have athlete's name on the inhaler. Have a plan.

VISION IMPAIRMENT

Limited vision or complete blindness. Terms associated with this disability include:

- Blind
- Peripheral Vision Loss
- Blurred Vision
- Light Sensitivity
- Night Blindness

* Make sure there is a clear safe traffic pattern in and around the facility.

ATHLETE	COACH
Challenges watching video playback	Zoom in on athlete. Utilize screen enhancers to enlarge video.
Challenges with visual schedule	Enlarge schedules. Create audio schedules.
Has issue to getting spot	Utilize buddy or other EA to assist to spot. Leave them in same spot or have athlete step forward or sideways two counts, turn in circle but stay in spot.

To ensure INCLUSION, FREEDOM, AND RESPECT for all, it's time to embrace PEOPLE FIRST LANGUAGE

by Kathie Snow, www.disabilityisnatural.com

Did you know that people with disabilities constitute our nation's largest minority group (one in five Americans has a disability)? It's also the most inclusive and most diverse group: all ages, genders, religions, ethnicities, sexual orientations, and socioeconomic levels are represented.

Contrary to conventional wisdom, individuals with disabilities are not:

- People who *suffer* from the *tragedy* of *birth defects*.
- *Paraplegic heroes* who *struggle* to become *normal* again.
- *Victims* who *fight* to *overcome* their *challenges*.

Nor are they the *retarded*, *autistic*, *blind*, *deaf*, *learning disabled*, etc.—*ad nauseam*!

They are *people*: moms and dads; sons and daughters; employees and employers; friends and neighbors; students and teachers; scientists, reporters, doctors, actors, presidents, and more. People with disabilities are people, *first*.

They do *not* represent the stereotypical perception: a homogenous sub-species called “the handicapped” or “the disabled.” Each person is a unique individual.

The only thing they may have in common with one another is being on the receiving end of societal ignorance, prejudice, and discrimination. Furthermore, this largest minority group is the only one that *any person can join at any time*: at birth or later—through an accident, illness, or the aging process. When it happens to *you*, will you have more in common with others who have disability diagnoses or with family, friends, and co-workers? How will you want to be described and how will you want to be treated?

WHAT IS A DISABILITY?

Is there a universally-accepted definition of disability? No! First and foremost, a disability descriptor is simply a *medical diagnosis*, which may become a *sociopolitical passport* to services or legal status. Beyond that, the definition is up for grabs, depending on which service system is accessed. The “disability criteria” for

early intervention is different from early childhood, which is different from special education, which is different from vocational-rehabilitation, which is different from worker's compensation, which is different from the military, and so on. Thus, “disability” is a governmental *sociopolitical construct*, created to identify those entitled to specific services or legal protections.

—THE POWER OF LANGUAGE AND LABELS—

Words are powerful. Old, inaccurate descriptors and the inappropriate use of medical diagnoses perpetuate negative stereotypes and reinforce a significant and incredibly powerful attitudinal barrier. And this invisible, but potent, force—not the diagnosis itself—is the *greatest obstacle* facing individuals who have conditions we call disabilities.

When we see the diagnosis as the most important characteristic of a person, we devalue her as an individual. Do *you* want to be

known for your psoriasis, arthritis, diabetes, sexual dysfunction, or any other condition?

Disability diagnoses are, unfortunately, often used to define a person's value and potential, and low expectations and a dismal future are the predicted norm. Too often, we make decisions about how/where the person will be educated, whether he'll work or not, where/how he'll live, and what services are offered, based on the person's *medical diagnosis*, instead of the person's unique and individual strengths and needs.

With the best of intentions, we work on people's bodies and brains, while paying scant attention to their hearts and minds. Far too often, the “help” provided can actually cause harm—and *can ruin people's lives*—for “special” services usually result in lifelong social isolation and physical segregation: in special ed classrooms, residential facilities, day programs, sheltered work environments, segregated recreational activities, and more. Are other people isolated, segregated, and devalued because of *their* medical conditions? No.

***The difference between the right word
and the almost right word is the
difference between lightning
and the lightning bug.***

Mark Twain

—INACCURATE DESCRIPTORS—

“Handicapped” is an archaic term (no longer used in federal legislation) that evokes negative images of pity, fear, and worse. The origin of the word is from an Old English bartering game, in which the loser was left with his “hand in his cap” and was said to be at a disadvantage. It was later applied to other people who were thought to be “disadvantaged.” A *legendary* origin of the word refers to a person with a disability begging with his “cap in his hand.” Regardless of origin, this antiquated term perpetuates the negative perception that people with disabilities are a homogenous group of pitiful, needy people! But others who share a certain characteristic are not all alike, and individuals who happen to have disabilities are not all alike. In fact, people with disabilities are more *like* people *without* disabilities than different!

“Handicapped” is often used to describe modified parking spaces, hotel rooms, restrooms, etc. But these usually provide *access* for people with physical or mobility needs—and they may provide *no benefit* for people with visual, hearing, or other conditions. This is one example of the misuse of the H-word as a *generic descriptor*. (The accurate term for modified parking spaces, hotel rooms, etc. is “accessible.”)

