

Mentoring Children and Youth with Disabilities to Lead Healthy, Active Lifestyles Program Manual

January 2019



TABLE OF CONTENTS

Table of Contents	2
Acknowledgements	3
Part I: Introduction & Overview	4
History of the Program	4
Physical Activity Recommendations and Patterns	5
About the I Can Do It! Program	6
How Does ICDI Work?	7
Family Involvement is the Key to Success!	8
Awards and Recognition: YOU DESERVE IT!	8
Part II: Why School-Based Settings?	9
A. Resource Requirements	11
B. Program Structure	12
C. Roles and Responsibilities	13
D. Technology	18
E. Curriculum	18
F. School-Based Outcome Measures	19
G. Public Relations and Communication	20
H. Community Partnerships	20
I. Disability Etiquette	21
Part III: End-of-year Ceremony and Partnership Recognition	24
Checklist for Developing an I Can Do It! End-of-Year Ceremony	25
Cut Sheet for School for End-of-Year Ceremony	27
Part IV: Planning for Sustainability	29
RESOURCES	30
REFERENCES	31

ACKNOWLEDGEMENTS

This manual is dedicated to all children and youth with disabilities who seek fitness and good health throughout their lives by adopting a program of daily increased physical activity and healthy eating behaviors.

We acknowledge and express our appreciation for the creator of the *I Can Do It You Can Do It!* (*I Can Do It!* or ICDI) program, Margaret J. Giannini, M.D. Also, we express our sincere gratitude for the original author of ICDI Program Manual, Michael Marge, Ed.D., and for the additional contributions of Jayne D. Greenberg, Ed.D. And finally, we acknowledge the efforts and contributions of the staff of the President's Council on Sports, Fitness and Nutrition to the ICDI program and its materials.

 Lance Robertson, Assistant Secretary for Aging and Administrator of the Administration for Community Living, U.S. Department of Health and Human Services

PART I: INTRODUCTION & OVERVIEW

Every child deserves the opportunity to live a healthy and successful life. The Department of Health and Human Services (HHS) is committed to creating and supporting these opportunities.

We know that healthy and fit students are better learners who are more likely to thrive in school and in life. We also know that many children do not get enough exercise or have healthy eating habits. Unfortunately, this is particularly true for children with disabilities.

That is why the Departments of Health and Human Services and Education are supporting the "I Can Do It!" (ICDI) program. The program helps schools offer an integrated program of physical education, physical activity, and training in good nutritional behaviors to students with disabilities in grades K-12. Although some children may participate in the program on an individual basis, ICDI prioritizes an inclusive, integrated approach in which children with and without disabilities play and participate in physical education together.

This manual explains the program in detail and provides practical steps to initiate and sustain it for all students with disabilities.

In communities across the country, educators, health care providers, and families are working to help children with disabilities grow into healthy, well-educated adults. An individualized program of physical activity and nutritional training is critical to that effort, and ICDI is intended to help schools meet that need.

History of the Program

In 2003, the Honorable Margaret J. Giannini, M.D., Director of the Office on Disability, proposed the national initiative called *I Can Do It, You Can Do It!* – a health promotion for children and youth with disabilities, especially children with severe disabilities. To implement the initiative, a great deal of expertise in health promotion was key for its success. At that time, the expertise of Michael Marge, Ed.D. was enlisted to direct a working group consisting of 60 organizations and agencies dedicated to the health and welfare of people with disabilities. From this effort, a viable and effective health promotion model for children and youth with all types and severities of disabilities was conceived. The result was the creation of the *I Can Do It, You Can Do It!* eightweek program of increased physical activity and healthy nutritional choices focused on children with disabilities (Marge, M., 2008).

On May 26, 2004, HHS Secretary Tommy Thompson and Surgeon General Richard Carmona joined Drs. Giannini and Marge to launch this national initiative. In addition, the President's Council on Physical Fitness and Sports partnered with the Office on Disability to implement the Presidential Active Lifestyle Award for children who participated in the program.

The program was operated in concert with the 2005 Surgeon General's Call to Action on Health and Wellness for Persons with Disabilities, which was a cooperative effort of the Office of the

Surgeon General and the HHS Office on Disability intended to reduce morbidity and mortality and to improve the quality of life of people with disabilities, especially people with severe disabilities, who are often excluded from mainstream health promotion activities.

