



# **Inclusion Resource Guide**

## Facilitating Accommodations for Participants with Disabilities



**American Red Cross**  
Training Services

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## Content Direction

### **Louise Kublick**

Former Scientific Advisory Council and Aquatics Sub-Council Member  
American Red Cross

### **John McCallum**

Senior Manager, Instructor Development and Quality Assurance  
American Red Cross

### **Jennifer Ryan**

Director of Workplace and Continuing Education  
American Red Cross

### **Stephanie Shook**

Senior Product Manager, Instructor Engagement and Quality Assurance  
American Red Cross

### **John Thompson**

Manager, Policy and Procedures  
American Red Cross



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# Introduction

Learning is enhanced when participants feel supported by their instructors. For this to be possible, instructors need to be sensitive to the individual differences of their participants. The *Inclusion Resource Guide* is intended to provide guidance on how to think about and plan for appropriate accommodations for participants with disabilities taking Red Cross Training Services courses. It provides strategies and support around facilitating welcoming and inclusive environments in addition to guidelines for developing appropriate, safe and effective accommodations. The information in this guide is intended to provide a starting point for thinking and having conversations about how best to support participants with a wide range of needs in Red Cross Training Services courses. The examples and strategies suggested are not exhaustive, and the suggested accommodations may not be appropriate for every participant.

The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits a person's ability to engage in one or more major life activities. This guide intentionally does not reference specific diagnoses. Instead, it focuses on the needs of course participants in the areas of mobility, vision, hearing, communication, learning, behavior and invisible disabilities.

This guide does not constitute legal advice. Instructors, instructor trainers, employees and volunteers of Authorized Providers and Licensed Training Providers should seek legal advice through appropriate channels within their organizations.



**INSTRUCTOR'S NOTE** A strong understanding of diversity and inclusion enables you to deliver Red Cross training in a culturally competent manner. Disability is only one of many aspects of diversity. To learn more about other aspects of diversity and facilitating an inclusive environment for participants, instructors and instructor trainers are strongly encouraged to take the online course, *Instructor Inclusion Training: Creating an Inclusive Learning Environment*. This online course is available through the Red Cross Learning Center and is designed to be completed in 45 to 60 minutes.

## American Red Cross Course Certification

The Red Cross issues course completion certificates to participants who successfully meet the course objectives. The certificate acknowledges that at the time of course completion, the person achieved all of the knowledge and skill objectives for the course. The certificate does not indicate that the person meets the requirements for a specific job position or activity. It is the responsibility of the employer or prospective employer to determine whether a person meets the requirements for a job.

## Requirements for Certification

To receive Red Cross certification, participants must meet the knowledge and skill requirements of the course.

### Demonstrating Skill Competency

#### Basic-Level Courses

In basic-level courses, participants must be able to achieve the overall **objective of the skill** in order to demonstrate skill competency and be eligible for certification. This means they can change the method they use to perform skill steps. As long as the participant is able to perform the steps of the skill in accordance with



the **proficiency criteria** to achieve the overall objective of the skill, the participant can be considered to have successfully demonstrated skill competency. The instructor's manual for each program includes tools that define the proficiency criteria for the skills taught in the program.

## Instructor-Level Courses

In instructor-level courses, instructor candidates and instructor trainer candidates must be able to perform the skill to the **standard** in order to demonstrate instructor-level proficiency and be eligible for certification. Performing the skill to the standard means demonstrating all of the skill steps as they are written, in the correct order, and in accordance with the proficiency criteria.



**INSTRUCTOR'S NOTE** Although video demonstrations of skills are provided for many of the skills taught in American Red Cross courses, instructors and instructor trainers must also be able to perform live demonstrations of the skills taught in their program. For example, an instructor or instructor trainer may need to demonstrate a skill or skill step while assisting a participant or instructor candidate during a skill session. For this reason, the American Red Cross requires instructor candidates and instructor trainer candidates to perform skills to the standard, without alterations, as a requirement for certification.

## Demonstrating Knowledge Acquisition

In many Red Cross courses, a written exam is administered to assess participants' understanding of the course material. Oral exams are an acceptable accommodation for participants in all courses, including instructor-level courses.

## Enabling Participants to Achieve Certification

For the purposes of teaching Training Services courses, the term **accommodation** describes an adjustment to a technique, method or environment that allows a participant to achieve one or more of the course objectives. The accommodation does not alter what the participant is expected to achieve, only how the participant achieves it. The participant must meet the course objectives, but may use alternate or modified techniques. An example of an accommodation that uses an alternative method to achieve a course objective is applying direct pressure with a knee instead of the hands to stop life-threatening bleeding. Another example of an accommodation is oral administration of a written exam (see Appendix A: Administering Oral Exams).

American Red Cross instructors may not omit or change the criteria for successful completion of a skill (such as reducing the number of compressions performed in a cycle of CPR) or administer an easier version of a required assessment. In American Red Cross courses, altering the course content, requirements or objectives is not permitted.



### Box 1. Guiding Principles for Facilitating Accommodations

- Everyone is welcome in Red Cross courses.
- Instructors should create and maintain class environments that are conducive to learning for all participants.
- Instructors should adjust the classroom environment and instructional methods when necessary to enable all participants to participate in Red Cross courses to the greatest extent possible.
- All participants who can successfully meet the knowledge and skill requirements of a course should receive a course completion certificate.
- If a participant requests an accommodation, the instructor should work with the participant to determine an alternative approach that meets both the training objective and the participant's needs.
- In determining whether an accommodation is feasible and appropriate, instructors should prioritize participant and instructor safety.
- The instructor-to-participant ratio should be adjusted based on the needs of the participants in a specific course.
- Whenever accommodations are provided, they should be documented on the course record. This serves as a record of the actions taken in a course, informs future course participation (e.g., in a recertification course) and prevents both the instructor and the participant from having to “reinvent the wheel.”

## When Certification Is Not Attainable

A person may participate in a class even if certification is not attainable because an accommodation is not available that will allow the participant to meet the requirements for course completion and certification. For these participants, instructors should focus on helping them to achieve as many of the course objectives as possible.

Every participant in every course should be encouraged to participate within the safe limits of their ability and to learn as much as they can. Even if a participant does not meet the requirements for certification, they can still leave the class with valuable knowledge, skills, or both.

