Disability awareness program at Cuyahoga Falls schools: a program development plan

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Disability Awareness Program at Cuyahoga Falls Schools: A Program Development Plan

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May 2011

Note: This document describes a capstone dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the capstone experience is to provide the occupational therapy doctorate student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist.
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Executive Summary

Ever since Congress passed the Individuals with Disabilities Education Act (IDEA, 2004), states have been required to provide children with disabilities with free and appropriate public education that meets their needs in the least restrictive environment. This means that the children with disabilities must be educated in the class and school building that they would normally attend if not disabled. This inclusion of children with disabilities into regular classrooms creates a need for disability awareness programs in the schools. The children with disabilities are not as socially accepted by the typical children in the classroom because the children do not understand disabilities or the consequences that some disabilities have on children.

The goal of The Disability Awareness Program at Cuyahoga Falls Elementary School is to build community and socialization among the second-grade children with and without disabilities. The objectives of the program focus on increasing children’s knowledge of disabilities, creating more positive attitudes toward individuals with disabilities, and increasing the inclusion and socialization between the children with and without disabilities. The program will be implemented in all 18 of the second-grade classes at Cuyahoga Falls Elementary Schools. There are currently 388 second-graders who will be part of the program. The programming will include an hour-long session in each of the classrooms once a week for 16 weeks. Each session will include a 15 minute educational aspect on a disability and a 30 minute disability simulation occupation to get the children to empathize with children with disabilities. Two pre and post-tests will be given to measure the children’s knowledge and attitudes about individuals with disabilities to evaluate the effectiveness of the program.
Introduction

Program Goal

The goal of the disability awareness program at Cuyahoga Falls Schools is to build community among the second-grade children with and without disabilities by increasing socialization between the two groups of students so the children with disabilities are accepted by their peers without bias or discrimination.

Sponsoring Agency

The disability awareness program will take place at the elementary schools in the Cuyahoga Falls School District which is located in Cuyahoga Falls in Ohio. The mission statement of Cuyahoga Falls City School District is to provide each student with skills: to excel to his or her highest level, to contribute to our democratic society, and to successfully compete in a global economy. In order for children with disabilities to excel to their highest level, they need to be included in the socialization of children without disabilities as much as possible. The disability awareness program will encourage children without disabilities to be more accepting of other children with disabilities by giving them knowledge so they can better understand disabilities and by including disability simulation occupations to get the children to empathize with children with disabilities. An organizational chart can be found in Appendix A which diagrams the structure of the different departments and positions at the Cuyahoga Falls School District.

Investigating the Need

A comprehensive needs assessment was completed to determine the need for the program. A series of observations, surveys, and conversations were used. Observations occurred in two different second-grade classrooms to determine the amount of socialization that occurs between children with disabilities and other children in the classroom. These observations also
helped the investigator learn what a second-graders day is like at school and the type of language used in the classroom. Surveys were given to a group of parents of children with disabilities and also to the teachers at one of the elementary schools at Cuyahoga Falls Schools. Conversations occurred between the investigator and a number of parents of children with disabilities, teachers in one of the elementary schools, a principle, and the Director of Special Education and Pupil Services at the Cuyahoga Falls School District.

First of all, five days of observations occurred in two different second-grade classrooms for a total of 10 days of observations. Appendix B shows an observation checklist that was used to make note of the amount of socialization between children with disabilities and the other children in the classroom. In the first classroom where observations took place, there was a child with a learning disability. He was a very social child and would often start up conversations with the other children in the classroom. Other children, however, did not seek him out for conversations. In other words, anytime that he was conversing with other children in the classroom, it was because he initiated the conversation. This lack of initiative of the other children in the class to start a conversation with him shows a lack of understanding of his disability. Another observation made was that when children were given the opportunity to work with a partner for either a game or for an academic activity, the child with a learning disability was chosen last on more than one occasion. This shows the children’s lack of empathy towards this child.

In the second classroom where observations occurred, there was a child with Tourette’s Syndrome. She only had occasional outbursts and the other children in the class usually ignored them. Sometimes, however, she would have a few outbursts in a short amount of time and some of the children would stare at her. The teacher explained that the children in the classroom were given a quick explanation about the child with Tourette’s Syndrome and were told to ignore her
outbursts. If the children were given a more detailed explanation about Tourette’s Syndrome and were given a disability simulation occupation to find out what it felt like to have Tourette’s Syndrome, the children would be much more empathetic to the child with Tourette’s Syndrome and other disabilities as well.

Surveys were given to a group of parents of children with disabilities. Appendix C shows the survey questions that were asked. A total of six parents were given the survey and all of the parents stated that a disability awareness program in the school would have a positive impact on the children involved. Four out of the six parents also believed that it would have a positive impact on the community. All of the parents thought that the other children in their child’s class should know more about their child’s disability. All but one of the parents believed that their child would benefit in the classroom if the rest of the children knew more about their child’s disability. The last question of the survey overwhelmingly revealed that parents wish that their child would or could socialize more with other children. This is important because this is exactly what the disability awareness program is aiming to accomplish.

A survey was also given to the teachers at one of the elementary schools in the Cuyahoga Falls School District. Appendix D displays this survey. Most of the teachers believed that the students with disabilities were included fairly well by other students in the classroom. Most of the teachers also believed that the students with disabilities are included less at recess than in the classroom. This could be because in the classroom, the children are somewhat forced to include the children with disabilities whereas outside at recess they have more choice and are more likely to choose to play with children without disabilities. The teachers all concluded that a disability awareness program in their classroom would be beneficial rating it at an average of 9 out of 10.

Conversations occurred with parents of children with disabilities, teachers, a principle, and the Director of Special Education and Pupil services. All had very positive things to say
about a disability awareness program. The parents of children with disabilities were very enthusiastic about the idea because they had a strong desire for their child to be as “normal” as possible and felt that the opportunity to socialize with other children would really be beneficial to their children. Teachers were really positive about the idea also because they try to get the typical children in their class to include children with disabilities in games and academics everyday. The principle at one of the elementary schools was also enthusiastic about the idea because she explained that it would fit in with their assemblies against bullying. She was a little concerned about how the program would take up some of the classroom academic time. The director of special education and pupil services had very positive feedback regarding a disability awareness program because he works with many children with disabilities and he said that he could really see the benefits that a program like this would provide to these children.

Review of Literature

The Individuals with Disabilities Education Act (IDEA) is a federally based law which states that children with disabilities are legally entitled to free, appropriate, public education that meets their education and related services needs in the least restrictive environment (2004). This mandates that all children with disabilities be educated in the class and school building they would normally attend if not disabled. IDEA has been very successful in getting children with disabilities into typical classrooms; however, whether or not they are fully included in all aspects of the educational environment is an area of dispute.

A study conducted by Pivik, Mccomas, and Laflamme (2002) aimed to examine the extent to which schools implement inclusion. They conducted a series of focus groups with students with disabilities and their parents in which they asked them to identify current barriers in their schools and to provide suggestions for removing those barriers. The students identified four categories of barriers in their schools. First of all, there were the barriers of the physical
environment which included things such as stairs, doors, elevators, washrooms, passageways, lockers, water fountains, and recreational areas. The next category of barriers was intentional attitudinal barriers. Many of the students reported instances of isolation, physical bullying, or emotional bullying. Isolation included being ignored or having difficulty making friends. Physical bullying included students pushing the students’ wheelchairs without permission. The most frequent and most hurtful attitudinal barrier was emotional bullying which included things like name calling, pointing, and being ridiculed. The final category of barriers that students identified was unintentional attitudinal barriers. This included lack of knowledge, education, understanding, or effort of the educational system or staff. Many of the suggestions to overcome barriers in the school were related to the physical barriers such as providing easier access to the school and easier access to areas within the school. There were also many suggestions for social or policy facilitators to overcome barriers by providing disability awareness education for both students and educational staff. Many of the students stated that they would be willing to educate students about their disability but were never given the opportunity to do so. The main concerns for the parents of an elementary student with disabilities were related to social difficulties, isolation, and self-esteem. These parents also overwhelmingly suggested that disability awareness training should be integrated into teacher training.

Another study by Rillotta and Nettlebeck (2007) was conducted to determine whether social and educational integration combined with disability awareness training for students resulted in more positive, long-lasting attitudes about educational and social inclusion of people with an intellectual disability. The participants of this study were 259 current or past secondary school students without disability from two private colleges. Sixty-seven of the students were currently attending a school with awareness of disability programs, 46 of the participants were past students of a school with awareness of disability programs, and 146 of the participants were
students at a school without awareness of disability programs. Their attitudes were assessed by a written or web-based version of the “Attitudes Toward Persons with an Intellectual Disability Questionnaire.” It contained 31 items expressing attitudes towards people with an intellectual disability. The results showed that present and past students with awareness of disability program training reported significantly more positive attitudes than those with no training. This indicates that the disability awareness training in the schools has been successful in creating more positive attitudes towards individuals with intellectual disabilities. Even though this program was for current and previous college students, the disability awareness training can begin at a younger age and could possibly have similar results.

The director of the Education Management Information System (EMIS) for Cuyahoga Falls School District provided information on the students enrolled in the district for the 2009-2010 school year. There were 2219 students in the six elementary schools within the Cuyahoga Falls School District. Preston Elementary School had the highest percentage of children with disabilities. There was a total of 286 students enrolled with 44 students in 2nd-grade. There were 25 students with disabilities in the entire school with six of them being in 2nd-grade. This means that in the 2nd-grade classes at Preston Elementary School, 13.6% of the students had a disability during the 2009-2010 school year. Overall, in six elementary schools within the Cuyahoga Falls School District, there were 85 students with disabilities. These children could benefit from the disability awareness program because the typical children in the school will have a better understanding of their disabilities causing them to be more inclusive of the children with disabilities (L. Labbe, personal communication, March 3, 2010).

The Role of Occupational Therapy

The disability awareness program will be an occupation-based program implemented by an occupational therapist in the 2nd-grade classes of the Cuyahoga Falls School District.
Occupational therapists are knowledgeable of a wide variety of disabilities and are well aware of how they affect individuals’ daily occupations. Each session will involve an educational piece so the students are more knowledgeable of the disability and a simulation occupation so the students are more empathetic to individuals who have a disability. The study by Pivik et al. (2002) provided insight from students with disabilities and confirmed that disability awareness programs are needed while the study conducted by Rillotta and Nettelbeck (2007) showed the effectiveness of a disability awareness training program in creating more positive attitudes towards persons with an intellectual disability.

Models of Practice

The occupational therapist implementing the disability awareness program will use “The Behavioral Systems Family of Models” which are presented in Models of Teaching, by Joyce, Weil, and Calhoun (2009). In particular, the therapist would focus on Direct Instruction and Learning from Simulations (Joyce et al., 2009). The program will also be guided by the principles of the Psychosocial Frame of Reference (Olson, 1999). This frame of reference can be used with a wide range of children and focuses on assessing and helping children develop play interests, skills, and interpersonal relationships that are supportive of their mental health. Although the disability awareness program is for typical children, this frame of reference can be used because it focuses on peer interactive skills, play, ability to cope, and environmental interaction (Olson, 1999).

Federal Initiatives and National Trends

According to Child Trends Databank (2006), there was a total of 20% of children with one or more limitations in 2004. These can include limitations in normal physical activities due to health conditions and impairments, difficulty seeing, difficulty hearing, and diagnosed learning disabilities. In 1997, among the children with one or more limitation, 31% were
reported to be sad, unhappy, or depressed. According to the Federal Interagency Forum on Child and Family Statistics (2009), in 2007, about eight percent of children ages 5-17 were reported to have activity limitation due to chronic physical, mental, emotional, or behavioral conditions. One of the objectives of Healthy People 2020 (2009) is to reduce the percentage of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed from 31% to a targeted 17%. If the children and adolescents with disabilities were more included and accepted by their peers, increased happiness and decreased depression become a possibility. The disability awareness program aims to build community and increase socialization between children with and without disabilities.

Objectives

Program Goal:

The goal of the disability awareness program at Preston Elementary School is to build community and socialization among the second-grade children with and without disabilities.

Objectives

1. By the conclusion of the program, the students will show an increase in their knowledge of disabilities as measured by the Children’s Knowledge about Handicapped Persons Scale (Hazzard, 1983) compared to their pre-test score.

2. By the conclusion of the program, the students will demonstrate more positive attitudes toward individuals with disabilities as measured by the Children’s Social Distance from Handicapped Persons Scale (Hazzard, 1983) compared to their pre-test score.

3. By the conclusion of the program, the students will socialize more with children in the classroom with disabilities as measured by observation by the occupational therapist compared to the pre-program observation.
4. By the conclusion of the program, the students will demonstrate increased inclusion of the children with disabilities in the classroom as reported by the second-grade teachers when compared to the teacher’s pre-program reports.