The ICDI model was field tested from 2004 to 2008 in various sites, including schools, universities, and community-based organizations, to assess the feasibility and validity of the model and to identify opportunities to improve the model, its protocol, and its methodology. Following the field testing, Dr. Marge composed program manuals for mentors, mentees, and community organizations interested in adopting the program; those provided much of the information in this updated manual.

The program was further expanded from 2008 to 2011. In 2018, the ICDI program was transferred to HHS' Administration for Community Living (ACL).

Physical Activity Recommendations and Patterns

Physical inactivity is high among American children and adults in the U.S., as well as globally (WHO, 2018). In 2017, according to the National Youth Risk Behavior Surveillance, only 46.5% of youth participated in at least 60 minutes per day of physical activity on any of the previous five days, and only 26.1% of students were physically active on all seven days prior to the survey (HHS, 2017).

Physical activity and sports activity participation is even lower in children with disabilities. Despite the fact that 5.5 million children and adolescents with disabilities attend U.S. schools, children and youth with disabilities typically engage in very little school-based physical activity. They also engage in less healthy after-school activity and more sedentary recreations (Rimmer & Rowland, 2007) than their peers without disabilities. Additionally, the risk for obesity is higher in children with disability (Collier, 2014; Shields, C.S, Dodd, K., Taylor N., 2013; Frey G., Stanish H.I., 2008). These patterns of inactivity in childhood and adolescence lead to obesity and other health problems in adulthood.

The 2018 Physical Activity Guidelines for Americans (HHS, 2018, 2nd edition) recommend that children and youth perform 60 minutes of physical activity of moderate-to-vigorous intensity daily. This should include aerobic activities, muscle-strengthening activities, and bone-strengthening activities. For adults, the guidelines recommend at least 150 minutes a week of moderate-intensity exercise, 75 minutes a week of vigorous-intensity aerobic activity, or an equivalent combination. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably it should be spread throughout the week. They also should do muscle-strengthening activities of moderate or high intensity that involve all major muscle groups on two or more days a week.

It is important to note that although the guidelines recommend that people with disabilities consult their healthcare providers about the amounts and types of physical activities appropriate for them as individuals, people with disabilities are recommended to meet these same guidelines. Since the benefits of physical activity and good nutrition have been well documented, including reducing secondary conditions, such as the risk of developing high blood pressure, colon cancer, and diabetes; reducing symptoms of anxiety and depression; improving mood; promoting general feelings of well-being; and improving stamina and muscle strength, schools should provide opportunities to increase physical education, physical activity, and sports opportunities for children and youth with disabilities (Marge, M., 2008).

Studies also show that mentoring through physical activity and sports supports the development of social skills, improves self-esteem, and increases self-confidence (Choi, E., Park, J.J., Jo, K., & Lee, O., 2015; Rhodes, J., 2017; Murphy, N.A., Carbone, P.S., and Council on Children with Disabilities, May 2008).

ICDI addresses the critical need for increased access to physical education, physical activity, and appropriate sports opportunities to promote health and reduce health disparities between individuals with disabilities and the general population.

About the I Can Do It! Program

Developed and sustained by ACL, ICDI is an innovative physical education and physical activity initiative for children and youth with disabilities. The ICDI program, an inclusive health promotion model, encourages public and private schools across the nation to provide increased access to opportunities for individuals with disabilities to lead a healthy lifestyle including opportunities for increased physical activity and good nutrition. The program provides opportunities for individuals with disabilities to be physically active and set healthy eating goals, while earning the Presidential Active Lifestyle Award (PALA+) by:

- Increasing or maintaining participation in physical education, physical activity, sports, and recreation;
- Promoting participation in new physical or recreational activities, such as joining a new team sport or learning a new sports activity;
- · Fostering positive self-esteem and self-confidence; and
- Encouraging the establishment of weekly healthy eating goals.

The ICDI program is:

• **Inclusive.** Although ICDI was developed to address specific needs of people with disabilities, the program uses an inclusive model in which children with and without disabilities participate together. ICDI encourages all individuals, regardless of activity level, age, or disability, to participate in the program.

- **Voluntary.** This program is voluntary. Both mentors and mentees choose to participate, and mentees work toward goals they set for themselves.
- Rewarding. Everyone can be successful in this program. By setting individualized, achievable physical activity and nutrition goals, participants set themselves up to win. Through daily active participation, they can also earn recognition through the PALA+ award.
- Free. There is no cost to participate in the program.

How Does ICDI Work?