“Disabled” is also not appropriate. Traffic reporters often say, “disabled vehicle.” They once said, “stalled car.” Sports reporters say an athlete is on “the disabled list.” They once said, “injured reserve.” Other uses of this word today mean “broken/non-functioning.” *People with disabilities are not broken!*

If a new toaster doesn’t work, we say it’s “defective” or “damaged,” and either return it or throw it away. Shall we do the same to babies with “birth defects” or adults with “brain damage”? The accurate and respectful descriptors are “congenital disability” and “brain injury.”

Many parents say, “My child has special needs.” This term generates *pity*, as demonstrated by the usual response: “Oh, I’m *so sorry*,” accompanied by a sad look or a sympathetic pat on the arm. (*Gag!*) A person’s needs aren’t “special” to him—they’re ordinary! Many adults have said they detested this descriptor as children. Let’s learn from them, and *stop using this pity-laden term!*

“Suffers from,” “afflicted with,” “victim of,” “low/high functioning,” and similar descriptors are inaccurate, inappropriate, and archaic. A person simply “has” a disability or a medical diagnosis.

—DISABILITY IS *NOT* THE “PROBLEM”—

We seem to spend more time talking about the “problems” of a person with a disability than anything else. People *without* disabilities, however, don’t constantly talk about *their* problems. This would result in an inaccurate perception, and would also be counter-productive to creating a positive image. A person who wears glasses, for example, doesn’t say, “I have a *problem* seeing.” She says, “I wear [or need] glasses.”

What is routinely called a “problem” actually reflects a *need*. Thus, Susan doesn’t “have a problem walking,” she “needs/uses a wheelchair.” Ryan doesn’t “have behavior problems,” he “needs behavior supports.” Do *you* want to be known by your “problems” or by the many positive characteristics that make you the unique individual you are? When will people *without* disabilities begin speaking about people *with* disabilities in the respectful way they speak about themselves?

Then there’s the use of “wrong” as in, “We knew there was something *wrong* because...” What must it feel like when a child hears his parents repeat this over and over and over again?

How would *you* feel if those who are supposed to love and support you constantly talk about what’s “wrong” with you? Isn’t it time to stop using words that cause harm?

THE REAL PROBLEMS ARE ATTITUDINAL AND ENVIRONMENTAL BARRIERS

The real problem is *never* a person’s disability, but the attitudes of others! A change in our attitudes leads to changes in our actions. Attitudes drive actions.

If educators believed in the potential of *all* children, and if they recognized that boys and girls with disabilities need a quality education so they can become successful in the adult world of work, millions of children would no longer be *segregated and undereducated* in special ed classrooms. If employers believed adults with disabilities have (or could learn) valuable job skills, we wouldn’t have an estimated (*and shameful*) 75 percent unemployment rate of people with disabilities. If merchants saw people with disabilities as customers with money to spend, we wouldn’t have so many inaccessible stores, theaters, restrooms, and more. If the service system identified people with disabilities as “people we serve,” instead of “clients, consumers, recipients,” perhaps those employed in the field would

***If thought corrupts language,
language can also corrupt thought.***
George Orwell

realize *they* are dependent on people with disabilities for their livelihoods, and would, therefore, treat people with disabilities with greater respect and deference.

If individuals with disabilities and family members saw *themselves* as first-class citizens who can and should be fully included in all areas of society, we might focus on what's really important: living a *Real Life in the Real World*, enjoying ordinary relationships and experiences, and dreaming big dreams (like people without disabilities), instead of living a *Special, Segregated Life in Disability World*, where services, low expectations, poverty, dependence, and hopelessness are the norm.

—A NEW PARADIGM—

"DISABILITY IS A NATURAL PART OF THE HUMAN EXPERIENCE..."

U.S. Developmental Disabilities/Bill of Rights Act

Like gender, ethnicity, and other traits, a disability is simply one of many natural characteristics of being human. Are *you* defined by your gender, ethnicity, religion, age, sexual orientation, or other trait? No! So how can we define others by a characteristic that is known as a "disability"?

Yes, *disability is natural*, and it can be *redefined* as "a body part that works differently." A person with spina bifida may have legs that work differently, a person with Down syndrome may learn differently, and so forth. And the body parts of people *without* disabilities are also different—it's the *way* these differences impact a person that creates the eligibility for services, entitlements, or legal protections.

In addition, a disability is often a *consequence of the environment*. For example, many children with attention-deficit disorder (ADD) and similar conditions are not diagnosed until they enter public school. Why then? Perhaps when they were younger, their learning styles were *supported* by parents and preschool teachers. But once in public school, if the child's learning style doesn't match an educator's teaching style, the child is said to have a "disability," and is shipped off to the special ed department. Why do we blame the child, label him, and segregate him in a special classroom? Shouldn't we, per special ed law, modify the regular curriculum and/or provide supports so he can learn in ways that are best for him? It seems that ADD and other conditions may be "environmentally-induced disabilities"!