Marketing and Recruitment of Participants

This program will be implemented into the classrooms of second-grade students at the Cuyahoga Falls School District. If parents had to bring their children to this program after school, there would not be as many participants. Therefore, the marketing campaign should be directed towards both the parents of the children and the second-grade teachers at Cuyahoga Falls Schools. The parents need to be on board with the program and understand the potential benefits so that they will agree that it should be implemented into the classroom curriculum. The second-grade teachers will also need to be convinced of the program’s importance so they will agree to allow an occupational therapist to come into their classroom for 45 minutes each week. If the parents agree that this program is essential to their child’s education, they could help influence the teachers to allow the program to be implemented in the classroom. It is not necessary to market services to the second-grade students since program participation will be mandatory for all students. Additional marketing efforts, however, will need to be made with administrators and special education teachers.

The first step in the marketing plan includes the development of a PowerPoint presentation for Dr. Phil Martucci, the Director of Special Education and Pupil Services. Although Dr. Martucci has already said that he thinks this program is a great idea, delivering a presentation is an important step in order to explain some of the literature that shows the need for programs like this, outline the program, and highlight the benefits of the program. There is currently a program called Paws to Learn at the Cuyahoga Falls School District in which some of the teachers get their Continuing Education Units (CEUs). This program consists of
presentations for administrators, teachers, and community members on a wide variety of topics such as applied behavior analysis, motivating students, how to use Skype, and how to use vision software. Some of the presentations offer CEUs and some do not. Since only staff members can present for the Paws to Learn program, Dr. Martucci could take information from the occupational therapist designed presentation and present it to the staff. This could be a great marketing strategy to reach a wide variety and large number of people. Another benefit of marketing this way is that the teachers and community members are hearing the information from Dr. Martucci who they know and respect rather than from an occupational therapist that they have never met before. The presentation would be done at no cost to the program. It would only cost the time it takes to develop the presentation and the time for an occupational therapist to present the information to Dr. Martucci. The occupational therapist would also attend Dr. Martucci’s presentation that in order to assist with answering any questions arise during the presentation.

The next step for this particular marketing strategy is getting individuals to come to the Paws to Learn presentation. First of all, to get teachers to come, flyers would be developed and posted in all of the elementary school buildings. An example of the flyer that would be sent can be found in Appendix E. It would be important to post a flyer in each of the 18 second-grade classrooms at the six elementary schools in the Cuyahoga Falls City School District. At Dewitt Elementary school, there are four second-grade classes, at Lincoln Elementary School, there are five second-grade classes, at Preston Elementary School, there are two second-grade classes, at Elizabeth Price, there are two second-grade classes, at Richardson Elementary, there are three second-grade classes, and at Silver Lake Elementary, there are two second-grade classes. Flyers could also be posted throughout the hallways of each of the schools which makes a total of 78 copies to post in the schools. The extra ten would be posted around the administrators’ offices
and in the hallways. Flyers would also be sent home with all of the second-grade students to give to their parents. The majority of second-grade students’ parents probably check their backpacks for things like letters from the teacher so there is a good possibility that parents will read the flyer. There are a total of 388 second-grade students at Cuyahoga Falls Schools which makes a total of 466 flyers for the schools and parents of second-graders.

Flyers should also be posted at the support group meeting for the parents of children with disabilities at Cuyahoga Falls Schools. At the meetings, there are a total of about 20 parents and there should be about twice as many flyers of them could be left at the church where they hold the meetings so that individuals could pick them up if they lose theirs or want to take one to a friend. This makes an overall total of 506 flyers. At FedEx Kinko’s, colored copies can be made for 49 cents a copy which makes the flyer copies cost a total of $247.94. This seems expensive, so if there are not sufficient funds in the budget for this, flyers could be printed in black and white and put on colored paper which would only cost seven cents for each copy. This would make the total cost for flyers $35.42. Sending these flyers could be a very effective marketing strategy because they can reach a large audience in a limited amount of time. Then, the individuals who are interested can get more information at the presentation by Dr. Martucci.

During the presentation that Dr. Martucci gives, the occupational therapist will be there to answer any questions that anyone has about the program on an individual basis. He or she could set up individual meetings if anyone needs to discuss anything further. Parents of children with disabilities could want to talk further with the occupational therapist about their child and their disability.

It is understood that second-grade teachers have very busy schedules and may not be able to attend the Paws to Learn presentation. Each of the 18 second-grade teachers would be approached about the program. They will be given a presentation about the program which
would explain the benefits of the program. It would be explained that the program would take up some of their class time but that the benefits from the program will be great enough to outweigh this downfall. This is another very cost-effective method of marketing since it would be at no cost other than the therapist’s time. Talking to the teachers individually could be more convincing than it would be to make a presentation to all of them at once.

Another marketing strategy would be to make a presentation for the parents of children with disabilities. This could be presented at the support group for parents of children with disabilities that already exists at Cuyahoga Falls City Schools. The same presentation would be given that Dr. Martucci would present at the Paws to Learn program, but it would emphasize the benefits that their specific children would gain from this program being implemented in the classrooms. Newspaper, television advertisements, and other forms of advertising will not be necessary to reach parents, teachers, and administrators for this type of program.

The potential participants for the program would be the 388 second-grade students at Cuyahoga Falls Schools. The students will be between the ages of seven and nine. There is a total of 13 second-grade students with disabilities such as speech and language difficulties, autism, and other specific learning disabilities. The inclusion criteria is simply being enrolled in the second grade at any of the Cuyahoga Falls Elementary Schools. Specific methods of recruitment will not be necessary because if the child is in a second-grade classroom, he or she will be included in the program.

Programming

The study conducted by Pivik, Mccomas, and Laflamme (2002) found that children with disabilities encounter many barriers in school. Some of these barriers included peer lack of knowledge and understanding of disabilities. The potential for barriers to be removed becomes a possibility through disability awareness programs implemented in classrooms such as this one.
After all of the necessary approvals have been made by administrators of the school, the program will be implemented into the second-grade classrooms at Cuyahoga Falls Schools. The occupational therapist will be providing direct services to the second-grade students by providing them with education and the opportunity for disability simulation occupations. The first step in implementing the program would include giving each of the second-grade teachers a survey which asks their opinion on the level of inclusion of the children with disabilities by the other children in their classroom. In other words, it would ask the question, “How much do the children without disabilities include the children with disabilities in things like games or social conversations?” A list of questions for this survey, which is also used for the needs assessment of the program, can be found in Appendix D. This 10 point Likert Scale survey will serve as the pre-test that will proved the baseline which the program will strive to improve upon. The same survey will be given at the conclusion of the program to evaluate the benefits of the program and see if the program meets the objectives. These will be given out three weeks prior to the start of the program. Then, two weeks prior to the start of the program, the occupational therapist will spend half of a day in each of the second-grade classrooms at the Cuyahoga Falls School District. The occupational therapist will be looking at the amount of socialization between the students with and without disabilities and will report this data on a data sheet. The data sheet could be similar to the observation checklist in Appendix B, which is also used for the needs assessment of the program. It will consist of a number of socialization behaviors and the occupational therapist will record the number of times that the behavior occurs. This will also be completed at the conclusion of the program to see that the program increases the socialization in the classroom between students with and without disabilities.

Then, the occupational therapist will go to each of the second-grade classrooms and give an introductory presentation explaining the role of the occupational therapist and the timeline for
the classroom visits which will occur once a week for about 45 minutes for the remainder of the school year. During this visit, the occupational therapist will also administer the Children’s Knowledge about Handicapped Persons Scale and the Children’s Social Distance from Handicapped Persons Scale which were both developed by Ann Hazzard (1983). These can be given to the entire class at once because the therapist will give the students a worksheet numbered according to the two scales and simply read the items aloud and the children will mark the response that they have. This will save time because the therapist will not have to administer the assessments individually to each child. Both of these assessments will also be administered at the conclusion of the program to see if the program has impacted the children’s knowledge of and attitudes towards individuals with disabilities.

The Children’s Knowledge about Handicapped Persons Scale is a 25-item scale which measures the degree to which a child has accurate beliefs about a disabled person’s capabilities and characteristics. Appendix F is a list of the 25 true or false items. Each item is scored 0 (incorrect answer), 1 (not sure), or 2 (correct answer), so children’s scores can range from 0 to 50. The higher the score, the more accurate the child’s beliefs are towards disabled persons capabilities and characteristics. The test-retest reliability of this scale was determined on a subsample of 175 subjects who completed the scale once and then again seven weeks later. The Pearson product-moment correlation between the subjects’ two scores was .79. The internal consistency of the scale was measured to be .63.

The Children’s Social Distance from Handicapped Persons Scale is used to assess how close a child is willing to be to disabled peers in terms of social distance. This is a 10-item scale in which the child will circle “yes,” “maybe yes,” “maybe no,” or “no.” Items are then scored from 0 (no) to 3 (yes) which means the children’s scores can range from 0 to 30. Higher scores would indicate a more positive attitude. Appendix G is a list of the items of The Children’s
Social Distance from Handicapped Persons Scale. The odd-even split-half reliability of the scale was .78 when the scale was piloted with 90 children. The test-retest reliability was .75 (Hazzard, 1983).

After the occupational therapist surveys the 18 second-grade teachers, observes the 18 second-grade classrooms, and administers both the Children’s Knowledge about Handicapped Persons Scale and the Children’s Social Distance from Handicapped Persons Scale (Hazzard, 1983), the occupational therapist is ready to begin the actual program. The occupational therapist will use “The Behavioral Systems Family of Models” which are presented in Models of Teaching, by Joyce, Weil, and Calhoun (2009). In particular, the therapist would focus on Direct Instruction and Learning from Simulations (Joyce et al., 2009). The program will also be guided by the principles of the Psychosocial Frame of Reference. This frame of reference can be used with a wide range of children and focuses on assessing and helping children develop play interests, skills, and interpersonal relationships that are supportive of their mental health. Although, the disability awareness program is for typical children, this frame of reference can be used because it focuses on peer interactive skills, play, ability to cope, and environmental interaction (Olson, 1999).

The occupational therapist will be in each of the second-grade classrooms for about 45 minutes each week. The first 15 minutes of the session will include an educational presentation on a specific disability. It should be noted that the occupational therapist cannot speak about any particular student’s disability without the permission of the child’s parent. The occupational form for each session will be in the students’ regular classroom, but it may also be necessary to use the hallway. The therapist will use a video projector with a PowerPoint presentation to present the information and will use many pictures so the presentation is at a level that the second-grade students will understand. The remainder of the session will include a disability simulation
occupation. For each of the disabilities introduced, the therapist will also develop an occupation for the students so they can see and feel what it would be like to actually have the disability. The therapist will also make suggestions on how children can include others with disabilities in things like games and sports that they play.

For example, the first session would be about children or individuals in wheelchairs. For the educational aspect of session, the occupational therapist would develop a PowerPoint presentation with information about children in wheelchairs. The presentation would include the reasons that some children are in wheelchairs like diseases, disabilities, and accidents. The presentation would also describe all of the things that children in wheelchairs can and cannot do, emphasizing the things they can do. The presentation would include videos of children in wheelchairs doing things that other children can do such as playing sports or dancing. The therapist would present the information so that the second-graders could understand it and then would answer any questions that the students have. After the educational portion of the presentation, the occupational therapist will have wheelchairs out for the children to use and see what it is like to be in a wheelchair. The occupational therapist can determine what all the children should do in the wheelchair such as try to reach things on a counter or on the floor without getting out of the wheelchair. After all of the children get to try out the wheelchairs, the therapist will explain some different ways that they can include children in wheelchairs in different games and sports that they play in the classroom or at recess. The therapist will again answer any questions that the students have and this will conclude the session.

Each week, the therapist will present on a new topic. Appendix H is a chart that shows the topics of 16 sessions and a brief description of the disability simulation occupation that will take place after the educational aspect of the session. After each session is presented, the therapist will fill out a sheet reflecting on the success of the session. This will be the method of
documentation for the program. The therapist will document things that were effective and things that were not effective so that they can be changed for the following year. After the 16 sessions with each of the 18 second-grade classes at Cuyahoga Falls Schools, the therapist will evaluate the program using the methods that were used at the beginning to get baselines. The therapist will send a survey to all of the 18 second-grade teachers to ask their opinion on their students’ level of inclusion for children with disabilities in the classroom. Then the occupational therapist will again observe each of the second-grade classrooms for half of a day, looking at the amount of socialization between students with and without disabilities. The therapist will use the same data sheet as before to record the number of times that certain socialization behaviors occur. The therapist will then administer both the Children’s Knowledge about Handicapped Persons Scale and the Children’s Social Distance from Handicapped Persons Scale (Hazzard, 1983) to each of the second-grade classes at Cuyahoga Falls Schools. After these program evaluations are given, the therapist will then analyze the results and begin working on changes for improving the program for the following year.