In the K-12 school setting, ICDI is free of cost and matches school site personnel (mentors) with individuals with disabilities (mentees). Mentors meet with their mentee daily if possible, but at a minimum of at least once a week to facilitate access to physical education, physical activity, sports, and recreation opportunities, and also to set weekly physical activity and healthy eating goals.

ICDI has three core tenets:

- Mentoring: School-site mentors support and guide mentees in inclusive physical activity and healthy eating activities. Mentors can be people with or without disabilities and can include physical education teachers, adapted physical education teachers, classroom teachers, paraprofessionals, or therapists. The specific role of the mentor varies according to their function in the student's life; for example, a teacher may be in a guiding role and will provide encouragement.
- Goal Setting: Each week, mentees set physical activity and healthy eating goals with support from their mentor. They work with their mentor to record their progress toward these goals.
- Recognition: After completing the program, students receive the PALA+ award to recognize their commitment to living a healthy, active lifestyle.

When it comes to goal setting, mentees involved in the ICDI program can choose the type of physical activity they enjoy — whether it is at school, home, or in the community and can be performed alone or with friends and family. Through a variety of activities students can find a fun activity that expends energy, requires movement, and accelerates the heart rate in order to meet their individualized, achievable physical activity goals. Mentees should choose activities that they enjoy, are safe, and make them feel good about themselves.

Each week, mentees also select a healthy eating goal they would like to work toward. The mentor will offer approved nutrition tips based on the mentee's selection and individual dietary needs.

Although individual dietary needs may vary, examples of nutrition goals should include recommendations such as:

- Make half your plate fruits and vegetables.
- Make half the grains you eat whole grains.
- Choose lean sources of protein.
- Choose fat-free or low-fat (1%) milk, yogurt, or cheese.
- Drink water instead of sugary drinks such as sodas.

Finally, while implementing the ICDI program, schools establish a network of community partnerships committed to providing opportunities for students with disabilities and their peers to participate side-by-side in physical activities outside of the school environment.

Participation in this program is generally initiated through the Individualized Education Program (IEP), which is a written plan for a child with a disability that is developed, reviewed, and revised in a meeting with parents and school staff, in keeping with certain requirements of law and regulations. Also, students with disabilities who may not need special education services through an IEP but need special accommodations so that they can have equal access to the general education curriculum along with their peers without disabilities, can be provided a 504 Plan (Section 504, Rehabilitation Act of 1973).

Family Involvement is the Key to Success!

ICDI success depends on family involvement and commitment to the program. The family is a critical component of this program in that parents, siblings, and others serve in a supportive role to ensure that the mentee continues to be physically active and maintains healthy eating goals.

Parents also can serve as healthy role models for their children in the home and can reinforce the mentee's healthy behaviors. And finally, parents play an important role in helping the mentee track progress toward weekly goals during off-school hours.

Awards and Recognition: YOU DESERVE IT!

Recognition is an important motivational tool to encourage students to become physically active and maintain their activity levels throughout their lifespan.

Students who achieve their physical activity and healthy eating goals for a minimum of eight weeks can earn the PALA+ and are eligible to receive a certificate. In the school setting, the program and participation period should be the length of the school year, implemented in eightweek intervals.

To receive PALA+ award certificate, mentees, mentors, and the mentee's parent/guardian work together to track the mentee's activity minutes and record their physical activity and healthy eating goals using a weekly mentee log. The log is submitted weekly to a designated adult, often the student's teacher who will be recording the progress of multiple students in the class. Weekly logs are maintained for reward verification.

Once mentees have completed eight weeks of healthy goal setting, they are eligible to receive the PALA+ certificate. If the program is being implemented in a school setting, the principal, mentor, or designee can award the certificates. If the program is being managed by a school district, then the designated administrator will accumulate the log reports at the end of the school year and award the certificates at an end of year districtwide ceremony.

The PALA+ log and award certificate can be found in Appendices B and C.

Try it as a family! Earning PALA+ can serve as a motivator for the entire family to engage in regular physical activity and good nutrition where everyone can work towards leading a healthier lifestyle in a motivating environment.

PART II: WHY SCHOOL-BASED SETTINGS?