When a person is in a welcoming, accessible environment, with appropriate supports, accommodations, -3-

and tools, where she can be successful, does she still have a disability? No. *Disability is not a constant state*. The *diagnosis* may be constant, but whether it's a disability is more a *consequence of the environment* than what a person's body or brain can/cannot do. We don't need to change people with disabilities through therapies or interventions. We need to change the *environment*, by providing assistive technology devices, supports, and accommodations to ensure a person's success.

USING PEOPLE FIRST LANGUAGE IS CRUCIAL

People First Language puts the person before the disability, and describes what a person *has*, not who a person *is*.

Are you myopic or do you wear glasses?
Are you cancerous or do you have cancer?
Is a person handicapped/disabled
or does she have a disability?

If people with disabilities are to be included in all aspects of society, and if they're to be respected and valued as our fellow citizens, we must stop using language that marginalizes and sets them apart. Numerous historical examples of horrific treatment by the "majority" toward a "minority" demonstrate that the process *begins* with language that devalues and makes others "less than."

The greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind.

William James

The use of disability descriptors is appropriate *only* in the service system, at IFSP, IEP, ISP meetings, and/or in medical or legal settings. Medical diagnoses have no place—and *they should be irrelevant*—within families, among friends, and in the community.

Many people share a person's diagnosis in an attempt to provide helpful information, as when a parent says, "My child has Down syndrome," hoping others will understand what the child needs. But this can lead to disastrous outcomes! The diagnosis can scare people, generate pity, and/or set up exclusion ("We can't handle people *like that...*"). Thus, in certain circumstances, *and when it's appropriate*, we can simply share information about what the person *needs* in a respectful, dignified manner, and *omit the diagnosis*.

Besides, *the diagnosis is nobody's business!* Have individuals with disabilities given us permission to share their personal information with others? If not, how dare we violate their trust? Do *you* routinely tell every Tom, Dick, and Harry about the boil on your spouse's behind? (I hope not!) And we often talk about people with disabilities *in front of them, as if they're not there*. Let's stop this demeaning practice.

My son, Benjamin, is 26 years old. His interests, strengths, and dreams are more important than his diagnosis. He loves politics, American history, classic rock, and movies; he's earned two karate belts, performed in plays, and won a national award for his *Thumbs Down to Pity* film. Benj has earned his Bachelor's degree, and is now working on his Master's. He has blonde hair, blue eyes, and cerebral palsy. His diagnosis is just one of many characteristics of his whole persona. *He is not his disability, and his potential cannot be predicted by his diagnosis.*

When I meet new people, I don't whine that I'll never be a prima ballerina. I focus on what I *can* do, not what I *can't*. Don't you do the same? So when speaking about my son, I don't say, "Benj can't write with a pencil." I say, "Benj writes on his computer." I don't say, "He can't walk." I say, "He uses a power chair." It's a simple, *but vitally important*, matter of perspective. If I want others to know what a great young man he is—more importantly, *if I want him to know what a great young man he is*—I must use positive and accurate descriptors that portray him as a wonderful, valuable, and respected person.

The words used *about* a person have a powerful impact *on* the person. For generations, the hearts and minds of people with disabilities have been crushed by negative, stereotypical descriptors that, in turn, led to segregation, abuse, devaluation, forced sterilization, and worse. We must stop believing and perpetuating the myths—the *lies*—of labels. Children and adults who have conditions called "disabilities" are unique individuals with unlimited potential, like everyone else!

The Civil Rights and Women's Movements prompted changes in language, attitudes, and actions. The Disability Rights Movement is following in those important footsteps. People First Language was created by individuals who said, "We are *not* our disabilities; we are people, first." It's not "political correctness," but good manners and respect.

We can create a new paradigm of disability. In the process, we'll change ourselves and our world—and also generate positive change in the lives of people with disabilities. It's time to care about how our words impact the people we're talking *about*, and to be mindful of the *attitudes and actions* generated by the words we use.

**Isn't it time to make this change? If not now, *when*? If not you, *who*?
Using People First Language is the *right* thing to do, so *let's do it*!**

EXAMPLES OF PEOPLE FIRST LANGUAGE

SAY:	INSTEAD OF:
People with disabilities.	The handicapped or disabled.
Paul has a cognitive disability (diagnosis).	He's mentally retarded.
Kate has autism (or a diagnosis of...)	She's autistic.
Jose has Down syndrome (or a diagnosis of...)	He's Down's; a Down's person; mongoloid.
Sara has a learning disability (diagnosis).	She's learning disabled.
Bob has a physical disability (diagnosis).	He's a quadriplegic/is crippled.
Maria uses a wheelchair/mobility chair	She's confined to/is wheelchair bound.
Tom has a mental health condition	He's emotionally disturbed/mentally ill.
Ryan receives special ed services	He's in special ed; is a sped student/inclusion student.
LaToya has a developmental delay	She's developmentally delayed.
Children without disabilities	Normal/healthy/typical kids.
Communicates with her eyes/device/etc.	Is non-verbal.
People we serve/provide services to.	Client, consumer, recipient, etc.
Congenital disability	Birth defect.
Brain injury	Brain damaged.
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.
She needs . . . or she uses	She has a problem with. . . /She has special needs.

Keep thinking—there are many other descriptors we need to change!

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