The second-grade students will not need to be discharged from the program since it is simply implemented into their regular classroom. Once the children complete the two assessments at the end of the program, they will no longer be in the program. This means that there is no need for care coordination or other discharge planning. If, for some reason, the child ends up repeating second-grade, he or she will be in the program again the following year.

**Budgeting**

**Projected Staffing**

An occupational therapist will be hired with a minimum of a Master’s Degree and at least two years of experience working in schools since this program is being implemented in the school classrooms. A more detailed job description can be found in Appendix I and an example
of the advertisement that would be posted on http://hiring.ohio.monster.com for the position can be found in Appendix J. The therapist will be hired in the beginning of August. He or she will be educated about the program and will speak with the parents of second-grade children with disabilities to see if these children would want to be a part of the program. This will be done in September and October. Then, the actual disability awareness sessions will take place in November, December, January, and February. In March, the therapist will do the summative evaluations and in April, he or she will analyze the outcomes of the program and make any necessary changes for the program for the following year.

For the actual disability awareness programs, the therapist will spend an hour in each of the 18 second-grade classrooms each week for 16 weeks. On Mondays, the therapist will spend an hour in each of the four second-grade classrooms at Dewitt Elementary School. On Tuesdays, the therapist will spend an hour in each of the five second-grade classrooms at Lincoln Elementary School. On Wednesdays, the therapist will spend an hour in both of the second-grade classrooms at Elizabeth Price Elementary School then will drive four miles to Silver Lake Elementary School and spend an hour in both of the second-grade classrooms there. On Thursdays, the therapist will spend an hour at both of the second-grade classrooms at Elizabeth Price Elementary school and on Friday, he or she will go to Richardson and spend an hour in each of the three second-grade classrooms there.

The therapist’s pay will be based on the day that he or she spends the most hours at the schools. The extra hours of pay will be allotted for planning time. This is on Tuesday when the therapist spends five hours at Lincoln Elementary. If the therapist worked five hours each weekday, that would add up to 25 hours a week. A full time therapist would normally work 40 hours a week and in Cuyahoga Falls, a full time therapist makes about 70,000 a year. There are 52 weeks in a year which means that a full time therapist gets paid $1,347 a week. The therapist
for this program will be working for 32 weeks of the year and if he or she was working full time for this 32 weeks, he or she would make $43,104. If you multiply this number by 25 weeks and then divide by 40 hours, you get $26,940 which would be the designated salary for the therapist in this program.

<table>
<thead>
<tr>
<th>Employee Position</th>
<th>Hours Per Week</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>25</td>
<td>$26,940</td>
<td>$6,735</td>
<td>$33,675</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>$33,675</td>
</tr>
</tbody>
</table>

*Average salary for occupational therapist in Cuyahoga Falls found by Salary.com

Office Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multipurpose Paper</td>
<td>Necessary for marketing flyers, handouts for sessions, surveys for teachers, and copying assessments</td>
<td>1 case (5000 Sheets)</td>
<td>$44.99</td>
</tr>
<tr>
<td>Printer Ink</td>
<td>Necessary for marketing flyers, handouts for sessions, surveys for teachers, and copying assessments</td>
<td>3 pack</td>
<td>$78.99</td>
</tr>
<tr>
<td>Notebooks</td>
<td>Necessary for the occupational therapist to take notes during discussions with teachers and parents</td>
<td>3 @ $4.99 each</td>
<td>$14.97</td>
</tr>
<tr>
<td>Black BallPoint Pens</td>
<td>Necessary for assessments and note taking during discussions with teachers and parents</td>
<td>1 pack (12 Pens)</td>
<td>$7.91</td>
</tr>
<tr>
<td>Pencils</td>
<td>Necessary for note-taking during discussions with teachers and parents</td>
<td>1 pack (12 Pencils)</td>
<td>$3.49</td>
</tr>
<tr>
<td>Video Projector</td>
<td>Necessary for showing PowerPoint presentations to each class</td>
<td>1</td>
<td>$699.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>$849.35</td>
</tr>
</tbody>
</table>

*These prices were all found via Staples.com

Items for Program Sessions

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Bandanas</td>
<td>Necessary for simulating vision impairments</td>
<td>15 @ $2.95 each</td>
<td>$44.25</td>
</tr>
<tr>
<td>Ear Plugs</td>
<td>Necessary for simulating hearing impairments</td>
<td>58 pack for $14.95 Need 7 packs to have a pair for each of the 388 second-graders</td>
<td>$104.65</td>
</tr>
<tr>
<td>Mittens</td>
<td>Necessary for simulating physical hand impairments</td>
<td>15 @ $1.95 a pair</td>
<td>$29.25</td>
</tr>
<tr>
<td>Rubber Bands</td>
<td>Necessary for simulating physical hand and finger impairments</td>
<td>1 pack of 75 @ $2.99</td>
<td>$2.99</td>
</tr>
</tbody>
</table>
Pretzels | Necessary for the food allergies occupation | Pack of 12 for $25.12 | $25.12  
--- | --- | --- | ---  
Fruit Snacks | Necessary for the food allergies occupation | 1 box has 24 packs Need boxes @ $18.93 a box | $75.72  
Playing Cards | Necessary for a number of the disability simulation occupations | 12 packs for $35.79 | $35.79  
Board Game: Operation | Necessary for the cerebral palsy simulation occupation | 1 game @ $19.39 | $19.39  
Charades for Kids game | Necessary for the communication disorders simulation occupation | 1 game @ $11.79 | $11.79  
LEGOS | Necessary for the cerebral palsy simulation occupation and other simulation occupations | 4 boxes @ $28.49 each | $113.96  
Memory Game | Necessary for some of the mental disability simulation occupations | 4 games @ 11.21 each | $44.84  
--- | --- | --- | ---  
Total | | | $507.75  
*These prices were found via Amazon.com, earplugstore.stores.yahoo.net, and Meijer.com

**Miscellaneous Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td>From Preston Elementary to Silver Lake Elementary is 4 miles. The therapist will travel this distance once a week for 16 weeks which is a total of 64 miles</td>
<td>64 miles @ $.50 each mile</td>
<td>$32.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td></td>
<td></td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**In Kind Support**

Cuyahoga Falls Schools will provide the following as in-kind support to the disability awareness program: the classrooms to provide the program sessions, and the use of the copy machine. Akron Children’s Hospital will provide wheelchairs for the therapist to borrow for the week during the session about children in wheelchairs.

**Indirect Costs**

Indirect costs for the utilities including heat, electricity, and air conditioning will be reimbursed to the disability awareness program.
Total Program Costs

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>$33,675.00</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$849.35</td>
</tr>
<tr>
<td>Items for Program Sessions</td>
<td>$507.75</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$32.00</td>
</tr>
<tr>
<td><strong>Subtotal of Program Costs</strong></td>
<td><strong>$35,064.10</strong></td>
</tr>
<tr>
<td>Indirect Costs (25% of Subtotal of Program Costs)</td>
<td>$8,742.54</td>
</tr>
<tr>
<td><strong>Total Program Cost</strong></td>
<td><strong>$43,806.64</strong></td>
</tr>
</tbody>
</table>

Funding

With an estimated budget of $43,712.68 for the first year of the program, grant funding will be necessary to implement the disability awareness program. Three potential grant funding opportunities have been identified to be a match to this program based on the amount of money they give a year and the goals of the grant or foundation.

The first funding source opportunity is from the Akron Community Foundation. The goal of the Akron Community Foundation is to improve the quality of life in the greater Akron area. The Disability Awareness Program at Cuyahoga Falls Schools aims to improve the quality of life of the students with disabilities by encouraging students to socialize and include them more. The category that this program would fall under would be education since the program would be implemented in the Cuyahoga Falls Schools. It could also fall under the category of health and human services since it would benefit children with disabilities.

The second funding source opportunity is from The Hershey Foundation. The goal of The Hershey Foundation is to provide children in Northeast Ohio with special opportunities for personal growth and development. The foundation seeks to help schools and other non-profit organizations develop and implement innovative programs that improve the quality of life, build self-esteem, enhance learning, increase exposure to other cultures and ideas, and encourage the development of independent thinking and problem-solving skills. The proposed disability
awareness program seeks to fulfill many of these same objectives. The program will improve the quality of life and build the self-esteem of the second-grade children with disabilities by educating their peers about disabilities and getting them to respect one another. It will enhance learning and increase exposure to other cultures and ideas because there is a definite disability culture. The program will expose the second-graders to this culture by providing simulation occupations so that the children know what it is like to live with a disability. The foundation is located in Northeast Ohio and they are dedicated to helping the children in this area. This also makes the foundation a good match to fund this program because it will be implemented in the Cuyahoga Falls School District which is located in Northeast Ohio. The foundation also is particularly interested in programs that can be replicated in other settings. The disability awareness program will be designed so that it could possibly be implemented in other schools and for different age groups.

The third funding source opportunity is from The Cleveland Foundation. The Cleveland Foundation’s overall mission is to enhance the lives of all residents of Greater Cleveland now and for generations to come. They plan to do this by building community endowment, addressing needs through grant-making, and providing leadership on key community issues. One of the key issues deals with human services and youth development. Programs for vulnerable and underserved populations are given priority and these are the populations of the individuals who will benefit from the disability awareness program. Children with disabilities are definitely vulnerable and the program goal is to make it more possible for these children to socialize with other children. The program intends to do this by educating children about disabilities and providing disability-simulation occupations which will encourage children to include other children with disabilities in things such as games that they participate in. This program will also in-turn work to achieve The Cleveland Foundation’s overall mission. By educating these second-
grade children about disabilities and providing the simulation occupations, these children will be more aware and accepting of individuals with disabilities which could enhance the lives of individuals with disabilities throughout the Cleveland area and everywhere that these children decide to go in life.

Self-Sufficiency Plan

After the initial year of programming is funded by grants, following years will be funded by charging lab fees to the students’ parents along with the other fees they are charged for their children’s schooling. The idea is that after the first year of programming has been implemented and the impacts and benefits have been proven, administrators will approve an additional $88.00 to be added to the elementary schools students’ lab fees. The reason this number was chosen is because many of the items bought for the initial year of the program can be used for many years such as the video projector, bandanas, mittens, rubber bands, playing cards, and other games and toys. The costs of the rest of the things that cannot be reused were added up and equaled $34,030.84. This number was then divided by the number of students which is 388. This gives a total of $88.00 which will be added to the lab fees of the second-grade students at all Cuyahoga Falls Elementary schools.

Program Evaluation

Each of the objectives of the disability awareness program will be evaluated using pre and post evaluations. To evaluate the first objective of increasing the second-graders’ knowledge of disabilities, the therapist will use the Children’s Knowledge about Handicapped Persons Scale (Hazzard, 1983). Prior to the start of the program sessions, during the month of October, the therapist will evaluate each of the second-graders’ scores using this scale. An example of the items of this scale can be found in Appendix F. Then, following the sixteen weeks of program sessions, during the month of March, the therapist will again evaluate the students’ knowledge of
disabilities using the Children’s Knowledge about Handicapped Persons Scale. During the month of April, the therapist will analyze the results of the pre and post-program scores to see if the program meets the objective of increasing the students’ knowledge of disabilities.

The second objective of the program is for the students to demonstrate more positive attitudes toward individuals with disabilities. The evaluative measure to be used for this objective is the Children’s Social Distance from Handicapped Persons Scale (Hazzard, 1983). A list of the items for this scale can be found in Appendix G. This scale will also be given to each of the children during the month of October prior to the start of the program sessions and then again during the month of March after 16 weeks of program sessions. The therapist will also compare and analyze the pre and post-program scores of this scale during the month of April to prove the effectiveness of the program in this area.

To evaluate the third objective of getting the students to socialize more with the children with disabilities in the classroom, the therapist will use observation. During the month of October, the therapist will spend half of a day in each of the second-grade classrooms using a behavior checklist like the one found in Appendix B to measure the amount of socialization between the children with and without disabilities. During the month of March, the therapist will perform these observations again in each of the classrooms and will compare the results to the previous observation during the month of April.

The fourth objective of the program is to get the students to increase the inclusion of the children with disabilities in the classroom. This will be evaluated by the second-grade teachers via a survey developed by the therapist. The therapist will develop and send out a survey of questions to the second-grade teachers about the inclusion of children with disabilities in their classroom in October before the programming sessions. A list of questions for this survey can be found in Appendix D. Then, after the 16 weeks of program sessions, during the month of March,
the survey will be sent to all of the second-grade teachers again to see if the children increased their inclusion of the children with disabilities in the classrooms according to the opinions of the teachers. The pre and post program surveys will be compared and the results will be analyzed in the month of April.

In addition to the objective evaluations, other formative and summative evaluations will be used for the disability awareness program. At the end of December, just before winter break, the therapist will begin some formative evaluations and will continue through the first week back in January. The first formative evaluation will be for the second-grade teachers. This will be to see if the teachers think that the program has been beneficial thus far and to see if they have any suggestions for the second half of the program sessions. A list of questions for this survey can be found in Appendix K. These will be sent to the second-grade teachers via email the last school week in December. Over winter break, the therapist will read these surveys and take the suggestions into account for the remainder of the program.