Schools, by nature of the number of students served and the vast amount of services delivered, have been identified as providing the most viable environment for promoting positive lifestyle and physical activity behaviors. This is supported by the educational training of the teachers, mentors, therapists, and volunteers involved in programmatic initiatives, as well as the provision of settings in which students with disabilities can perform with their non-disabled peers. Schools further work together with departments within the school setting and outside community-based organizations (CBOs) to develop and implement programs based on best practices for students with disabilities. Strong school site personnel support, involving teachers, one-on-one paraprofessionals, physical therapists, respiratory therapists, occupational therapists, and counselors, along with school district level administrative support, promote healthy lifestyle initiatives with the vision of upgrading and improving access and equity for students with disabilities in existing adapted physical education, physical education, physical activity, sports, and nutrition education programs.

Through student participation in this project, three main objectives are achieved. Participation:

- Promotes the positive physical, social, psychological, and ethical values necessary to achieve lifelong healthy lifestyles in an inclusionary environment.
- Serves as the motivating factor that assists students with disabilities to continue activities that develop the cardiovascular, muscular strength and endurance, and flexibility necessary for independent life skills.

 Emphasizes accessible activities that contribute to the growth and development of the student.

School-site personnel who work with students with disabilities also provide input on each student's IEP, 504 Plan, and regularly scheduled staffing and child study teams, which include parents and guardians. Including ICDI goals in these plans will ensure that all selected activities are age-appropriate, meet the individual needs and abilities of the student, and complement the overall IEP/504.

Furthermore, there are a number of reasons schools represent the best environment for a program like ICDI. These include:

- The number of students that can be reached in a single setting, with existing resources and personnel.
- Schools, by nature of the number of students served, and the vast amount of services
 delivered, have been identified as providing the most viable environment for promoting
 positive lifestyle and physical activity behaviors. This is supported by the educational
 training of the teachers, therapists, and often volunteers involved in programmatic
 initiatives.
- The availability of settings in which students with and without disabilities can participate in activities side by side.
- School districts, as the hub of communities, have extensive backgrounds in developing
 collaborative partnerships within the community—governmental, public, profit, not-forprofit, and individual. A network of community partnerships committed to providing
 opportunities for both the students with disabilities and their peers is key to the
 program's success.

Finally, the need for such a program during the school day has been expressed by parents who are unable to enroll their children with disabilities in programs after school, due to time, money, or transportation constraints.

ICDI can be implemented as an extension of the basic Adapted Physical Education/Physical Education instructional program and provide a simple way for schools to maximize opportunities for students with disabilities to develop the foundation they will need to support a lifelong healthy lifestyle.

Tips and things to consider when implementing ICDI in school-based settings

A. Resource Requirements

Although the ICDI program itself is free, some elements may require investment by the school. Basic or General Educational Formula or IDEA funding can be used for these purposes. In addition, some school districts have successfully secured sponsorship by community organizations, grants, and other alternative funding sources. The ICDI program manager at ACL can help your school explore these options and opportunities.

Administrative Support

Administrative support and teacher buy-in is a critical component for the successful implementation of any educational program, especially programs for students with significant disabilities. However, additional staff is not necessary.

Through this support, funding through the Basic or General Educational Formula or IDEA funding can be used to support fully or in part programs such as ICDI. The advantage of a school site program is that all ICDI mentors are hired by the school district. Therefore, no outside funding for personnel is required. All school site personnel must be fingerprinted in advance of hire, which may be nominal cost for the employee as a one-time hire fee. Additionally, all salaries and fringe benefits are absorbed by the school district as part of educational employment. Possible club sponsor or other stipends could be considered, if additional funding is required.

Program Evaluation

Although students' individual progress must be tracked, particularly for those striving to earn the PALA+ award, implementation of ICDI does not require a program-wide evaluation within the school or reporting to the federal government. However, the number of students receiving the PALA+ award for participating in 60 minutes of physical activity daily should be kept via logs and that number should be submitted to the school/school district's administrator. Logs can be found in Appendix A.

If a school district requires evaluation of the program and data collection, it can determine which type of evaluation would best meet its accountability needs. The school district must ensure these are conducted in accordance with the Family Educational Rights and Privacy Act. Costs for these activities are determined by the requirements of the district.

Incentives (PALA+)

Implementing the PALA+ Awards program at the school site can be achieved at no cost to the school. The program simply requires individual goal-setting strategies and monitoring the number of minutes each student is physically active throughout the day. The PALA+ certificates (see Appendix B) are free for all schools.

To enhance the award experience, PALA+ patches can be purchased for a nominal fee at https://theloyalist.com.