## Interacting with People with Disabilities

Treating participants with disabilities courteously is an easy way to help them feel welcome and supported in your class.

- **Put the person first.** Use people-first language (e.g., “person with a disability” instead of “a disabled person”). This approach avoids the use of words that stigmatize people with disabilities (e.g., “crippled”), and it recognizes that the person is not defined by their disability—rather, the person is a whole and complex individual who happens to have a disability. When referring to a disability, always use the terminology preferred by the participant. For example, the participant may prefer “deafness” over “hearing impairment.”
- **Don't make assumptions.** Be careful not to make assumptions about a participant's abilities or limitations, or about how the participant feels about their disability or health condition. For example, many people who have lived with a disability for a long time may no longer view the condition as limiting or “disabling.” However, other people who have acquired a disability more recently (e.g., as the result of a stroke or an accident) may still be adjusting, physically and emotionally, to the changes to their new personal situation. Similarly, some participants may have progressively deteriorating (degenerative) health conditions, and their abilities and limitations may be changing as their condition progresses.





- **Ask before you help.** Offer to provide assistance only if it appears to be needed. If your offer is declined, do not insist, and if your offer is accepted, ask how you can best help. Many people with disabilities will ask for help if they need it, and prefer to be asked rather than directed.
- **Address the person directly.** A person with a disability may be accompanied by a family member, support person or sign language interpreter. Always speak directly to the person with the disability, unless your question or comment is intended for someone else. Adults with disabilities are adults and should be spoken to and treated as adults.
- **Determine the person’s communication preference.** Communication is often easier when people are at the same eye level. When there is a significant height difference (e.g., because the person is in a wheelchair), it might be appropriate to pull up your own chair and sit at the person’s level when having a conversation. Alternatively, stand at a slight distance so that the person does not have to strain their neck to make eye contact with you. Some people may find it feels a bit awkward when someone squats down to talk to them, and would prefer that the person remain standing.
- **Avoid defining the person by their disability.** Remember that a disability is only one aspect of a person’s identity. Talk to a person with a disability as you would talk to anyone else, and avoid dwelling on the subject of their disability.
- **Respect the person’s personal space.** People who use assistive devices (such as a wheelchair, walker or cane) often consider this equipment to be an extension of their body, an essential mobility tool, or both. When a person uses a wheelchair, do not lean on it or over it, put things on it, or push it without the person’s permission. Never grab a walker or cane or move it out of the person’s reach.
- **Do not distract service animals.** Service animals should not be played with, touched or otherwise distracted while they are working. Many (but not all) service animals wear a vest or harness that lets people know that they are working and should not be disturbed. (For more information about how the ADA defines the term “service animal” and the legal rights of people who use service animals, see Appendix B: Service Animals.)

## Planning for Inclusion for Participants with Disabilities

Sometimes, you will have advance notice that a participant may need one or more accommodations in order to participate fully in class. When you are given advance notice that a participant may need accommodations, have a meeting with the participant (and the participant’s family member, support person or sign language interpreter, as appropriate) before the first scheduled class to gather basic information that will help you understand the participant’s specific needs. Ask about the participant’s abilities and limitations. Discuss possible accommodations with the participant and, if the participant prefers, their medical provider. If appropriate, consider what accommodations have been made for the participant in a traditional academic setting. These accommodations are often transferrable. If you are unsure whether participation in your course will enable the participant to meet their goals (e.g., certification), consider offering a trial session. Be sure that this plan is understood and agreed to by the participant. Finally, ensure that environmental factors are considered, such as those related to accessibility, safety, and the person’s physical and psychological comfort.

Other times, meeting with a participant who needs an accommodation in advance of class may not be possible. For example, you may find out that a participant needs an accommodation right before class, or even during class. When this is the case, have a brief conversation with the participant about their needs, abilities and





limitations, and explore potential accommodations with the person. In many cases, an accommodation can be found. If an accommodation is not available or cannot be easily implemented while class is in session, decide on an appropriate course of action with the participant. In some situations, it might be appropriate to encourage the participant to stay and complete the training even if certification is not possible. In other situations, it might be better to arrange for the participant to complete the training at a later date.



**INSTRUCTOR'S NOTE** Not all disabilities manifest themselves in a way that is visible to others. Even though a person's disability may not be visible, it is real. Always respect a participant's request for accommodations.

## Facilitating Appropriate Accommodations

All instructors have a responsibility to help every participant to have a successful, rewarding learning experience. Meeting this responsibility may require working with a participant to identify appropriate, safe and reasonable accommodations that allow the participant to achieve course objectives to the greatest extent possible.

### Helping Participants Acquire Knowledge

Knowledge-based course content can often be delivered using a variety of teaching methods. Consider the methods that you often use and ask, will they be inclusive of all participants? If the answer is no, consider alternate methods. Also consider your classroom activities. Will all participants be able to fully participate in the activities as you plan to conduct them? For example, if an activity requires participants to write down thoughts on a whiteboard, is the whiteboard accessible to everyone? Will all participants be able to write on it? You may need to provide an alternate writing surface, or ask a participant who has difficulty writing if they would prefer another participant to write for them.

### Helping Participants Acquire Skills

To develop an accommodation to help a participant learn a skill, rely on the participant's knowledge about their abilities and limitations and take a methodical approach.

#### Step 1: Understand

Before you can make an accommodation, you must understand the requirements for demonstrating skill competency or proficiency and achieving certification for the type of course you are teaching. Remember, in basic-level courses, participants must be able to achieve the overall objective of the skill in order to demonstrate skill competency and be eligible for certification. In instructor-level courses, candidates must be able to perform the skill to the standard in order to demonstrate instructor-level proficiency and be eligible for certification.

Additionally, there may be specific requirements that affect the accommodations that can be made, depending on whether the course is for professional responders/healthcare providers or lay responders. Participants in professional responder/healthcare provider courses may demonstrate the CPR skill as they would perform it in their environment of care. For example, depending on their scope of practice, they may demonstrate CPR on an



elevated surface such as a hospital bed, stretcher or table, or they may demonstrate CPR on a pool deck or the ground. For participants in lay responder courses, an accommodation may be made that allows the participant to place the manikin on an elevated surface during skill practice. However, to demonstrate the competency needed for certification, participants in lay responder courses must perform CPR during the adult/child CPR/AED assessment scenario as it is described in the instructor's manual. For the First Aid/CPR/AED program, this means that the participant in the role of first aid responder must check the person, give approximately 2 minutes of CPR (i.e., 4 cycles of 30 compressions and 2 breaths) and operate the AED **with the manikin on the ground**. Some courses may end the assessment scenario prior to completion of approximately 2 minutes of CPR (i.e., 4 cycles). In these cases, defer to the instructor's manual for the number of CPR cycles that participants must perform.