The next formative evaluation of the program is to interview the parents of children with disabilities in second-grade. During the month of December, the therapist will meet with and interview as many of the parents of the children with disabilities as possible. The therapist will ask questions to see if the parents think that their child is being included in more socialization in the classroom. If their child was actually able to be part of the disability session that was about their disability, the therapist will ask how they think their child felt about it and how it affected him or her. The therapist will also ask if the parents think that any changes should be made to the program.

The final formative evaluation of the program will be for the actual students. The therapist will meet with students individually and conduct an open-ended interview to see what the child’s opinion is about the program. A list of some of the questions for this interview can be
found in Appendix L. This interview will be to see if the children actually enjoy the program and whether or not they would want to continue with the program or not. Since there are so many second-grade students and interviewing each of them would be very time consuming, the therapist will randomly select five students from each of the classrooms to interview.

These formative evaluations represent all of the key stakeholders’ perceptions including the second-grade students themselves, the second-grade teachers, and the second-grade parents. These evaluations will all be done at the conclusion of the program in addition to the post program objective evaluations except for the survey for the teachers since they will already have a survey at the end of the program for the evaluation of the fourth objective. During the month of March, the therapist will interview the same five children from each classroom that were interviewed for the formative evaluation. The therapist would include questions about whether the child enjoyed the educational aspect of the sessions and whether they enjoyed taking part in the disability simulation occupations. The therapist would also ask whether the child would like to take part in this program again. As another summative evaluation, the therapist will meet with and interview the parents of the children with disabilities to see if they think that the program was beneficial and see if they have any suggestions for the program next year.

Timeline

A timeline that displays the major tasks to complete for the program and the month that each task will be done can be found in Appendix M.

Letters of Support

Many individuals will be approached to provide letters of support for the disability awareness program. The primary letter of support is from Rachel Cunningham who is the primary occupational therapist in the Cuyahoga Falls School District. The letter from her can be found in Appendix N. Rachel works with children with disabilities in the school system and she
knows that this program could be very beneficial for the children with disabilities who feel socially isolated by their peers.

Appendix O is a list of additional individuals to be contacted for letters of support. First of all Dr. Phil Martucci is the Director of Special Education and Pupil Services. He has already expressed his interest in the program and has said that he thinks that it is a great idea. The next person to contact for a letter of support is Dale Able who is the director of programming at The Ability Center of Greater Toledo. The ability center advocates for disability awareness and Dale Able has also said that he thinks the program is a great idea. The next people to contact are some of the second-grade teachers. Juli Mains and Stephani Slattery are both second-grade teachers in the Cuyahoga Falls School District. They will have insight on how much socialization actually goes on between the children with and without disabilities in the classroom. The final person to contact for a letter of support is Cheryl Hanna. She is the mother of a child with autism and the founder of Zane’s Foundation which provides financial support to families of special needs children. She knows the difficulties that her child has faced in school and she could provide a viewpoint from someone who would see the benefits of this disability awareness program first hand.
References


Appendix A

Organizational Chart for Cuyahoga Falls Schools
### Observation Checklist

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Number of Times Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child without disability talks to child with disability</td>
<td></td>
</tr>
<tr>
<td>Child without disability gets paired up with child with disability</td>
<td></td>
</tr>
<tr>
<td>Child with disability gets paired up with the teacher</td>
<td></td>
</tr>
<tr>
<td>Child without disability gets paired up with the teacher</td>
<td></td>
</tr>
<tr>
<td>Child without disability seeks out child with disability to play with</td>
<td></td>
</tr>
<tr>
<td>Child with disability seeks out child without disability to play with</td>
<td></td>
</tr>
<tr>
<td>Child with disability is left out of a sport or game</td>
<td></td>
</tr>
<tr>
<td>Child with disability is included in a sport or game</td>
<td></td>
</tr>
</tbody>
</table>

Additional notes for the day

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix C

Parent Survey

My name is Kim Drake and I am an occupational therapy student at The University of Toledo. For my final project at the university, I am developing a disability awareness program for children in school. I would really appreciate some input from you to see if you thought a program like this would be beneficial. Basically the goal of the program would be to increase children’s knowledge of disabilities and create more positive attitudes towards individuals with disabilities. I do not have details of what the program would consist of yet but the general idea is that the class would be educated on a number of different common disabilities and find out what it would be like or feel like to have that disability. This would be done through different activities such as simulation or getting to talk with someone who has the disability and ask questions. This is just a quick survey to find out if you think this would be beneficial or not and what sorts of things should be included in the program.

1. Do you think that a disability awareness program implemented in schools would have a positive impact on the children involved? ___Yes____No____

2. Do you think that a disability awareness program implemented in schools would have a positive impact on the community? ___Yes___No___

3. Do you think that the other children in your child's class should know more about your child and his or her disability? ___Yes___No___

4. Do you think that your child would benefit if the other children in his or her class knew more about your child and his or her disability? ___Yes___No___

5. Do you wish that your child would/could socialize more with other children both with and without disabilities? ___Yes___No___
Appendix D

Teacher Survey

Please comment on the amount of inclusion with 1 being never included and 10 being always included

1. On a scale from 1-10, how much do you think children with disabilities are being included by classmates in group games in the classroom?
   1…2…3…4…5…6…7…8…9…10

2. On a scale from 1-10, how much do you think the children with disabilities are being included by classmates in games outside at recess?
   1…2…3…4…5…6…7…8…9…10

3. On a scale from 1-10, how much do you think the children with disabilities are being included by classmates in art class?
   1…2…3…4…5…6…7…8…9…10

4. On a scale from 1-10, how much do you think that the children with disabilities are being included by classmates in gym class?
   1…2…3…4…5…6…7…8…9…10

5. On a scale from 1-10, how much do you think that the children with disabilities are being included by their classmates in music class?
   1…2…3…4…5…6…7…8…9…10

6. On a scale from 1-10, rate the overall amount of socialization in general between the children with and without disabilities.
   1…2…3…4…5…6…7…8…9…10

7. On a scale from 1-10, how beneficial do you think a disability awareness program would be in your classroom? 1=not beneficial at all   10=extremely beneficial
   1…2…3…4…5…6…7…8…9…10
Disability Awareness Program

Benefits of Program:
- Increase children’s knowledge of disabilities
- Teach positive attitudes towards those with disabilities
- Increase socialization between children with and without disabilities
- Increase inclusion of children with disabilities within the classroom

To learn more, attend the Paws to Learn presentation
Sign up at: http://paws.cfalls.org/paws/

What: One hour disability awareness session each week in the classroom
For who: Second-grade students at Cuyahoga Falls City Schools
When: Starting in September of 2011
Presented by: A Licensed Occupational Therapist
For more information contact:
Kimberly Drake
419-575-7961
Kimberly489@gmail.com

CONGRATULATIONS!
Cuyahoga Falls City Schools
An Excellent Rated District
Appendix F

Children’s Knowledge about Handicapped Persons Scale

1. Most kids with disabilities worry a lot.
2. Most kids with disabilities have to do jobs at home, like taking out the garbage.
3. Parents of kids with disabilities don’t usually let them go outside by themselves.
4. Children who are blind need help with just about everything they do.
5. Most children with mental retardation can learn to ride a bike.
6. Kids with disabilities don’t have many friends.
7. Children with disabilities can play sports with other kids.
8. Kids with hearing impairments have a lot of trouble learning math.
9. A person in a wheelchair could be a doctor or a teacher.
10. All people with disabilities were born that way.
11. Kids who have disabilities are sad most of the time.
12. A child who is blind can go places by himself.
13. Kids with disabilities usually have brothers or sisters who are not handicapped.
14. Most disabilities go away or get better when kids grow up.
15. Most kids with mental retardation cannot talk.
16. A person in a wheelchair or on crutches usually stays close to home.
17. It is harder for a person with vision impairments to get around than for someone who can see.
18. Children with disabilities are more polite and well-behaved than other kids.
19. A person with a disability can help other people.
20. You can catch many disabilities by being too close to handicapped kids.
21. Kids with hearing impairments do not speak as clearly as other kids.
22. People with disabilities often act very different from other people
23. Kids with disabilities want people to give them special treatment.
24. Most children with mental retardation look funny.
25. Most children with disabilities could go to school with kids who are not handicapped.
Appendix G

Children’s Social Distance from Handicapped Persons Scale

1. It would be okay if a child with a disability was in my art and music class.
2. It would be okay if a child with a disability slept over at my house.
3. It would be okay if a child with a disability borrowed my bike.
4. It would be okay if a child with a disability went to my school.
5. It would be okay if a child with a disability was in my favorite club.
6. It would be okay if a child with a disability ate at my table in the cafeteria.
7. It would be okay if a child with a disability was invited to my birthday party.
8. It would be okay if a child with a disability at lunch at my house.
9. It would be okay if a child with a disability sat next to me in class.
10. It would be okay if a child with a disability went to the movies with me.
## Appendix H

<table>
<thead>
<tr>
<th>Session</th>
<th>Disability</th>
<th>Simulation Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Individuals in wheelchairs</td>
<td>Children use wheelchairs in hallway and classroom</td>
</tr>
<tr>
<td>2</td>
<td>Individuals with vision impairments</td>
<td>Children will wear blindfolds or glasses with blurred lenses in the classroom</td>
</tr>
<tr>
<td>3</td>
<td>Individuals with auditory impairments</td>
<td>Children will wear earplugs and try to play a game with peers</td>
</tr>
<tr>
<td>4</td>
<td>Children with autism</td>
<td>Group distraction occupation with one student in each group playing part of student with autism</td>
</tr>
<tr>
<td>5</td>
<td>Cerebral Palsy or other spastic disabilities</td>
<td>Children will wear mittens on hands or rubber bands on fingers and try to manipulate objects</td>
</tr>
<tr>
<td>6</td>
<td>Attention Deficit Hyperactive Disorder</td>
<td>Individual distraction occupation where the teacher does things that distract the children while they try to listen to someone speak</td>
</tr>
<tr>
<td>7</td>
<td>Asthma</td>
<td>Children will do different activities while breathing through a straw</td>
</tr>
<tr>
<td>8</td>
<td>Cancer</td>
<td>Simulate being fatigued from chemo by having children run in place then perform a specific task</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes</td>
<td>Group games where one gets left out to “check blood-sugar”</td>
</tr>
<tr>
<td>10</td>
<td>Down Syndrome</td>
<td>One child has to get another child to draw an abstract shape without seeing each other.</td>
</tr>
<tr>
<td>11</td>
<td>Dyslexia</td>
<td>Children will attempt to read a story that is completely backwards</td>
</tr>
<tr>
<td>12</td>
<td>Tourette Syndrome</td>
<td>Have child try to count the number of letter E’s in a paragraph while reading it out loud.</td>
</tr>
<tr>
<td>13</td>
<td>Seizure disorders</td>
<td>Have the students play games where one of them gets left out.</td>
</tr>
<tr>
<td>14</td>
<td>Emotional Behavior Disorders</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Food Allergies</td>
<td>Have variety of snacks and randomly assign children who cannot have certain snacks. Ask them how they feel</td>
</tr>
<tr>
<td>16</td>
<td>Communication Disorders</td>
<td>Have the students play Charades</td>
</tr>
</tbody>
</table>
Appendix I

Job Description

Job Title: School occupational therapist

Job Function: Design and present disability awareness sessions to second-graders at Cuyahoga Falls Elementary Schools. Session will include educational aspect and a disability simulation occupation and will be implemented into the classroom setting. Will also include collaborating with the parents of children with disabilities.

Reporting Relationships: Reports to the Director of Special Education and Pupil Services. Supervises about twenty second-graders with the help of their classroom teacher.

Key Performance Expectations:

- Consult with the parents of second-grade children with disabilities to seek permission for their child’s participation in the designated session
- Spend an hour in each of the 18 second-grade classrooms each week for 16 weeks presenting information on a different disability for each session. The sessions will be outlined, but the therapist will have to design exactly what is done in each classroom.
- Perform pre and post program evaluations.
- Provide progress notes detailing session content and recommendations for change.

Qualifications:

- Licensed Occupational Therapist, Registered in the state of Ohio
- Minimum of 4 years experience as a school occupational therapist

Essential Functions:

- Proficient in using Microsoft PowerPoint
- Enjoys educating and working with children
Appendix J

Sample Advertisement for Occupational Therapist Position

Job Title: School Occupational Therapist

Job Description: The therapist will design and present disability awareness sessions to second-graders at Cuyahoga Falls Elementary Schools. Sessions will include an educational aspect and a disability simulation occupation and will be implemented into the classroom setting. The therapist will also collaborate with the parents of children with disabilities to incorporate these children into the program sessions.