Supplies and Equipment

As with any program, the supplies needed to implement the ICDI program are those necessary to implement any physical education/physical activity program for students with disabilities. This can include basic physical activity equipment such as balls, mats, and resistance bands to specialized adaptive equipment necessary based on individual needs.

Items such as racing wheelchairs should be considered for students with disabilities who wish to participate in extracurricular activities, Paralympic type events, and competitions. PALA+ logs and paper to print out e-certificates should also be secured.

Bus Transportation

Although implemented as an added incentive and opportunity, the costliest component of implementing the ICDI program at the school site setting is the cost of bus transportation to take students with disabilities from the school site to community-based organizations for outside activities during the school day. Examples include trips to bowling alleys, golf courses, snow skiing facilities, or water sports facilities. A major goal of the outside agency component, however, is the integration and socialization of students with disabilities into the community to fulfill the goal of lifelong activities beyond the school years.

B. Program Structure

Length and Duration of Program

The ICDI program can be implemented at the school site based on the typical four, nine-week sessions throughout the school year. Activity logs can be collected weekly within those periods by the teacher/mentor to monitor progress, or at the end of the school year.

Day-to-day

Students meet with their mentors between 30 and 60 minutes daily, based on their grade level, ability, and interest. Mentors may eat breakfast and/or lunch with their mentees at the school site to ensure that their mentee is adhering to their nutritional plan. It is important to note that many students with disabilities have special nutritional needs that must be discussed with their parent or guardian. The time of meals served at the school site must also be based on factors such as when medication must be taken, if appropriate. It is highly recommended that adult mentors be part of, or familiar with, the IEP/504 meetings so that they can learn firsthand what is required for each student in terms of physical activity and nutritional needs and recommendations.

Summer Considerations

Students enrolled in summer sessions can continue with the program at the school site, or parents and caretakers can work with the students during the summer session when they are not in school. Computer-based programs through assistive technology can assist when the mentor continues the program throughout the school year.

C. Roles and Responsibilities

ICDI Coordinator (District Level or School-Site Program Administrator)

At least one staff person in the school district or individual school should assume the role of ICDI coordinator. The ICDI Coordinator has overall responsibility for monitoring the program and ensuring proper processes. The Coordinator also plays a vital role in supervising the program, providing assistance to the mentors, responding to questions from parents or guardians, conducting program outreach activities (such as kickoff events and PALA+ award ceremonies), keeping program records, and being available for both mentors and mentees for advice and encouragement as they go through the program.

Key recommended tasks for the ICDI Coordinator include:

- Communicating with staff or others who might consider becoming mentors, or who
 might know youth with disabilities who are potential participants.
- Recruiting and enrolling schools, mentors, and mentees to participate.
- Providing an introductory training program for mentors that covers the information in this manual. Mentors should learn about their responsibilities before they participate.
- Disseminating updated physical education, physical fitness, and nutritional information to mentors so that they will pass this information on to their mentees and their parents or guardians.
- Communicating with mentors to provide information and support.
- Submitting PALA+ completion numbers to the contact at ACL.
- Ordering PALA+ awards.
- Playing a key role in the end-of-the-year celebration and award ceremonies for mentors and mentees.

Progress Tracking Coordinator

Teachers or other responsible adults must collect student logs and record/track progress. Often, this will be one of the participant's teachers, but it also could be a volunteer who has been cleared through the school district human resource office to work in the school.

Mentors (School Site Personnel)

Making ICDI successful requires the development of an effective and trusting relationship. With input from mentees and with their teachers, school site personnel, and parents'/guardians' guidance, ICDI mentors establish a mutually convenient schedule for program activities. In this program, the mentee and mentor can learn about each other and increase their knowledge about the benefits of increased physical activity and how to set healthy eating objectives.

The goal of the mentor is to show and educate the student mentee how physical activity and setting healthy eating goals can lead to many good things, such as better physical health and feeling good about one's self.

The mentor should meet with the mentee on a daily basis at the school site throughout the program to do the following:

- Set and discuss a weekly physical activity goal.
- Set and discuss a weekly healthy eating goal.
- Periodically communicate progress with parents and guardians.
- Recommend new activities or fun and healthy eating tips the student mentee can use to help remember to strive towards goals.
- Familiarize themselves with the appropriate types of physical activity and healthy eating goals for their mentee. Mentors can learn about their mentee's level of ability and their dietary restrictions or requirements by talking to their parent/guardian/caretaker.
- Support mentees and encourage them to become healthier by trying new physical activities or sports or new fruits and vegetables.
- Be flexible and friendly. Empower mentees to make decisions about the types of activities they would like to try. Be ready to adapt any activity so the mentee can try it out.
- Once goal setting is complete, have some fun being physically active with mentees.
 Ensure activities are both safe and enjoyable for both mentor and mentee.