Ensure that you are familiar with the assessment tools that are provided in the instructor's manual to assist you in evaluating participants' mastery of the skills taught in the course. Use these tools to identify and articulate the overall objective of the skill, the objective of each step in the skill, and the proficiency criteria for performing each skill step correctly. The proficiency criteria define what conditions have to be met in order to perform the skill step in a way that will achieve the objective of the step. Using this information, you can work with the participant to discover accommodations that will allow the participant to perform each step of the skill in a way that meets the criteria and therefore achieves the objective of the step and ultimately, the overall objective of the skill.

## Step 2: Explore

When a participant is unable to perform a skill (or one step of a skill) using the conventional method, explore their abilities and limitations. Often, a participant will know what they are able and unable to do. Use that knowledge, your experience as an instructor, and the proficiency criteria laid out in the assessment tool to explore potential accommodations.

## Step 3: Execute

Following the participant's lead, choose the accommodation that is most likely to allow the participant to achieve the objective of the skill or skill step. Have the participant try performing the skill (or skill step) using the chosen accommodation. Don't give up too quickly if the accommodation is not an instant success. If the accommodation is not successful, try another approach.

# Inclusion Strategies for Participants with Impaired Mobility

Impaired mobility refers to a limited ability to move. Gross motor movements (i.e., movement of the large muscles of the arms, legs and trunk), fine motor movements (i.e., movement of the small muscles of the hands and feet), or both may be impaired. Many conditions can affect a person's mobility, including obesity, orthopedic conditions (such as arthritis) and neurologic conditions (such as stroke, multiple sclerosis, amyotrophic lateral sclerosis (ALS) [Lou Gehrig's disease], Parkinson's disease and cerebral palsy). Traumatic injuries and congenital conditions can also affect mobility. Impaired mobility may be accompanied by impaired coordination, sensation, or both, depending on the underlying cause (e.g., stroke, spinal cord injury).





**INSTRUCTOR'S NOTE** Participants with impaired mobility may require accommodations in order to practice and demonstrate competency in the skill of CPR. The accommodations that can be made differ depending on whether the course is for professional responders/healthcare providers or lay responders because of the different objectives and competencies that must be demonstrated to achieve certification.

- **Lay responder courses.** Lay responders will find most people in cardiac arrest on the ground. Moving the person from the ground to an elevated surface will delay CPR and affect outcome. Additionally, CPR must be performed on a hard, flat surface. Therefore, in lay responder courses, adult/child CPR must be demonstrated on the ground to meet the program objectives. For this reason, participants must perform the adult/child CPR/AED assessment scenario as described in the instructor's manual. For the First Aid/CPR/AED program, this means the participant in the role of first aid responder must check the person, give approximately 2 minutes of CPR (i.e., 4 cycles of 30 compressions and 2 breaths) and operate the AED **with the manikin on the ground**. Some programs may end the assessment scenario prior to completion of approximately 2 minutes of CPR (i.e., 4 cycles). In these cases, defer to the instructor's manual for the number of CPR cycles that participants must perform. For skill practice, an accommodation may be made to have the manikin on an elevated surface. Because infants in need of resuscitation are often found on (or can be easily moved to) a firm, flat surface, the infant CPR skill practice and assessment scenario are designed to be performed on an elevated surface.
- **Professional responder/healthcare provider courses.** Participants in professional responder/healthcare provider courses may demonstrate the primary assessment and the CPR skill as they would perform it in their environment of care. For example, depending on their scope of practice, they may demonstrate the primary assessment and CPR skill on an elevated surface such as a hospital bed, stretcher or table, or they may demonstrate these skills on a pool deck or the ground.

## Environmental and Accessibility Considerations

- Ensure that the facility where the course will be offered is accessible to the participant. Are there ramps, elevators, or both? Are door widths adequate to allow passage of a wheelchair? Consider entrances and exits, hallways, the classroom space, the break space, restrooms, changing rooms and shower areas. Ideally, the participant should have the opportunity to explore the location ahead of time to identify areas of concern. An alternate location may need to be considered if the usual facility is not fully accessible. Be willing to think outside the box. For example, what about a yoga or dance studio with open space and soft floors?
- Consider if the participant can use the desks or tables in the classroom.
- Consider if the participant will be able to see and hear other participants and the instructor from where they will be sitting.
- Consider the availability of additional equipment that may be required or helpful, such as a mechanical lift or water-safe wheelchair for showering.
- A clean, uncluttered space is important for everyone's safety; however, when you have a participant with impaired mobility, keeping the space clear of obstacles is especially important.
- For participants with reduced sensation, take steps to avoid cuts or abrasions. For aquatics courses, use transfer mats or a portable aquatic lift to reduce the risk for abrasions caused by dragging body parts across the pool deck, and encourage participants to wear water shoes to reduce abrasions from the bottom of the pool.



- Be aware that participants with impaired sensation may be more prone to chilling. For aquatics courses, determine the temperature of the air and water in the facility and communicate this prior to the course start date if possible. Discuss air and water temperatures with facility operators if possible. Some may be willing to increase air temperatures, water temperatures, or both for the duration of the course. Suggest a rash guard, swim cap or wetsuit for those who may chill quickly. Watch for signs of hypothermia and, if necessary, end the session early.

## Teaching Considerations

- Consider providing additional instruction time. During skill practices, extra practice, more feedback and individual attention may (or may not) be needed.
- Break physical skills down into more specific steps.
- Allow skills to be performed at different levels where possible (e.g., on a table rather than the floor).
- A participant who uses a wheelchair may need to transfer to another surface (such as the floor or the pool) for skill practice. For your own safety as well as the participant's safety, do not assist the participant with transfers unless you have been trained in how to do so. Workplace health and safety regulations may require that lifts or transfers be done using equipment, such as a portable aquatic lift or a mechanical lift. If this equipment is available in your facility, ensure you are properly trained prior to using it. Always ask before assisting a person who needs help moving or transferring, and allow them to direct the movement to the greatest extent possible.
- For participants who have difficulty writing, an assistant who can record the participant's answers may be helpful during written exams.