Location: Cuyahoga Falls, Ohio
Appendix K

Formative Evaluation of Teachers’ Opinions about the Disability Awareness Program

1. Do you think that the educational aspect of the sessions has been beneficial so far with the program?  Yes  or  No

2. Do you think that the disability simulation occupations have been effective at getting the students to understand what it would be like to have a disability?  Yes  or  No

3. Do you think that the program is an effective use of time in the classroom?  Yes  or  No

4. Do you think that second-grade is the appropriate age for this program?  Yes  or  No

5. If you answered no to question 4, what grade do you think this program would be most beneficial for? _______

6. Do you have any suggestions for the future sessions of this program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix L

Open-ended Interview of Second-Grade Students

1. Do you enjoy when I come in and talk about disabilities?
2. Do you enjoy the activities that we do together?
3. Do you think that you have learned anything from me being in your classroom?
4. Do you want me to keep coming in to your classroom?
5. Do you wish that I did something else with your class?
6. What was your favorite part of the program?
7. What was your least favorite part of the program?
## Timeline

<table>
<thead>
<tr>
<th>Task to Complete</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire Occupational therapist</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Meet with teachers and administrators to discuss the program</td>
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<td>X</td>
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<tr>
<td>Develop marketing materials and make purchases</td>
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<tr>
<td>Speak with parents of children with disabilities to see if they would like to be part of the program</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Perform the pre-program evaluations</td>
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<td></td>
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<td></td>
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<tr>
<td>Disability Awareness Sessions</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Formative Evaluations</td>
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<td>X</td>
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<tr>
<td>Summative Evaluations</td>
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<td></td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Analysis of outcomes and revisions for next year</td>
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<td>X</td>
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</tbody>
</table>
Appendix N

Letter of Support From Rachel Cunningham OTR/L

April 12, 2011

Dear Ms. Drake,

I am writing a letter of support for the Disability Awareness Program at Cuyahoga Falls Schools. The benefits of this comprehensive program would be immeasurable to the students with and without disabilities in our district by improving the knowledge base and acceptance level of all of the students.

Students with disabilities are included in the regular education classes throughout the day, and having the students better understand their peers would be very beneficial as it would help students to develop empathy for their classmates. The hands-on portion of the program will allow the second grade students to simulate what their peers may be experiencing. In addition, developing positive peer interactions among the second grade students will not only help each individual but the culture of the school as well. This program aims to build a community amongst second grade students and its design will ensure that this goal will be met. This program will also set a precedence for future community building for these students. As the primary Occupational Therapist in the Cuyahoga Falls School District, I fully support the development of this program.

Thank you for your time and I look forward to the implementation of this program.

Sincerely,

Rachel J. Cunningham, MOT OTR/L
Occupational Therapist
Akron Children's Hospital
1 Perkins Square
Akron, Ohio 44308
330-543-3317
rcunningham@chmca.org
Appendix O

Additional Sources for Letters of Support

**Occupational Therapist at Cuyahoga Falls Schools**
Rachel Cunningham  
431 Stow Ave.  
Cuyahoga Falls, OH 44221  
330-926-3800 x502718

**Director of Special Education and Pupil Services**
Dr. Phil Martucci  
cf_martucci@cfalls.org  
330-926-3800 x502043

**Director of Program Development at The Ability Center of Greater Toledo**
Dale Able  
5605 Monroe Street  
Sylvania, Ohio 43560  
dabell@abilitycenter.org  
419-885-5733

**Second-Grade Teacher at Elizabeth Price Elementary School**
Juli Mains  
cf_mains@cfalls.org  
330-926-3806 x502776

**Second-Grade Teacher at Lincoln Elementary School**
Stefani Slattery  
cf_slattery@cfalls.org  
330-926-3803 x502647

**Founder of Zane’s Foundation and parent of a child with a disability**
Cheryl Hanna  
2679 N. Haven Blvd.  
Cuyahoga Falls, 44223  
330-928-5880
Abstract

To examine how inclusive our schools are after 25 years of educational reform, students with disabilities and their parents were asked to identify current barriers and provide suggestions for removing those barriers. Based on a series of focus group meetings, 15 students with mobility limitations (9-15 years) and 12 parents identified four categories of barriers at their schools: (a) the physical environment (e.g., narrow doorways, ramps); (b) intentional attitudinal barriers (e.g., isolation, bullying); (c) unintentional attitudinal barriers (e.g., lack of knowledge, understanding, or awareness); and (d) physical limitations (e.g., difficulty with manual dexterity). Recommendations for promoting accessibility and full participation are provided and discussed in relation to inclusive education efforts.

This article is important to my specific program because the children identified intentional attitudinal barriers and unintentional attitudinal barriers as problems that occur in school. These barriers are things that could be addressed by my disability awareness program. Intentional attitudinal barriers were things like isolation which included being ignored or having difficulty making friends, and physical bullying which included things like students pushing the students’ wheelchairs without permission. The most frequent and most hurtful intentional attitudinal barrier was emotional bullying which included things like name calling, pointing, and being ridiculed. Then, unintentional attitudinal barriers included lack of knowledge, education, understanding, or effort of the educational system or staff. There were many suggestions for social or policy facilitators to overcome intentional and unintentional attitudinal barriers by
providing disability awareness education for both students and educational staff. Many of the students stated that they would be willing to educate students about their disability but were never given the opportunity to do so. The main concerns for the parents of an elementary student with disabilities were related to social difficulties, isolation, and self-esteem. These parents also overwhelmingly suggested that disability awareness training should be integrated into teacher training. The concerns of these children with disabilities and the parents of children with disabilities would be addressed in the disability awareness program. The children without disabilities will perform disability simulation occupations so that they will be able to empathize with the children with disabilities and will be less likely to bully or ridicule them.


**Abstract**

Background: We tested whether social and educational integration combined with training in awareness of disability for secondary school students resulted in more positive, long-lasting attitudes about educational and social inclusion of people with an intellectual disability.

Method: Attitudes of 259 participants (116 males, 143 females) were assessed by questionnaire. Effects of awareness of disability programs (ADPs) were tested by comparing attitudes of current secondary school students participating in a 3-session or 8-session ADP (n=67) and past students who had participated in a 10-session ADP 8 years prior to the present study (n=46), with same-age controls without training (n=146).
Results: Students completing 8-session ADPs reported more favourable attitudes than students in the 3-session ADP and peers without training. Past students’ attitudes were also highly positive, compared with same-age controls without training.

Conclusions: ADP programs can promote positive attitudes towards people with an intellectual disability. Such training may have long-term benefits.

This article is important to discuss because it talks about the possible long-term benefits of a disability awareness program. Students who had the training program 8 years prior to this study reported significantly more positive attitudes than those with no training. This means that the disability awareness program could have long lasting effects on children’s attitudes towards individuals with disabilities.


Abstract

Children’s expressed attitudes toward handicapped peers are related to many factors. In this review the authors assess recent literature and present data from their own studies concerning the role of gender, age, parental attitudes, volunteering, familiarity with a disabled person, and the physical structure of schools as determinants of attitudes. The importance of understanding these determinants is discussed.

This article is important for my program because it discusses many things that can affect a child’s attitude towards disabilities. The most significant information with regards to this program, are contact with a disabled child, and effect of schools. Children who had contact with
someone with a disability scored higher on The Chendoke-McMaster Attitudes Toward Children with Handicaps questionnaire than children who had no contact with someone with a disability. As for the effect of schools, there were mixed results with regards to whether or not being in a classroom with severely disabled children resulted in more positive attitudes towards children with disabilities.


**Abstract**

The policy of inclusion (mainstreaming) of children with an intellectual disability in regular schools has raised questions about the extent to which ‘true’ integration is possible. One important aspect of integration is social acceptance by the regular class children. The purpose of this study was to determine the attitudes of children in primary and intermediate classrooms towards children with an intellectual disability housed in satellite classrooms at public schools. Teachers in the satellite classrooms completed a school integration questionnaire. Attitudes towards and the social distance afforded children in satellite classrooms were relatively positive across all children, especially girls. In particular, attitudes were more positive in schools which had more vigorous administrative policies concerning academic and social integration. The results are discussed in terms of current mainstreaming policies for children with intellectual disabilities.

This article is important for the disability awareness program because it talks discusses children’s attitudes toward peers with intellectual disabilities. The disability awareness program
would not only include information and simulation occupations for physical disabilities, but would include intellectual disabilities as well. The children’s attitudes were more positive towards children with intellectual disabilities when their school was more concerned with social integration. The disability awareness program will encourage even more social integration between the children with and without disabilities so it could cause even more positive attitudes towards individuals with disabilities.


Abstract

A desktop virtual reality (VR) program was designed and evaluated to teach children about the accessibility and attitudinal barriers encountered by their peers with mobility impairments. Within this software, children sitting in a virtual wheelchair experience obstacles such as stairs, narrow doors, objects too high to reach, and attitudinal barriers such as inappropriate comments. Using a collaborative research methodology, 15 youth with mobility impairments assisted in developing and beta-testing the software. The effectiveness of the program was then evaluated with 60 children in Grades 4-6 using a controlled pretest/posttest design. The results indicated that the program was effective for increasing children’s knowledge of accessibility barriers. Attitudes, grade level, familiarity with individuals with a disability, and gender were also investigated.

This article is important because it discusses an actual program that was developed with the help of children with disabilities. This article discusses physical barriers and attitudinal
barriers. The virtual reality program made the students more aware of the physical and attitudinal barriers that children with disabilities have to deal with. This is what the disability awareness program that I plan to develop will focus on the same barriers as discussed in the article.


**Abstract**

Investigated preschoolers' playmate preferences for line drawings of a physically normal child, one with a facial scar, one wearing a leg brace, and one sitting in a wheelchair for several contexts: classroom, eating, reading, television, and playground. Differences in preferences for age, gender, ethnic group, and context were investigated. No gender differences were found. African American children were more accepting of a child seated in a wheelchair than Caucasian children. Very young children had limited understanding of the impairments. Also, the children were less likely to express preferences for the children with orthopedic impairments for the playground context. Interventions involving typically developing children and peers with impairments in play that does not require motor activity may enhance the acceptance of children with orthopedic impairments.

This article was interesting in the fact that it showed that boys and girls in the study reported a first choice preference for the physically normal child and reported a last choice preference for the child in the wheelchair most of the time. This reaction of the children in the study was regardless of the context. This study also found that the younger children had a very
limited understanding of the impairments that were shown in the pictures. The disability awareness program I’m developing will help to close this knowledge gap. The contexts of the study included situations such as playing in the classroom, playing on the playground, reading with, watching television at your house with, and eating lunch with. Children in schools need to know that children with disabilities can participate just as much as children without disabilities in these varying situations. The disability awareness program will focus on the things that children with disabilities can do rather than what they cannot do. It will show some of the ways that children with disabilities compensate and can do the same things that children without disabilities can do.


Abstract

We examined the influence of sociometric status and the interactive effects of sociometric status and causal information on peers’ initial impressions of an unfamiliar child with autism. Children (N = 576) enrolled in regular education completed sociometric nominations and responded to videotapes of a child portraying autistic behavior. In contrast to sociometrically average and rejected children, neglected children reported more negative attitudes toward the child with autism and less willingness to engage in academic activities with him. Popular children did not differ from other sociometric groups on selfreported attitudes and behavioral intentions toward the child with autism. We predicted that popular children would be the most
responsive to causal information about autism; however, rejected children reported more
willingness to engage in activities with the child with autism in the presence of explanatory
information when compared to other sociometric groups.

This study was interesting because it discusses the different attitudes that children have
towards children with autism based on their sociometric status within their class. Children who
were neglected by their peers reported being less willing to engage in academic activities when
compared to rejected children. When explanatory information was given about autism and the
child with autism, the children rejected by their peers reported more willingness to engage in shared activities with the child with autism when compared to average and neglected children. The authors found no differences between popular children and other sociometric groups in their reported beliefs about unfamiliar peers. Based on previous literature, popular children achieve better social outcomes as peer tutors for children with autism. The authors discuss that the results of their study point to a behavioral interpretation rather than an attitudinal reasons for this. Popular children have relatively better leadership characteristics and therefore have a more profound impact on peer’s behavior towards a child with autism. My disability awareness children will teach all of the children in the class how to interact with children with disabilities so that they are more comfortable whether they are popular and have leadership skills or not.

Abstract

Objective: To examine factors affecting children's willingness to share activities with a peer presented as physically handicapped.

Method: Participants were 120 elementary school children randomly assigned to view a video of an ambulatory child or the same child in a wheelchair. They rated, on the Shared Activities Questionnaire (SAQ), their own willingness (SAQ-Self) and their perceptions of classmates' willingness (SAQ-Others) to participate in activities with the child.

Results: SAQ-Self ratings were consistently higher for the peer in the wheelchair. On the SAQ-Others, differences favoring the child in the wheelchair disappeared, and ratings of this child were lower than SAQ-Self ratings. No interactions were found between ambulation status and age or rater gender or preference for type of shared activity.