Mentoring programs have shown to provide students with emotional support, encourage them to be more involved in daily activities, and help as they transition from school site activities to activities outside of the school day (Lindsay, S., and Munson, M.R., Oct. 2018). Mentors offer friendship, guidance, and positive role models. The most successful mentoring programs are highly structured, driven by the needs of the youth involved, and provide mentors with in-depth training. On-going support and training will be provided for mentors. The mentor/mentee ratio could be one-to-one or greater, as determined by the needs of the mentee(s).

Again, mentors can include any employee of the school district with an interest in and commitment to working with students with disabilities. This can include teachers, one-on-one paraprofessionals, physical therapists, respiratory therapists, occupational therapists, counselors, food service managers, and other school site personnel who have met district requirements for working in the school.

The strength of the ICDI program further lies in its ability to establish a network of community partnerships committed to providing services and opportunities for both the students with disabilities and their peer group, enabling the opportunity to participate in activities in an authentic setting, outside of the school environment. School districts, as the hub of communities, have extensive backgrounds in developing collaborative partnerships within the community—governmental, public, profit, not-for-profit, and individual.

Commitment of mentors should be for the eight-week program, across the length of the school year and grading periods. School-site personnel meet with students on an average of 30-60 minutes daily, five days per week, throughout the length of the school year, typically about 36 weeks. Program logs can be divided into nine-week sessions commensurate with the nine-week grading periods common in most school districts. Year-round schools can adjust their schedule as appropriate.

Mentees

Students with disabilities participating in this project will participate in a minimum of 60 minutes of daily physical education and physical activity, in accordance with grade-level requirements and student schedules. This will ensure equitable time across school level groupings.

Students in elementary schools will receive 30 minutes of daily physical education in addition to 30 minutes of physical activity which can be accrued through recess, classroom physical activity breaks, before- and after-school activities, and active transportation to schools. Students in middle schools will receive a minimum of 50 minutes or more of daily physical education in addition to physical activity before or after school, sports programs, and active transportation to school. Students enrolled in senior high schools will receive 60 minutes of daily physical education in addition to before- or after-school physical activity and sports programs. Mentees will also set weekly healthy eating goals.

Students with all types of disabilities, including significant disabilities, will be included in the program.

Mentees select the types of physical activities they would like to be involved with, along with nutritional preferences. Mentees share responsibilities with their mentors to ensure that their program is successful.

To meet this goal, students should:

- Establish an open relationship with their mentor.
- Meet with the mentor, face-to-face, preferably on a daily basis, but at a minimum on a
 weekly basis to be physically active and set physical activity and healthy eating goals.
- Get help from her or his parent/guardian to track physical activity and healthy eating goals on the days when the student is not with the mentor, or during out-of-school time.
- Think about new physical activity and healthy eating goals for each next week.
- Not be afraid to try new physical activities or sports with the assistance of the mentor or family members.
- Record progress towards her or his goals using the Weekly PALA+ Log. Get help from the mentor or parent/guardian, if necessary.
- Be respectful of their mentor.
- Celebrate physical activity and healthy eating accomplishments with the mentor, friends, and family at the PALA+ award celebration!

Physical Education/Adapted Physical Education Teachers

One of the cornerstones of an effective physical educator includes planning for and executing a quality physical education program. Without this foundational principle, appropriate practices around teaching and learning simply cannot occur. The role of the physical education teacher is multi-faceted, ensuring that programs are standards-based, incorporate grade-level outcomes, are age- and developmentally appropriate, committed to inclusion and equality, and address the cognitive, affective, social, emotional, and psychomotor domains of all students (Greenberg and LoBianco, 2020.)

Since classrooms are composed of diverse learners that have different abilities, being able to deliver quality instruction requires that teachers learn who their students are. In addition, the cognitive, physical, and communicative abilities of students with disabilities will guide how to deliver the curriculum and choose instructional strategies. Possibly one of the most challenging aspects of instruction is to develop a positive and inclusive environment in which all students feel safe, supported, and challenged to achieve. Therefore, the physical education teacher should explore a variety of teaching strategies, class set-up designs, and a variety of instructional and curriculum models.