### Box 2. Examples: Accommodations for Participants with Impaired Mobility

- **Example:** A participant in a First Aid/CPR/AED course has concerns about their ability to compress the chest of a training manikin when performing CPR.
  - o **Suggested accommodation:** Meet with the participant in advance of the class. Review the components of CPR and allow the participant to practice the skill and try different approaches prior to attending class. This can build confidence and reduce anxiety over the skill practice.
- **Example:** A participant in a Lifeguarding course has arthritis and cannot effectively secure a head immobilizer strap that loops when responding during a spinal rescue activity.
  - o **Suggested accommodation:** Replace the head immobilizer strap system with a model that uses a hook-and-loop fastener and requires no looping.



# Inclusion Strategies for Participants with Impaired Vision

A person may have impaired vision from birth or acquire a vision disability over time (e.g., as a result of physical or neurological damage or disease). Visual impairments can range from nearsightedness or farsightedness or difficulty seeing in low-light situations to a complete lack of vision (blindness). Low vision is a vision problem that affects the person's ability to do everyday activities and cannot be fixed with glasses, contact lenses or other treatments, such as medication or surgery. People with low vision or blindness may use white-tipped canes, a service animal, or both to navigate their surroundings. People with low vision or blindness may also use assistive technology, such as computer screen readers and voice transcription on mobile phones.



**INSTRUCTOR'S NOTE** Participants in aquatics courses who wear glasses should not be permitted to jump or dive into the water with their glasses on.

## Environmental and Accessibility Considerations

- Give the participant an orientation to the environment in advance of other participants arriving so that they can take their time to explore. When helping a person with low vision or blindness to navigate, offer to guide them first and ask if they would like to hold your arm, if you should guide them by the shoulder, or if they would simply prefer to follow your voice and directions. Never initiate contact without asking the person first.
- Do not rearrange the space without notice because this can impact the person's ability to navigate successfully.
- Ensure that hallways, the learning environment and other areas in the facility that the participant will need to navigate are free of clutter and are well lit.
- Consider whether the facility has features designed to assist people with low vision or blindness, such as Braille signage, the use of color contrast (to indicate the edges of steps), and texture changes (to indicate a change between areas).
- Decrease auditory distractions when possible.
- Consider what support the participant will need to safely exit the facility in case of an emergency, and arrange for a designated person to provide assistance if necessary.

## Teaching Considerations

- Discuss with the participant the accommodations that would be most effective and supportive. Many participants will already be aware of the accommodations that work for them and will have access to assistive technology or adaptive equipment.
- Consider teaching strategies that will allow the participant to fully participate. For example, a case study that you read aloud may be more inclusive than a video.
- Consider how to make course materials more accessible to the participant. For example, the participant may need large-print text, audio transcripts of printed materials or a computer screen reader. Materials for some First Aid/CPR/AED programs are available in Braille (see Appendix C: Resources).



- Consider where the participant sits in a group. Have the participant identify the best position for them.
- When writing on a whiteboard or flipchart, use large letters and a dark marker.
- When speaking to a participant with low vision or blindness:
  - o It is OK to use words that refer to vision (such as “look” and “see”) and visually descriptive language (such as references to colors, patterns or shapes).
  - o Be thoughtful and precise in your choice of words when giving directional cues. For example, instead of saying “It’s over there,” say “It’s on the table about 10 steps to your right.”
- Look directly at the participant when you are speaking because the sound of your voice orients the participant to where you are.
- Use verbal cues to supplement nonverbal cues that the participant may miss. For example, use the participant’s name when you begin to talk to them. Encourage other participants to state their names before beginning to speak. Also consider the use of music, a whistle or other auditory cues (e.g., tapping on the side of the pool deck if the participant is in the water) when teaching.
- Encourage other participants to verbally describe images and actions, for example, during a skill practice.
- With the participant’s permission, use tactile teaching. Encourage the participant to feel an object under discussion. Guide the participant’s movements or have the participant use their sense of touch to learn about an action.
- Provide oral administration of written exams if needed (see Appendix A: Administering Oral Exams).

### **Box 3. Examples: Accommodations for Participants with Impaired Vision**

- **Example:** A participant with low vision is struggling to locate the proper hand and body position for chest compressions.
  - o **Suggested accommodation:** Demonstrate the proper positioning on the manikin and encourage the participant to touch the manikin, your hands and your arms to understand how to position their own hands and arms for giving compressions.
- **Example:** A participant in an aquatics class has low vision and is unable to determine how close the pool wall is when practicing endurance swims.
  - o **Suggested accommodation:** Assign someone on the pool deck at each end of the participant’s lane to watch the participant and tap a cone on the side of the pool wall or clap their hands near the surface of the water when the participant reaches a predetermined distance from the wall. This provides a directional cue for the swimmer and lets them know the end of the pool is close.



# Inclusion Strategies for Participants with Impaired Hearing

Hearing impairments vary greatly, from mild hearing loss to profound deafness, and may occur in one or both ears. Some people with hearing impairments may also have impaired speech. Because the inner ear contains the sensory receptors responsible for balance, some participants with impaired hearing may also have difficulty with balance, coordination, or both. People with impaired hearing or deafness may use hearing aids or have cochlear implants. They may also use assistive technology, such as a frequency modulated (FM) system (a wireless system that helps people with hearing impairment hear better in noisy situations).

## Environmental and Accessibility Considerations

- Minimize background noise to the greatest extent possible. For example, schedule classes during times when the facility is less busy or in quieter areas of the facility. Close windows or doors to noisy outside areas. Consult with the facility operator to see if there is a way to minimize noise from heating, ventilation and air conditioning (HVAC) systems during class without compromising the safety and comfort of participants. If the classroom is not carpeted, put tennis balls on the bottom of chairs to reduce noise caused by sliding the chairs along the floor.
- Because many people with hearing impairment speechread (i.e., use the visual cues that accompany speech such as lip movements, facial expressions and gestures to discern what is being said), ensure that the facility is well lit.
- Consider what support the participant will need in case of an emergency. For example, are the alarms in the building equipped with flashing lights? Do you need to pair the participant up with someone who can notify the person of an emergency? Establish clear gestures for emergencies and provide safety information in a printed format.