Conclusions: Children showed highly positive intentions toward a peer in a wheelchair, but intentions attributed to classmates were less positive, which suggests "social desirability" influenced their own ratings.

This article was interesting in the fact that it showed results that differed from many other research articles. These authors showed the participants a video of a child giving a speech about how he is changing to their school and is worried about making new friends. Then, they also showed a video of the same child in a wheelchair giving the same speech. The participants were then asked about their willingness to share activities with each child and what they thought their peers’ willingness would be to share the same activities. The interesting thing about this article is that the participants, when speaking about themselves, stated that they would be more willing to share activities with the child in the wheelchair. These are the opposite findings of most previous research about children’s attitudes towards peers with disabilities. The researchers provide
explanation for this with the concept of social desirability. They explain that these children wanted to respond in a way that is socially desirable and wanted to present the image of a good boy or girl. They also explain that these children attend an elementary school that promotes understanding an acceptance of children with disabilities through educational programs. Therefore, they explain that this study could provide support for the efficacy of programs such as my disability awareness program.


Abstract

Changes in choices of preferred playmates by 3- and 4-year-old children were observed over the course of a school year. All of the children in this study participated in planned, fully mainstreamed, same-age preschool classes. Sociometric assessments were obtained from all children without disabilities in October, February, and May of the school year; peer nominations of three “best friends” were obtained at the beginning and end of the school year. The 3-year-old children showed a general decline in the ratings given to all of their peers over the course of the school year. Four-year-old children showed significant preferences for same-sex peers without disabilities as playmates. The implications of these findings for integrated programs are discussed.

This study was significant to my disability awareness program in that it showed that children with disabilities received lower sociometric ratings that children without disabilities.
Children without disabilities were chosen as best friends significantly more often than children with disabilities. None of the 4-year-old children with disabilities were chosen as friends at the beginning of the school year. By May though, 5 of 9 of these children were identified as a friend by a typical peer. This could show that experience with a peer with a disability could change a typical peer’s attitude toward that peer with a disability. This could mean that a disability awareness program where children are more exposed to disabilities could have a positive impact on the children’s attitudes towards individuals with disabilities.


Abstract

Examined children's ratings of attitudes and behavioral intentions toward a boy presented, on videotape, with or without symptoms of Tourette syndrome (TS). Effects of information about TS on these ratings were investigated as well as the influence of gender and grade. Children in Grades 3 and 5 were randomly assigned to one of three conditions: No TS, TS, or TS/information. On the attitude measure, children rated the peer presented with TS less positively than they did the peer presented without TS. On behavioral intention measures, no significant differences were found between conditions. Information about TS did not affect ratings. Implications of these findings as well as limitations of the study are discussed.

This research was interesting because it was one of the only ones that I found that researched children’s attitudes towards a specific disability, in this case Tourette Syndrome. This
study found that children found the child without Tourette Syndrome more favorable than the child without Tourette Syndrome. This study found that when information was given about Tourette Syndrome was given along with the video of the child with Tourette Syndrome, it did not cause a more favorable reaction towards the child with Tourette Syndrome. This is in contrast to one of the previous studies I found which was similar in methods but involved a child in a wheelchair instead of a child with Tourette Syndrome. These results could be seen as a reason why a disability awareness program would be ineffective for children but the researchers provide a possible explanation for these results. They explain that the educational information provided may not have been significant enough to be understood by children of this age.


**Abstract**

This paper reports a consistent preferential order when children are asked to rank pictures of children with various physical disabilities. This cultural uniformity, which is not explicitly taught, persists when comparisons of subgroups are made. Rankings are not affected by characteristics of the rater, such as sex; presence of a physical handicap; socioeconomic status; race; urban-rural differences; or setting of the interview. Despite the identity of rankings, girls more than boys show a tendency to emphasize social handicaps more than functional handicaps. Various explanations of the basic uniformity are considered.
This article was different from others that I have previously found because the researchers were looking at how different cultures of children view children with differing disabilities. They found a remarkable uniformity in the rankings of the different pictures across all of the different cultures. In all sets of subjects and for all subgroups, the child with no handicap is ranked first. The researchers provide a possible explanation saying that the child was showing preference for the familiar child. Then they refute this by explaining that even the children with disabilities still ranked the child with no disability as first. I think that the most interesting thing about this article is the degree of uniformity among all of the groups. This makes it seem that the children learned this hierarchy from somewhere. The authors provide media as a possible explanation saying that the media portrays the cultural stereotypes and emphasizes physical beauty.


Abstract

Children with physical handicaps are among those handicapped children who are placed in the regular public school classroom as the least restrictive environment possible for their education. Physical therapists are increasingly extending their service into school settings and are likely to be in the position to become advocates for the physically handicapped student. A review of research on attitudes held by nonhandicapped peers reveals that unfavorable attitudes
toward physically handicapped students are prevalent. Strategies for the physical therapist to use in helping to promote positive peer attitudes toward physically handicapped children are presented.

This article was very interesting in that it provided ways to promote more positive attitudes towards individuals with disabilities. The authors mentioned a project carried out to prepare students and teachers in elementary school classrooms for new students with orthopedic as well as sensory and motor disabilities. It included five different sections. The first was “Frustrating experiments” where the children were in restricting situations so they could begin to feel what it is like to have a special need. The next was “Looking at aids and appliances” where the children were able to try out different devices for individuals with disabilities. This included things like wheelchairs, hearing aids, and braille. The next section was “Speakers” where different individuals with disabilities would come in a talk to the students. The next section was “Books, movies, pamphlets” where the children got information about each disability. The final section was “Discussion” where the children had time to ask questions and talk about their experiences or feelings. The authors explain that studies of disability simulation occupations, such as the ones that my disability awareness program will use, have not been researched with children. They say that for college-age subjects, that these have caused positive changes in interpersonal attitudes for both the role player.


Abstract
The theory of planned behaviour (Ajzen, 1988) was used to examine the relationship between the attitudes and behaviour of primary school children towards peers with physical disabilities included in regular education. The participants were 188 primary school children aged 8 to 12 years. Children’s attitudes toward peers with disabilities, their behavioural intentions to interact with and befriend such peers, and the amount of control they perceived having over interactional behaviour, were assessed using self-report measures. These variables were used to predict the amount of time children reported spending with their classmates with physical disabilities in the classroom and playground. The results supported the theory of planned behaviour. Children’s attitudes and perceived behavioural control were significant predictors of their intentions to interact with a child with physical disabilities. Intentions predicted actual behaviour to a modest extent, while perceived behavioural control was not directly associated with actual behaviour. The implications of these findings for interventions to change the attitudes and behaviours of students toward classmates with disabilities are discussed.

This article was interesting because it explained the theory of planned behavior which involves models of predicting behaviors from people’s attitudes. The authors explain that attitudes toward a behavior has an effect on a person’s behavioral intentions which has an effect on the person’s actual behavior. They propose however that perceived behavioral control also has an effect. This is how easy or difficult the person perceives the performance to be. This means that the disability awareness program would need to explain how easy it is to include children with disabilities into any situation.

**Abstract**

Measures to assess children’s knowledge about and affective attitudes toward disabled persons were developed and administered to 367 elementary school children. Children’s knowledge increased with age but was unrelated to sex or previous experience with disabled persons. In contrast, children’s social-distance ratings were unrelated to age but did vary with previous experience and sex. Children with more experience and girls expressed greater willingness to interact with disabled peers. The potential usefulness of the knowledge and social-distance scales as outcome measures for disability-awareness programs is discussed.

One interesting thing about this article was that the authors found a correlation between the knowledge of and the attitude toward disabled persons. The more knowledge a child had about individuals with disabilities, the more positive their attitudes were towards individuals with disabilities. This indicates that even if the disability awareness program only involved the educational piece and not the disability simulation occupations, the program would still be successful in creating more positive attitudes towards individuals with disabilities. This could end up being a more realistic option that could more easily be implemented into schools. If more teachers knew that simple knowledge could create more positive attitudes, they may be more willing to start educating about disabilities at a younger age.


Abstract

AIM: Although inclusive education of disabled children is now an accepted practice, it is often challenged by negative peer attitudes. We undertook an interventional study aimed at improving students’ attitudes towards their disabled peers.

METHOD: The participants were students from the 7th grade of twelve paired schools (1509 students from 62 classes; age 12–13y), randomly allocated to an intervention group (205 males, 285 females) or a control group (132 males, 165 females). The intervention consisted of a mandatory comprehensive educational project on disability. The Chedoke-McMaster Attitudes Towards Children with Handicaps Scale (CATCH) was used to assess children’s attitudes before (T0) and after (T1) intervention. The hierarchical structure of the data was taken into account by adjusting standard deviations and using linearmultilevelmodels.

RESULTS: Seven hundred and eighty-four students had at least one score on the three domains (cognitive, affective, behavioural) of the CATCH at T0 and T1. The final scores were higher than baseline scores (total scores, intervention group: baseline score 25.6 (SD=5.4), final score 26.8 (5.9), p<0.001; Control group: baseline 25.2 (5.4), final 26.0 (5.7), p<0.009) with no significant difference between the intervention and control groups. Individual score changes over time were associated with baseline score (p<0.001 for total and all sub-scores). Lower improvement in attitudes was found in students from schools with special units for their peers with cognitive impairment for total (p=0.013), affective (p<0.001), and behavioural (p=0.001) scores, while higher improvement existed for the cognitive domain (p=0.029).
INTERPRETATION: Although we found no effect of our intervention, we found an improvement in attitudes in the intervention and control groups that could be a result of the nature of the scales and questionnaires the students had to complete before the intervention. This article was interesting in that there was no statistically significant effect of their disability awareness training. They did find that there was less improvement in the attitudes of students that attended a school in which the children with cognitive disabilities were in a separate unit. This could possibly mean that since these children are not exposed to those children as much, their attitudes are less likely to improve. Think of it as “out of sight, out of mind.” Since the children are not exposed to the children with disabilities, it will be more difficult to improve their attitudes towards them. This means that the disability awareness program should provide exposure to these children with disabilities by possibly allowing them to coming in and talk about their disabilities.


Abstract

More pupils with autism are now being educated in mainstream settings and inevitably there is increased interest in their interactions with their peers. In this article, Philip Whitaker, of the Educational Psychology Service in Northamptonshire, describes his study of shared play between children with autism and their mainstream peers. The study involved ten youngsters with severe autism, educated in a unit attached to a mainstream school, and a group of volunteer
‘peer tutors’. The children met in weekly interaction sessions designed to promote shared play and communication. The peer tutors were provided with some coaching in interaction techniques and the impact of the intervention was evaluated through analysis of video recordings of play sessions made at the beginning and end of the project. The peer tutors and their parents were also interviewed at the end of the project to explore their experiences. The results Philip Whitaker reports are encouraging. All parents were strongly supportive of their children’s participation. All but one of the peer tutors found the experience challenging but rewarding and wanted to continue their involvement beyond the 20-week project. The video evidence revealed that the peer tutors, with relatively limited preparation, were able to engage the youngsters with autism in high and sustained levels of shared play. The frequency of requesting by children with autism increased substantially over the course of the project, although levels of initiation of shared attention remained consistently low. Philip Whitaker concludes his report with a series of suggestions for enhancing the impact of this interesting work.

This article was interesting because it involved typical peers interacting with children with autism. Not only did the authors measure the amount of increased socialization of the children with autism but they also asked the typical peers whether they actually enjoyed it or not. It was interesting that all of the typical peers described the experience as a challenging but enjoyable experience. Children that describe something as challenging usually would not say that it was also enjoyable. This shows that children actually enjoyed interacting with children that may be different than them. They may just need the opportunity to actually engage in social interactions with children with disabilities to change their attitudes about them.
Capstone Dissemination


Abstract

We investigated students’ perceptions of 20 different disabilities in a within-subject design. Two between-subjects variables were also employed: (a) sex of the participant, and (b) grade level (3, 6, 9, 12, or college). Participants were read a brief definition of each disability, and were then asked to rate the disability in terms of its visibility, severity, acceptability, and familiarity. The results indicated that (a) 6th and 12th graders were significantly more accepting than 3rd graders; (b) in general, females were more accepting than males, with males giving significantly higher ratings of severity to four disabilities than did females; and (c) 3rd graders gave the highest ratings of visibility, lowest ratings of familiarity, and lowest ratings of acceptability. The implications of these findings are discussed.

The most significant thing about this article is that the 3rd graders were significantly less accepting of disabilities than the older students. This indicates that there is a need to start disability awareness training at a younger age so that younger children with disabilities can be included by their peers. The results also indicate that the more familiar an individual is with disabilities, the more accepting they are. This means that the disability awareness program should involve actual contact with individuals with disabilities.