## Teaching Considerations

- Discuss with the participant the accommodations that would be most effective and supportive. Many participants will already be aware of the accommodations that work for them and will have access to assistive technology or adaptive equipment.
- Consider providing the participant with the course materials (including the videos) ahead of time so that they can familiarize themselves with the content prior to attending the course.
- Consider where the participant sits in a group. Have the participant identify the best position for them.
- Make sure that the closed-captioning is turned on when showing videos.
- Use printed material to supplement verbal information. Make sure the participant has printed copies of course materials, such as the participant's manual, Ready Reference cards and skill practice sheets. Provide a printed version of the course presentation, your lesson plan notes, or both.





- Use visual cues to supplement auditory cues that the participant may miss.
  - o Use facial expressions, body language and gestures to back up your speech.
  - o Use equipment (e.g., AED trainers, CPR manikins) that provides visual feedback. If necessary, replace auditory cues (e.g., AED prompts) with tactile or visual cues. Show pictures or write information on a whiteboard.
  - o Supplement skill demonstrations with printed posters or skill practice sheets.
  - o During CPR skill practices, clap or stomp to create a visual rhythm.



**INSTRUCTOR'S NOTE** Most hearing devices cannot be worn in the water, so visual communication techniques and guidance in advance are critical in aquatics courses.

- Make sure you have the participant's attention before you speak. You may need to say their name or lightly tap the person on the shoulder or wave to get their attention.
- When speaking, position yourself so that the participant can clearly see your face. Try to avoid speaking any time the participant cannot see your face, such as when you are writing on a flipchart or whiteboard or walking around the room. Make sure your face is well lit to facilitate speechreading. Clearly move your lips and enunciate when speaking.
- If the participant hears better in one ear than the other, remember which ear is better and position yourself accordingly.
- Speak slowly, naturally and clearly.
- For classes that rely extensively on the verbal communication of information, you may need to use a sign language interpreter. Ask the participant beforehand if this is an appropriate accommodation. Remember to always address the participant directly, rather than the interpreter.
- Listen attentively to participants with hearing impairments who have altered speech. The more you listen, the more easily you will be able to understand the person's speech. Do not pretend to understand the person when you do not. Instead, let the person know that you did not understand and look for another way for them to get the message across. For example, they could write it down so you can read it.
- Frequently connect with all participants to check for understanding.



#### Box 4. Examples: Accommodations for Participants with Impaired Hearing

- **Example:** A participant in a First Aid/CPR/AED course uses hearing aids and cannot hear well in a noisy classroom.
  - o **Suggested accommodation:** Use an FM system if the participant has one. Minimize background noise to the greatest extent possible. Ask participants to count quietly, speak one at a time and avoid unnecessary chatter. Ask them to turn off manikin clickers and the volume on their AEDs; have them follow along with your AED prompts. If time allows, run one group at a time during skill practices and assessment scenarios. Reinforce learning with visual aids such as the course presentation, closed-captioning on videos, skill practice sheets, assessment scenario flowcharts, Ready Reference cards, and the participant's manual.
- **Example:** A participant in a Lifeguarding course uses hearing aids, but must take them out when they enter the water.
  - o **Suggested accommodation:** Have a conversation with the participant and help, if necessary, to create a plan for getting in the water. Understand that the participant may be watching the other students to ensure understanding, not because of lack of skill. Consider augmenting your lecture by writing key information on a flipchart or whiteboard, or by providing handouts. Always provide homework information in writing (e.g., by writing the assignment on a flipchart or whiteboard, providing a handout or following up via email).

## Inclusion Strategies for Participants with Learning Disabilities

Learning disabilities affect how a person understands, remembers and responds to new information. Examples of learning disabilities include attention deficit disorder, dyslexia (difficulty with reading and other language processing), and dysgraphia (difficulty with writing, fine motor skills, or both). These conditions can make it difficult for participants with learning disabilities to learn as quickly as those who do not have learning disabilities. Although some people with learning disabilities also have intellectual disabilities, many do not.

## Environmental and Accessibility Considerations

- Consider a classroom space that does not have distractions (e.g., windows overlooking a busy pool deck or lobby).

## Teaching Considerations

- Discuss with the participant the accommodations that would be most effective and supportive. Many participants will already be aware of the accommodations that work for them and will have access to assistive technology or adaptive equipment.
- Determine the format that a person with a learning difficulty wants to receive information in. Ask for suggestions for presenting information to make it easier for the participant to access, and select program materials accordingly. Many people with learning difficulties find visual images easier to remember than abstract words. For this reason, some participants may benefit from using materials that include pictures (such as Ready Reference cards and skill practice sheets) or watching videos. Whenever possible, avoid singling out a participant by giving them materials that are obviously different from what the rest of the group is using.



- Consider arranging for a support person, such as a more experienced participant or an additional instructor, to assist the person during class.
- Be sensitive to and provide the extra time that may be needed to learn information, master skills and complete tasks.
- Consider breaking a course that is usually taught on one day into several shorter days.
- Provide structure. Try to keep the same general format and organization for each lesson.
- Speak clearly and slow the pace as necessary to help with understanding.
- Try to avoid moving around as you talk, because this can be distracting for participants who may find concentrating difficult.
- Rhymes and rhythmic sayings may help to reinforce learning.
- Some participants will benefit from taking notes but may have difficulty processing information and taking notes at the same time. In this situation, consider allowing a note taker to accompany them to class.
- Use tools such as checklists, kitchen timers and note cards to help the participant stay on task.
- Develop, with the help of the participant, an inconspicuous method of reminding the participant to refocus when you feel that the participant is losing focus, such as a physical cue.
- Participants may need instructions explained more clearly, or broken down into more specific steps. Develop short one- and two-word cues to give directions, as needed. Supplement verbal instructions with written instructions and, as applicable, demonstrations. If the participant is having trouble understanding or following instructions, use clear language and ask the participant to repeat what they must do to ensure you have been understood.
- When teaching skills:
  - o Break skills down into their smallest component parts.
  - o Divide skill practice into smaller increments with frequent breaks.
  - o Use a variety of ways to practice skills. For example, have the participant practice the skill individually first, and then with a partner.
  - o Emphasize common elements between skills already learned and new skills you are introducing.
- When administering exams:
  - o Provide a quiet space.
  - o Confirm understanding of the instructions with the participant by having them repeat the instructions back to you. Remind the participant that they can ask questions about anything they do not understand on the written exam.
  - o Provide oral administration of written exams if needed (see Appendix A: Administering Oral Exams).



### Box 5. Examples: Accommodations for Participants with Learning Disabilities

- **Example:** A participant has dyslexia and expresses concern about taking the exam scheduled for tomorrow's class.
  - o **Suggested accommodation:** Administer the exam orally by reading the questions and answer options to the participant and allowing them to record their answers.
- **Example:** A participant is having difficulty learning the steps of a skill.
  - o **Suggested accommodation:** Ensure that the participant has printed materials to refer to during the skill practice, such as skill practice sheets, Ready Reference cards or the participant's manual. Consider giving the participant the opportunity to watch the skills video again, for example, during a class break. Have cue cards available for each step of the skill and remove one at a time as the participant shows confidence in that step. (Have several sets available for any participant who wishes to use them.) Have the participant coach another participant through the skill.

## Inclusion Strategies for Participants with Communication Support Needs

A person who has difficulty communicating may have trouble receiving, sending, or processing verbal messages, nonverbal messages, or both. Verbal communication refers to the use of spoken language and written language, as well as American Sign Language. Nonverbal communication is the sharing of information and feelings through body language, including gestures, body position, movement, facial expressions and tone of voice. Communication disorders may be developmental or acquired. They may be a primary disability or a manifestation of another condition (e.g., autism spectrum disorder, stroke, cerebral palsy).

Perseveration and echolalia are repetitive verbal behaviors that are common among people with autism, although people with other conditions can show these behaviors as well. Perseveration refers to the continued use of speech that was appropriate in one context but is now no longer appropriate. For example, the person may continue to talk about a specific TV program or repeat the same phrase even after others have responded. Echolalia refers to the repetition of words or sentences spoken by others. For example, if you ask the person, "What did you have for lunch?" they might simply repeat the word "lunch." Echolalia can be easy to overlook. For example, if you ask the person, "What do you want to eat, a banana or some grapes?" and the person responds "grapes," it may seem like you have received an accurate answer to your question. However, the person may well have given that response simply because they are repeating the last word spoken to them.

When a person has limited or no speech, speech that is difficult to understand, or has difficulty understanding other people's speech, they may find it helpful to use augmentative and alternative communication (AAC) systems. These include communication displays, sign language and speech-generating devices.



**INSTRUCTOR'S NOTE** Nonverbal communication is often linked to culture. Norms concerning acceptable behaviors may differ in areas such as eye contact, proximity and touch.



## Environmental and Accessibility Considerations

- Ensure that the facility is well lit.
- Consider the availability of a quiet area for one-on-one conversations with the participant. Minimize background noise to the greatest extent possible.
- Consider whether the facility has features designed to assist people with communication support needs, such as clear signage that includes pictures or symbols in addition to words.
- Ensure that furniture and equipment is positioned so that participants with communication support needs who use wheelchairs can move around easily and point to items.

## Teaching Considerations

- Discuss with the participant the accommodations that would be most effective and supportive. Many participants will already be aware of the accommodations that work for them and will have access to assistive technology or adaptive equipment.
- Determine the participant's abilities with regard to both expressive language skills (their ability to communicate their thoughts to others) and receptive language skills (their ability to understand what others communicate to them) and plan your approaches accordingly. Do not assume that a person who has difficulties with speech is incapable of understanding you.
- Appreciate the frustration that can accompany not being understood. Participants may need additional patience and flexibility.
- Learn and use the participant's preferred method of communication.



**INSTRUCTOR'S NOTE** Minimizing environmental distractions, especially when you are learning a new communication style, can be very helpful.

- Adapt the pace of your communication to suit the participant. Allow sufficient time for them to formulate a response.
- Use visual cues and demonstrations to augment speech.
- Listen attentively to participants who have altered speech. The more you listen, the more easily you will be able to understand. Do not pretend to understand the person when you do not. Repeat what you have understood and allow the person to respond.
- Face the participant and maintain eye contact. Give the conversation your full attention.
- Avoid negative phrasing; for example, ask participants to identify what they would do in a certain situation, instead of asking them what they would not do.



- When administering exams:
  - o Provide a quiet space.
  - o Provide extra time if needed.
  - o Be aware that the participant may need instructions explained more clearly or broken down into more specific steps.
  - o Provide oral administration of written exams if needed (see Appendix A: Administering Oral Exams).

**Box 6. Example: Accommodations for Participants with Communication Support Needs**

- **Example:** A participant in a Lifeguarding course has strong physical skills but limited verbal skills. It is difficult to evaluate the participant’s understanding of the conceptual course knowledge.
  - o **Suggested accommodation:** To assess the participant’s understanding of the conceptual course knowledge, evaluate if the participant demonstrates application of the course content (e.g., professional conduct and appearance, leadership, use of personal protective equipment) on deck and throughout the course.

## Inclusion Strategies for Participants with Behavioral Support Needs

Behavioral support needs can be associated with many conditions, including learning disabilities, developmental disabilities and traumatic brain injury. Neurodivergence refers to differences in the way the brain makes connections and is associated with conditions such as autism spectrum disorder, attention deficit hyperactivity disorder, dyslexia, dyspraxia, and Tourette syndrome. Neurodivergent people experience, interact with and interpret the world in unique ways. In some cases, this can lead to behavior that is challenging in a classroom situation.

### Teaching Considerations

- Discuss with the participant the accommodations that would be most effective and supportive. Many participants will already be aware of the accommodations that work for them and will have access to assistive technology or adaptive equipment.
- Recognize that all behavior is a form of communication. Work with the participant to understand what the participant is trying to convey.
- As appropriate, ask the participant’s family member, teacher or support person how they respond when the participant displays challenging behaviors, and try to use similar techniques.
- Have clear expectations for the participant’s behavior and communicate them ahead of time.
- Maintain routines.
- Plan all parts of the lesson to prevent unoccupied time. Consider having filler activities if the participant needs to take a break from learning to refocus.