Abstract

Factors associated with children’s attitudes towards persons with physical and intellectual disabilities were examined in a meta-analysis spanning the years 1990 to 2000. A total of 20 studies met the inclusion criteria allowing for 65 comparisons across 2,240 participants. Factors of interest were attitudinal components, type of disability, age and gender of respondents, and role of inclusion. The majority of research findings revealed that children preferred target children without disabilities compared to targets with physical or intellectual disabilities. Three methods for calculating average effect sizes were used: (a) unweighted means, (b) weighted means, and (c) vote counting. It was concluded that biases in attitudes do exist but that summary results need to be interpreted with regard to individual study differences and the methods used to calculate mean effect sizes.

This article was interesting because the authors mentioned many articles about children’s attitudes and perceptions of children with disabilities. They talked about how different the articles are which made it harder to compare the different articles and get a general idea of children’s attitudes. One interesting point was an article they mentioned that found that children in a non-inclusive physical education class had more positive attitudes towards children with disabilities than the children in the inclusion class. This goes against some of the other research articles that conclude that more exposure to disabilities results in more positive attitudes. The authors explain that it could be because in the physical education class, the children are exposed to the limitations of the child with a disability therefore giving them a more negative attitude about him or her. This is of importance to the disability awareness program because it shows the need to portray individuals with disabilities in a positive light and the importance of focusing on the things that a person with disabilities are able to do rather than what they are unable to do.

**Abstract**

Children’s expressed attitudes toward handicapped peers are related to many factors. In this review the authors assess recent literature and present data from their own studies concerning the role of gender, age, parental attitudes, volunteering, familiarity with a disabled person, and the physical structure of schools as determinants of attitudes. The importance of understanding these determinants is discussed.

One part of this study that was interesting was the article found of children’s attitudes towards individuals with disabilities compared to their parent’s attitudes towards disabilities. They found that at an early age, the children’s attitudes were different from their parents but that the older they were, the more their attitude was similar to their parents. This shows that the disability awareness program should begin at a younger age because the children are more easily influenced.

The article chronicles and discusses A Big Blue Whale’s Dream, one of the first major theatre-in-education (TIE) projects commissioned by local and governmental cultural foundations in South Korea. Designed specifically for the non-disabled fifth and sixth graders of Inclusive Classes to enhance their awareness and perception towards the disabled, the programme addresses sensitive and complex realities in the Inclusive classroom in Korea. The article also examines the TIE programme’s implication on three major areas: the impacts and possibilities of using TIE for disability awareness education; the confusion and expectation in embracing TIE as a new theatrical and educational vehicle in Korea; and the continuing struggle of creating and sustaining collaborative arts partnership.

This article was really interesting. The idea of using theatre to enhance individual’s awareness of disability is a very unique idea. I think that actually having children playing the parts in the plays would really help to enhance their knowledge and understanding of disabilities. Actually getting to play the part of a disabled child would help the children gain empathy towards individuals with disabilities. The individuals watching the play would also increase their knowledge and understanding of disabilities. This could be something that could be included in the disability awareness program as well. Making small skits for the children to act out about a child with a disability could replace some of the disability simulation occupations.


Anna McMurray and Jonathan Beebee describe a project review of learning disability awareness training delivered to staff in a general hospital. Key drivers for this initiative are
outlined and the ways in which the event was planned and delivered are discussed. The evaluation is reviewed and implications for practice are suggested.

This article was very interesting in the fact that it was aimed at health care professionals. When thinking of individuals that need to be more aware of individuals with disabilities, healthcare professionals are some of the last we think about. It makes sense however, because healthcare professionals are so well educated that they may often forget that some of their patients may not have even graduated high school. Complaints are always made about doctors or nurses who do not explain medical procedures or diagnoses is lay terms. This problem would only be exaggerated for patients who have an intellectual disability. This shows that there could be a need for a disability awareness program for healthcare professionals as well as children.


Background: People with disabilities compose one of the largest and fastest growing subgroups of the U.S. population. Disability and rehabilitation issues are not well covered in most North American medical school curricula. This article describes the development and assessment of a 3-hr workshop for medical students on disability skills and awareness.

Description: Fourth-year medical students on a required clerkship participated in the workshop on alternate months. The efficacy of the intervention was measured by a comparison between the
participant and control students using a pretest and posttest self-efficacy questionnaire and a one-station Standardized Patient (SP) Clinical Case depicting a hemiplegic patient and a caregiver

Evaluation: Factor analysis of the survey yielded 4 subscales: Attitude, Advocacy, Interaction, Obtaining Services. There was a significant difference between the treatment and control group on the advocacy scale and on the SP communication and interstation exercises.

**Conclusion:** A targeted educational intervention can have a positive effect on medical students' knowledge, skills, and attitudes toward patients with disabilities.

This article was interesting in that it involved disability awareness training for medical students. It really makes sense for medical students to receive this training because they are eventually going to be the doctors of the individuals with disabilities. They need to learn to have empathy for their patients and they should want to advocate for them. It was also very encouraging that the therapeutic module part of the intervention discussed was presented to the medical students by an occupational therapist. This just reiterates the fact that an occupational therapist should be the one implementing the disability awareness program at Cuyahoga Falls Schools.

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This paper takes a critical look at simulation exercises. Little evidence exists that these exercises have a positive effect on either attitudes or behavior but, despite this, they are used extensively in disability awareness training, both for children and adults. It is argued in this paper that by individualizing and medicalising disability, and by focusing excessively on
problems and difficulties, simulation exercises provide false and misleading information, and inculcate negative, rather than positive, attitudes towards disabled people. It is suggested that simulation exercises fail to simulate impairment correctly, and address neither the coping strategies and skills disabled people develop in living with impairment, nor the cumulative social and psychological effect of encountering social and physical barriers over a lifetime. Rather than using simulation as a means of attempting to understand the experience of disability, the paper concludes by advocating the use of disability equality training, which is devised and run by disabled people themselves.

This article is very relevant to the disability awareness program. It actually explains reason not to use simulation exercises because they do not simulate impairment correctly and encourage negative attitudes towards individuals with disabilities. I believe that disability simulation occupations can be used in disability awareness training and can be affective at creating positive attitudes about disability as long as they are paired with other information. The disability awareness program at Cuyahoga Falls will include an educational component of the certain disability being discussed as well as a disability simulation occupation. Included in the educational piece, there will either be a speaker or a video of someone with the actual disability so the students will actually hear from them what it is like to live with the disability.


Purpose: This article describes work at the Virginia School of the Deaf and Blind in Hampton, Virginia, USA. Disability sensitivity training in businesses and government organizations has become a more important activity in the United States since the Americans with Disability Act (ADA) of 1992 was published. That act of the US Congress required organizations to hire and make reasonable accommodations for the disabled. Issue: Lack of
sensitivity or awareness of the plight of the disabled in business and government continues to be a distinct problem requiring attitude changes and training, but this problem can become acute even for professionals in organizations dedicated to the care and education of the disabled.

Conclusion: Professionals tend to become inured to the hardships of others and lose sight of the need for both verbal and non-verbal sensitivity in the workplace.

What was really interesting about this study was the actual disability awareness training. They had a group of 20 staff members from the Virginia School of Deaf and Blind and had them work together as a team to prepare lunch for 20 people. Each person was given a disability assignment and asked to stay within the capabilities of that disability. The team had two hours to complete the task. Afterwards, they reconvened to discuss their experiences with their assumed disability. The professionals were able to see that sometimes the way they intervene with the individuals with disabilities at the school is not always the best.


Abstract

Title. Attitudes towards people with physical or intellectual disabilities: nursing students and non-nursing peers.

Aim. This paper is a report of a study of the attitudes of Dutch nursing students towards people with physical or intellectual disabilities.
Background. Attitudes of healthcare professionals are a major factor in the rehabilitation and self-acceptance of persons with disabilities. Consequently, it is important that nurses develop or maintain positive attitudes towards people with disabilities during their education. However, more knowledge is needed about current attitudes of nursing students and factors influencing these attitudes.

Methods. A sample of Dutch nursing students (n = 81) and an age-matched group of non-nursing peers (n = 48) completed standardized scales measuring attitudes about physically or intellectually disabled people. Data were collected in 2006.

Findings. Nursing students were more positive towards physically disabled people than their peers, and more strongly endorsed empowerment and similarity of intellectually disabled people. These attitudinal differences generally remained statistically significant after multivariate adjustment for demographic variables and experience and contact with individuals with disabilities. An important independent determinant of a positive attitude towards physically disabled people in the total sample was having a relative or friend with a physical disability. This association, however, was not apparent in attitudes towards intellectually disabled persons.

Conclusion. Educational interventions aimed at improving attitudes towards people with disabilities should include focus on forms of contact beyond the context of formal care relationships.

This was an important research article with regards to the disability awareness program at Cuyahoga Falls schools. They focus on the fact that participants attitudes towards disabilities were greatly influenced when the person had a relative or a friend with a physical disability. This means that the disability awareness program should provide students in the second-grade classrooms with the opportunity to have contact with individuals with disabilities. Each disability awareness program session will have either a guest speaker with that particular disability or a video of someone with that disability.

Background: While current practices strive to include individuals with intellectual disabilities in community opportunities, stigmatizing attitudes held by the public can be a barrier to achieving true social inclusion.

Methods: A sample of 625 community members completed the Social Distance Subscale of the Multidimensional Attitude Scale on Mental Retardation.

Results: Older and less educated participants held attitudes that reflected greater social distance. Participants who had a close family member with an intellectual disability and those who perceived the average level of disability to be ‘mild’ expressed less social distance. The limited variability in scores leads us to question our overall finding of very favourable attitudes towards social interaction with persons with intellectual disabilities.

Conclusions: This study demonstrates that although certain demographic variables are still relevant in identifying social distance attitudes, the measurement of this construct requires revision to ensure a valid and sensitive reflection of the public’s attitudes.

This research article was interesting it involved a large sample size and involved members of the community and not any particular population such a healthcare professional or student. It was interesting that older individuals had attitudes that reflected greater social distance. One would think that the older an individual is, the more experience he or she has with individuals with disabilities, hence leading to a more positive attitude of individuals with disabilities. This was not the case however. It was not surprising that less educated individuals
would have attitudes that reflected greater social distance. Individuals who have less knowledge of disabilities are less likely to understand individuals with them. Participants who had a relative with a disability expressed less social distance. This is the reason that the disability awareness program at Cuyahoga Falls Schools needs to have individuals with disabilities come in and talk to the students. It will give them that contact that they need to be more empathetic and understanding of individuals with disabilities.


Abstract

Negative perceptions and attitudes toward persons with disabilities persist. These invisible barriers serve to limit social interactions with persons with disabilities and fuel the reciprocity of negative attitudes. Research suggests that social proximity to disability is a major factor affecting how these attitudes manifest themselves. A sample of 218 undergraduate students completed the Attitudes Toward Disabled Persons Scale (ATDP), a direct measure of attitudes toward people with disabilities. Study findings suggest that representation of persons with disabilities in leadership roles in work, education, and other social settings may promote greater attitudinal shifts toward persons with disabilities than contact with persons with disabilities in non-authoritarian roles.

This research article had interesting and unique results. They tested to see if there was a difference in participants’ attitudes towards individuals with disabilities when they had a friend or relative with a disability compared to having a professor or instructor with a disability. They
found that participants who had a professor with a disability demonstrated increased scores on the Attitudes Towards Disabled Persons Scale than participants who had a friend or relative with a disability. This has implications for the disability awareness program in that when the occupational therapist finds guest speakers for the sessions, he or she should try to find speakers with more authoritative roles because it could give the students a more positive outlook on individuals with disabilities.


Abstract

Background: Instruments to detect changes in attitudes towards people with disabilities are important for evaluation of training programs and for research. While we were interested in instruments specific for medical students, we aimed to systematically review the medical literature for validated survey instruments used to measure attitudes of healthcare students and professionals towards patients with physical disability.

Methods: We electronically searched Medline, EMBASE, PsycINFO, Health and Psychosocial Instruments. We included papers reporting on the development and/or validation of survey instruments to measure attitudes of healthcare students and professionals towards patients with physical disability. We excluded papers in which the attitudes were not measured in a provider-patient context. Two reviewers carried out titles and abstracts screening, full texts screening, and data abstraction in a duplicate and independent manner using standardized and pilot tested forms.

Results: We identified seven validated survey instruments used for healthcare students and professionals. These instruments were originally developed for the following target
populations: general population (n = 4); dental students (n = 1); nursing students (n = 1); and rehabilitation professionals (n = 1). The types of validity reported for these instruments were content validity (n = 3), criterion-related validity (n = 1), construct validity (n = 2), face validity (n = 1), discriminant validity (n = 1), and responsiveness (n = 1). The most widely validated and used tool (ATDP) was developed in the late 1960s while the most recent instrument was developed in the early 1990s.

Conclusion: Of the seven identified validated instruments, less than half were specifically designed for healthcare students and professionals and none for medical students. There is a need to develop and validate a contemporary instrument specifically for medical students.

This research article was very interesting in that the authors explained the similarities and differences of many instruments used to detect changes in attitudes towards individuals with disabilities. The most widely validated and used tool was the Attitudes Towards Disabled Persons Scale. The authors also identify a great need for the development and validation of a contemporary instrument specifically for medical students. I believe, however, that there is a great need for an instrument to identify and detect changes in children’s attitudes towards individuals with disabilities. If there were a more universal instrument, it would be easier to compare research. Other disability awareness programs other than the Disability Awareness Program at Cuyahoga Falls Schools could use the same instrument to determine effectiveness of the program and it could be evaluated which strategies provide better outcomes.

Abstract

The present study explored typically developing children’s understanding of, and attitudes towards, the inclusion of children with physical disabilities (PD) in mainstream settings. The 60 children who participated in the study attended sixth grade in two mainstream primary schools (30 in contact with a child with PD and 30 without such contact). They filled in a questionnaire to measure understanding of disabilities and one to explore attitudes towards inclusion. Analyses revealed that children in contact with a child with PD had a better understanding of the emotional and social problems associated with the presence of PD than the comparison group. Moreover, children in contact with a child with PD expressed more positive attitudes towards the inclusion of children with PD in relation to children without such contact. Results are discussed in terms of the importance of contact in the formation of more positive attitudes towards the inclusion of children with PD.

This research articles reiterates the fact that The Disability Awareness Program at Cuyahoga Falls Schools needs to include guest speakers or videos of individuals with disabilities. The disability simulation occupations are important, however, having actual contact with a person with disabilities is extremely important in influencing the attitudes of children. Getting children with disabilities in the school involved will also give them an opportunity to explain their disability to their classmates and could be a great experience for them as well.

Sze, S. A literature review: Pre-service teachers' attitudes toward students with disabilities. *Education, 130*(1), 53-56.

Abstract

The purpose of this study is to analyze literature on pre-service teachers' attitudes toward students with disabilities. Results show: (1) research in this field tends to be limited to inclusion
study, and (2) an introduction to special education course will benefit pre-service in gaining an understanding of students with special needs, increasing their comfort level with diverse learners overall.

This study was very interesting in that it was directed towards the general education teachers. When you think about children with disabilities not being included in the classroom, you think about the other children in the class possibly not having the knowledge or empathy for the children with disabilities. This article however explains that the teachers may need some disability awareness training to improve their knowledge and attitudes towards individuals with disabilities. This could create a more inclusive class for those children with disabilities. This has implications for the Disability Awareness Program at Cuyahoga Falls Schools because a program could be developed for the teachers instead that would create more positive attitudes towards individuals with disabilities. The teachers then could pass on their knowledge to their students and create a more inclusive environment for the children with disabilities in their class.


**Abstract**

This study investigated the opinions of general education teachers working in public elementary schools in Turkey regarding the inclusion of students with disabilities into their classrooms and their willingness also to include students with more severe learning disabilities. One hundred and ninety-four general education teachers completed the survey package. The analysis of data showed that the sample possessed slightly negative attitudes towards the inclusion of students with disabilities into regular education classrooms. Results also demonstrated that only 35% of the teachers who responded to the survey were willing to include students with severe learning difficulties into their classrooms. However, most of the teachers were open to learning new skills in order to better accommodate students with disabilities by
attending in-service education programmes and then using those new skills while working with students with disabilities. Most also expressed willingness to collaborate with the families of students with disabilities. Recommendations were made for modifying the current educational policies and practices of Turkey based on the current findings.

This research article’s results were very interesting. The fact that only 35% of teachers who responded were willing to include students with severe learning difficulties into their classrooms is somewhat troubling. Teachers are supposed to implement inclusion as much as possible in their classrooms. It was slightly more encouraging that most of the teachers were open to learning new skills at things like in-service education programs. This could mean that if there were continuing education sessions or other in-service programs that talked about ways to accommodate students with disabilities, teachers would actually be interested in going. This could be a continuation of the Disability Awareness Program at Cuyahoga Falls Schools; educating the teachers as well.


**Abstract**

Teacher attitude is one of the most important variables in the education of children with disabilities. Attitudes of general educators in the city of Mumbai, India, toward disabilities and inclusion of students with disabilities into regular schools were studied through the usage of two attitude scales. The study investigated whether variable background characteristics such as age, gender, income level, education levels, years of teaching experience, acquaintance with a person with a disability, having a family member with a disability, frequency of contact and closeness to a person with disability affect the attitudes of teachers towards people with disabilities and towards inclusion of students with disabilities into regular schools. The analyses revealed that
while some of the variables of interest did affect teachers’ attitudes towards disabilities, the only variable that affected teachers’ attitudes towards inclusion was prior acquaintance with a person with a disability.

The results of this study were very interesting in that the only variable that affected teacher’s attitudes towards inclusion was prior acquaintance with a person with a disability. This just reiterates the fact that The Disability Awareness Program at Cuyahoga Falls Schools needs to not only include disability simulation occupations, but needs to include actual contact with other children with disabilities. Hearing the information from the children with disabilities themselves instead of someone else telling them what it may or may not be like having the disability would be very beneficial.


Abstract

AIM: To explore factors associated with students’ attitudes towards their peers with disabilities.

METHOD: All 7th grade students (aged 12-13y) from 12 schools in the Toulouse area were invited to participate (n=1509). Attitudes were measured using the Chedoke-McMaster Attitudes Towards Children with Handicaps (CATCH) questionnaire (affective, behavioural, cognitive, and total scores). Personal characteristics, including KIDSCREEN quality of life scores, were recorded. Data regarding information about disabilities received from parents and the media and acquaintance with people with disabilities constituted the ‘disability knowledge’ factors. The characteristics of the schools were obtained from the local education authority. Multivariate multilevel linear regression analyses were conducted to explore the associations between CATCH scores and these three groups of factors.
RESULTS: Responses from 1135 students (612 females, 523 males; mean age 12y 8mo SD 7mo; age range 10y 8mo–15y) were studied (75.2% of the students approached). Factors independently associated with more positive attitudes were being a female, having a good quality of life, being friends with a child with disabilities, or having received information about disabilities from parents and the media. Presence in the school of a special class for children with cognitive disabilities was independently associated with more negative attitudes.

INTERPRETATION: This cross-sectional study identified different personal and environmental factors upon which interventions aimed at improving students’ attitudes towards their peers with disabilities could be based.

This research article was interesting in the fact that it found many variables associated with having a more positive attitude towards individuals with disabilities. These included being female, having a good quality of life, being friends with a child with disabilities, and having information about disabilities from parents and the media. I found it interesting that the presence of a special class for children with cognitive disabilities was associated with a more negative attitude towards individuals with disabilities. This goes against some of the other research that says that contact with individuals with disabilities leads to more positive attitudes towards disabilities. This means that the occupational therapist for the Disability Awareness Program at Cuyahoga Falls Schools needs to be wary of the student’s contact with individuals with disabilities. The therapist needs to be sure that the individual with a disability is being portrayed in a positive light otherwise it could lead to negative attitudes about individuals with disabilities instead of more positive ones.

Abstract

This study investigated typically developing children’s attitudes to physical and intellectual disabilities using the *Peer Attitudes Toward the Handicapped Scale* (PATHS). Participants were 202 children aged from 9 to 12 years in mainstream classes in the UK. The effect of knowledge about disabilities on attitudes was investigated by controlling whether children received a description of either a child with cerebral palsy or a child with Down syndrome before or after completing the PATHS. Children’s friendship intentions towards the described child were also elicited. More positive attitudes toward intellectual disabilities were expressed by children provided with information about Down syndrome. More negative attitudes toward physical disability were expressed by children provided with information about cerebral palsy. This pattern was mostly attributable to the responses of girls who appeared to be more sensitive to the provision of information. Only children’s attitudes to physical disability predicted friendship intentions.

This research article was interesting in that they gave some of the children a brief bit of information about a disability to see if that affected their attitudes towards that particular type of disability. The results were interesting though and seemed inconsistent. In one case, the children who were provided information about cerebral palsy had more negative attitudes than the children not informed. On the other hand, the children who were given information on Down syndrome had more positive attitudes towards individuals with intellectual disabilities. The study does not reveal what information was provided or the wording that was used. It could be that the information provided about Cerebral Palsy was more focused on the negative outcomes of that disability and the information about Down syndrome focused on positive things. This shows that the occupational therapist presenting the disability awareness sessions at Cuyahoga Falls Schools needs to be very careful with wording. He or she needs to make sure to always focus on positive things when discussing individuals with disabilities.

Abstract

The purpose of the study was to explore relationships between individualistic/collectivistic cultural orientations and attitudes toward people with developmental disabilities (PWDD). Two studies were conducted each with 242 Chinese students in China and 174 American students in the U.S., respectively. The Individualism-Collectivism Scale (Triandis, 1995), the Mental Retardation Attitude Inventory-Revised (Antonak & Harth, 1994), and a demographic questionnaire were used to collect data. Results of Study 1 with Chinese students indicated that the horizontal individualistic cultural orientation and the horizontal collectivistic cultural orientation were related to attitudes toward PWDD when controlling the influences of previous contact with and knowledge of PWDD. Results of Study 2 with American students revealed that the horizontal collectivistic cultural orientation was correlated with attitudes toward PWDD after the influences of gender, previous contact with PWDD, and knowledge of PWDD were controlled. Implications of the findings are discussed in the contexts of socioeconomic environments in the two countries.


Abstract

This investigation compared the attitudes of teachers toward integration of students with disabilities in Haïti and the United States. A sample of 152 high school teachers in Haïti and 216
high school teachers in the United States was asked to complete a background questionnaire and the Opinions Relative to the Integration of Students with Disabilities scale (Antonak & Larrivee, 1995). Results showed that teachers in both countries had similar attitudes toward the integration of students with disabilities. Years of experience was individually correlated with attitudes, but it was not a significant predictor when other variables were included in a multiple regression. Three variables predicted attitudes toward integration of students with disabilities. Teachers’ attitudes explained the largest variance, followed by advanced degree, and range of effective accommodation of different categories of disabilities.

This research article was interesting in that it compared the attitudes towards integration of teachers in Haiti with teachers in the United States. It was interesting to see that teachers here in the United States and teachers there have similar attitudes towards the integration of students with disabilities. The other variables that the authors found that predicted attitudes towards integration were interesting as well. The variable of an advanced degree predicted attitudes toward integration. This was a variable that was not mentioned in the other articles regarding teacher’s attitudes. This information could be important if implementing a disability awareness program for the teachers at Cuyahoga Falls Schools. Knowing that teachers without an advanced degree have more negative attitudes towards the inclusion of children with disabilities could mean that the program could be aimed at these teachers only.


Abstract

This study presents the development of a new instrument, the Multidimensional Attitudes Scale Toward Persons With Disabilities (MAS). Based on the multidimensional approach, it posits that attitudes are composed of three dimensions: affect, cognition, and behavior. The scale
was distributed to a sample of 132 people along with a self-esteem measure and a frequently employed attitude scale, the *Attitudes Toward Disabled Persons Scale* (ATDP). The construct and concurrent validity of the questionnaire was demonstrated by reliability and factor analyses, as well as by comparison with the ATDP scale. Principal component factor analysis revealed three correlated but distinct factors. Results show that women hold more positive behavioral attitudes than men. Interestingly, men with high self-esteem were found to hold more positive cognitions than men with low self-esteem. Results indicate the importance of a multidimensional approach both for the construction of sound instruments and for professional interventions aimed at modifying attitudes toward persons with disabilities.

This article was very relevant to the Disability Awareness Program at Cuyahoga Falls Schools because I believe that a multidimensional attitudes scale towards persons with disabilities is needed for children. I believe that it could be based off of this scale. The multidimensional attitudes scale could be used as the instrument to measure the objective about enhancing children’s attitudes towards individuals with disabilities.


Abstract

This study investigated the nature of kindergarten children’s understanding about and attitudes toward disabilities. Interviews with 77 Canadian children enrolled in inclusive classrooms showed that kindergarten children (a) conceptualize disabilities chiefly according to physical appearances and (b) possess a fairly accurate understanding of some aspects of disabilities. Kindergarten children also hold generally positive attitudes toward persons with disabilities. These attitudes, however, do not reflect their reported friendships with persons with disabilities. Only half of the nondisabled children reported having friends who have disabilities.
Possibilities for future research and the need to further enhance the social inclusion of children with disabilities are suggested.

The results of this study were very interesting. The authors report that kindergarten children who are in inclusive classrooms conceptualize disabilities mainly according to disability. For the Disability Awareness Program at Cuyahoga Falls Schools, this means that the occupational therapist needs to be sure to focus on the fact that appearances are not everything and use many concrete examples regarding this concept. The results also indicate that the participants hold generally positive attitudes towards individuals with disabilities but still do not have many friends with disabilities. This means that the occupational therapist needs to emphasize ways to include children with disabilities in games and sports.