- In some cases, a “time-out” (or break) approach will cause the participant’s challenging behavior to escalate. Consider whether a “time out” is what the participant was seeking in the first place. If this is the case, incorporate breaks into your class agenda and give the participant a way of communicating that they need a break.
- Verbal messages should be short and clear. Support verbal instructions with visual cues whenever possible.
- Keep the rules simple. Be sure you clearly state and discuss the rules (and the consequences for inappropriate behavior) with the participant. Enforce rules uniformly and consistently.
- Model appropriate behaviors and be ready to redirect the participant’s behaviors in positive ways. Focus on what you want the participant to do, instead of on what you do not want them to do. For example, say “Please walk” instead of “Don’t run.” It is easier to understand what the desired behavior is when your statement is positive, as opposed to negative.
- Praise appropriate behavior.
- Develop a system, specific to the participant, to signal the beginning and end of a lesson or activity and to signal a transition from one activity to another. For example, establish short one- or two-word meaningful cues to signal the beginning and end of an activity.
- Use picture boards, verbal cues, or both to help communicate upcoming changes in the activity schedule and give advanced notice about a change in activity. The uncertainty surrounding change is a relatively common antecedent to challenging behavior.
- “First, then” phrasing can be an effective strategy (e.g., “First [skill/activity], then [preferred activity/break]”).
- Short directions and simplified text may be required to hold the participant’s attention and allow them to retain information. It may be difficult for the participant to stay focused and learn during a lengthy lecture or slide presentation.

### **Box 7. Examples: Accommodations for Participants with Behavioral Support Needs**

- **Example:** A neurodivergent participant is disruptive in class, affecting the classroom experience for other participants.
  - o **Suggested accommodation:** Consider what the participant is trying to communicate through their behavior. Discuss strategies with the participant to help them refocus. Suggest a class break. During the break, plan how you can modify delivery of course content to be more interactive and engaging for all.
- **Example:** A participant in a Water Safety Instructor course is using a cell phone during class after being told that cell phones are not allowed. The participant discloses that they have a learning disability.
  - o **Suggested accommodation:** Have a conversation with the participant to find out how you can accommodate their learning needs. It is possible that the participant is using a cell phone to take notes in class, which you may choose to allow. Check in frequently with the participant to ensure comprehension. (It is good practice to check in with all participants.) Have the participant repeat directions back to you to ensure comprehension. Follow up with written instructions (e.g., handouts, email follow ups, practice-teaching assignments to be completed during the next class).





# Inclusion Strategies for Participants with Invisible Disabilities

Invisible disabilities are disabilities that are not immediately apparent to others but that affect the person's daily functioning. Examples of invisible disabilities include seizure disorders, chronic fatigue syndrome, chronic pain syndrome, traumatic brain injury, mental health disorders and many chronic medical conditions (such as diabetes, asthma and heart failure). Many invisible disabilities are associated with fatigue, pain, trouble sleeping, dizziness or seizures. They (or the medications used to treat them) may interfere with the person's memory or ability to concentrate. The person might have periods of remission during which they feel relatively well, followed by periods of relapse when their symptoms become worse.



**INSTRUCTOR'S NOTE** Participants who have uncontrolled seizures need close supervision, especially in an aquatic environment. It is recommended that participants consult with their healthcare provider before participating in class.

## Environmental and Accessibility Considerations

- If seizures are a concern:
  - o Be aware of hard, sharp edges (e.g., on metal tables) that a person could fall against. Consider the availability of a soft surface like a mat to support a person who is having a seizure.
  - o Modify the environment as appropriate to minimize the chance of seizures (e.g., reduce glare from lights on reflective surfaces).
  - o Consider the availability of a quiet area where a participant can rest and recover following a seizure.
- Consider the availability of environmental supports that can help the participant conserve energy. For example, can the class be held in a room on the first floor instead of on the second floor, or is there access to an elevator? Would a parking pass reduce the distance the participant needs to walk to the building?
- When teaching an aquatics course, ensure that there is a lifeguard on duty for in-water class time and communicate the medical needs of the participant to the aquatic safety team on deck.



**INSTRUCTOR'S NOTE** Conduct any conversations regarding a participant's medical condition in a private setting and include only those who need to know.



## Teaching Considerations

- Discuss with the participant the accommodations that would be most effective and supportive. Many participants will already be aware of the accommodations that work for them and will have access to assistive technology or adaptive equipment.
- Discuss with the participant factors that could exacerbate their condition and warning signs (if any) of an exacerbation that you should be aware of. Determine in advance what responses are necessary and preferable and where emergency medication (if taken) is kept.
- When teaching a course that takes place over several days or weeks, allow for flexibility in scheduling and “make-up” classes to the greatest extent possible.
- Consider breaking a course that is usually taught on one day into several shorter days.
- Some participants will benefit from taking notes but may have difficulty processing information and taking notes at the same time. In this situation, consider allowing a note taker to accompany them to class. Provide a printed version of the course presentation, your lesson plan notes, or both.
- Divide skill practice into smaller increments with frequent breaks.
- Consider allowing more time for the participant to complete homework assignments or give the assignments in advance.
- When administering exams:
  - o Provide a quiet space.
  - o Provide extra time if needed.
  - o Provide oral administration of written exams if needed (see Appendix A: Administering Oral Exams).

### Box 8. Examples of Accommodations for Participants with Invisible Disabilities

- **Example:** A participant in an aquatics class requires their service dog to be present at all times to warn of impending seizures.
  - o **Suggested accommodation:** Discuss the best place for the service dog to be positioned with the participant and the facility operator. With support from the lifeguarding staff, section off this area to ensure that others do not interfere with the service dog during the participant’s time in the water.
- **Example:** A participant in a First Aid/CPR/AED class has diabetes and needs to maintain optimal blood glucose levels during class.
  - o **Suggested accommodation:** Discuss the timing of scheduled breaks with the participant and adjust them if necessary, arrange for additional breaks for the participant, or both. Encourage the participant to bring food and drinks and to follow their normal schedule for meals and snacks; discuss with the participant in advance when skill practices and other strenuous activities will take place during the day. Ensure that the participant has a private area where they can check their blood sugar.



## Appendix A: Administering Oral Exams

Whenever you teach a class, you should be aware of the possibility that one or more participants may have difficulty reading. In some cases, the participant may make you aware of this in advance of class. In other cases, you may need to discern on your own that a participant has reading difficulties. A participant may have difficulty reading if they say they forgot their glasses, have not done well in educational settings, or do not do well in testing situations. The participant may seem nervous and apprehensive about reading printed materials. You may notice that the participant does not follow along or turn pages as you read.

If you know or suspect that a participant has difficulty reading, an appropriate accommodation is to administer written exams orally. Avoid singling out anyone in the class. Before administering the written exam, ask if anyone has forgotten their glasses or if they are generally uncomfortable with written exams. Let participants know you may give the exam orally.

Provide a private setting for administering the oral examination whenever possible to avoid distracting other participants. Co-instructors or assisting instructors can be of great assistance in oral testing situations.

Oral administration of a written exam can include different levels of reading support, depending on the participant's needs. At the participant's request, you may read only parts of the exam questions and answer choices, or you may read all of the questions and answer choices throughout the exam. If a participant requests that only certain words, phrases or sentences be read to them, you should read aloud what the participant requests when they request it. If a participant requests that all of the exam questions and answer choices be read to them, you should read the test questions and answer choices aloud in the order they are presented. You may re-read a question and its answer choices (or any part of the question or answer choices) at the participant's request.

When administering an oral exam, do not coach or lead the participant to the correct answer. Avoid clarifying or interpreting test questions. You may, however, rephrase questions using simpler vocabulary, or vocabulary with which the participant may be familiar. It is also permissible to use a manikin and other equipment as visual aids during the exam.



## Appendix B: Service Animals

**Q: What is a service animal?**

**A:** A service animal is a dog that has been individually trained to perform work or tasks for a person with a disability. Examples of work or tasks the dog may perform include guiding a person who is blind, alerting a person who is deaf, alerting a person of an impending seizure, reminding a person to take a prescribed medication, or recognizing and interrupting self-harming behaviors. The work or tasks the dog is trained to do must be directly related to the person's disability. Dogs whose only function is to provide comfort or emotional support do not qualify as service animals under the Americans with Disabilities Act (ADA).

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**Q: Should a person with a disability be allowed to bring their service animal into the classroom?**

**A:** Yes. Organizations such as the Red Cross are required to permit the admittance and use of service animals.

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**Q: Does the participant need to show proof that the dog is a service animal?**

**A:** No. A person with a disability who is accompanied by a service animal may not be asked to show proof that the animal is a service animal. Some, but not all, service animals wear special collars or harnesses. When it is not obvious what service the animal provides, it is permissible to ask (1) "Is the dog a service animal, required because of a disability?" and (2) "What work or task has the dog been trained to perform?" You may not ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

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**Q: Who needs to provide care for the service animal (e.g., ensure that the service animal's needs are met)?**

**A:** It is the responsibility of the participant to provide all care required for the service animal.

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**Q: What if another participant is allergic to the service animal?**

**A:** The instructor can make arrangements to separate the participants during the course.



# Appendix C: Resources

This appendix provides resources related to specific topic areas. This is not an exhaustive list.

## General

- Americans with Disabilities Act: [ada.gov](http://ada.gov)
- National Center on Health, Physical Activity and Disability: [nchpad.org](http://nchpad.org)
- National Council on Disability (NCD): [ncd.gov](http://ncd.gov)
- National Organization on Disability: [nod.org](http://nod.org)
- The National Rehabilitation Information Center: [naric.com](http://naric.com)

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## Amputee Resources

- Amputee Coalition: [amputee-coalition.org](http://amputee-coalition.org)
- Amputation Foundation: [amputationfoundation.org](http://amputationfoundation.org)

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## Autism Resources

- Autistic Self Advocacy: [autisticadvocacy.org](http://autisticadvocacy.org)
- Autism Society [autism-society.org](http://autism-society.org)
- Center for Autism and Related Disorders: [centerforautism.com](http://centerforautism.com)

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## Epilepsy Resources

- American Epilepsy Society: [aesnet.org](http://aesnet.org)
- Epilepsy Foundation: [epilepsy.com](http://epilepsy.com)

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## Hearing and Vision Loss Resources

- American Association of the Deaf-Blind: [aadb.org](http://aadb.org)
- American Foundation for the Blind ([afb.org](http://afb.org))
- American Printing House for the Blind: [aph.org](http://aph.org)
- Helen Keller National Center: [helenkeller.org](http://helenkeller.org)
- Lighthouse Guild: [lighthouse.org](http://lighthouse.org)
- National Association of the Deaf: [nad.org](http://nad.org)
- National Braille Association: [nationalbraille.org](http://nationalbraille.org)
- National Captioning Institute: [ncicap.org](http://ncicap.org)
- Registry of Interpreters for the Deaf, Inc.: [rid.org](http://rid.org)

## Invisible Disabilities

- Invisible Disabilities Association: [invisibledisabilities.org](http://invisibledisabilities.org)
- Invisible Disability Project: [invisibledisabilityproject.org](http://invisibledisabilityproject.org)
- National Education Association: [nea.org/invisibledisabilities](http://nea.org/invisibledisabilities)

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## Laryngectomy Resources

- American Cancer Society (ACS): [cancer.org](http://cancer.org)
- International Association of Laryngectomees: [larynxlink.com](http://larynxlink.com)

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## Learning Disability Resources

- Learning Disabilities Association of America: [ldaamerica.org](http://ldaamerica.org)
- National Center for Learning Disabilities: [nclld.org](http://nclld.org)

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## Multiple Sclerosis Resources

- Multiple Sclerosis Association of America (MSAA): [msaa.com](http://msaa.com)
- Multiple Sclerosis Foundation: [msfocus.org](http://msfocus.org)
- National Multiple Sclerosis Society: [nmss.org](http://nmss.org)

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## Spinal Cord Injuries/Paralysis Resources

- Christopher & Dana Reeve Foundation: [christopherreeve.org](http://christopherreeve.org)
- Spinal Cord Injury Information Network: [spinalcord.uab.edu](http://spinalcord.uab.edu)
- United Spinal Association: [unitedspinal.org](http://unitedspinal.org)