Not only is it considered effective and instructive to conduct learning in an inclusive environment, it is also a legal responsibility for physical educators. The Individuals with Disabilities Education Act (IDEA) mandates that all children with disabilities receive physical education and that they are educated in the least restrictive environment (LRE) to meet their needs.

The standard should be meaningful inclusion; students with disabilities participate in physical education alongside their peers without disabilities. This requires providing physical education or adapted physical education, which includes modifications and/or accommodations to support the student with a disability. Adapted physical education is a service—<u>not</u> a placement—which is provided to students with disabilities in the integrated environment.

As physical education teachers continue to develop and revise their programs, they should become familiar with Section 504 of the Rehabilitation Act of 1973; IDEA and IEP's; reports from the United States Justice Department's Office of Civil Rights; and the Government Accountability Office.

Therapists and Support Personnel

Many students with disabilities in a school setting receive services from a variety of therapists and school support personnel, as identified in their IEPs and 504 Plans. Staff who provide these services may include physical therapists, respiratory therapists, occupational therapists, one-on-one paraprofessionals, and strong school site support personnel, involving teachers, counselors, and administrators to name a few.

The advantage of reviewing the student's IEP and working with their support personnel identified in the IEP is that many of the services and service providers have been with the student since they entered school and follow them throughout their high school years. These personnel have a vast knowledge of the student's needs and abilities and can assist in developing an appropriate physical education and physical activity program that will meet their individual needs. All physical education teachers should develop a working relationship with the student's support system.

Parents/Guardians and Family Support

It is extremely important that the student's parents/guardians are involved in the program. Mentors and mentees should suggest ways in which parents or guardians could participate in a supportive role, especially to encourage the mentee to meet their weekly physical activity and healthy eating goals.

Parents play a particularly critical role in healthy eating. It is often the parent/guardian who purchases food at home, and therefore can influence what it cooked and served. During the implementation of the program, plan for concrete ways to involve family members in the ICDI training and activities. The program will only be sustained in the lives of the students with family support at home. Some ways to involve the family are to:

- Initiate a kick-off event to promote parent involvement
- Explain commitment
- Discuss intended outcomes and incentives
- Provide web-based access to information (menus, physical activity ideas)

Family Physician/Healthcare Provider Support

It is recommended that the family physician or healthcare professionals provide guidance to the parents on the types, duration, and intensity of the physical activities that the student should engage in, or of greater importance what the student should not engage in. This should be clearly stated on the student's IEP and should be shared with the physical education teacher if they are not at the IEP meeting.

Food Service Managers or Registered Dieticians

The nutrition education portion of the ICDI curriculum should be developed and operated in consultation with a registered dietician, with parental involvement. Any food allergies or dietary needs should also be stated on the student's IEP. The information should be shared with the classroom teacher or any other school support personnel who accompanies the student to the school's cafeteria for breakfast or lunch. As needed, information should also be shared with the school's food service manager on any dietary needs. Food service managers should also assist in monitoring that the student is making the appropriate nutritional selections and that portion size is appropriate as per school district food service regulations

D. Technology

Assistive technology, such as the use of iPads or other tablets, can serve as a great tool in support of the ICDI program. Physical activity selection and nutritional selections can be communicated with apps. Schools can further develop websites or share individual student progress information through parent portals on school site/school district websites. Technology can be useful for communicating when schools are closed, such as winter break, snow days, spring break, and summer vacations.

E. Curriculum

The curriculum implemented in any school-based program will be determined based on the national, state, and district standards and grade-level outcomes. Specific curriculum and instructional needs of students with disabilities will be further based on the individual physical activity and nutrition education needs of the individual students and in consultation with parents, school support personnel, and the student's IEP/504 Plan. There are a variety of books and online resources available to assist the physical education teacher in implementing the age- and developmentally appropriate curriculum to meet the needs of all students in the class. Other curricula should be implemented in consultation with organizations and agencies that work with youth with disabilities.

During the instructional program planning stages, it is important for teachers and other mentors to keep in mind that students with many different types of disabilities can take part in the ICDI program. For this reason, there is no one "right" set of physical activities to choose. Following are some tips for choosing physical activity goals.

The type and level of physical activity that participants choose depends on several elements, including (a) how active they are when they start the program and (b) their types of disabilities. However, there are exercises for everyone. All types of activity will qualify the student mentee for meeting the 60 minutes of daily physical activity requirements. Some students will choose an activity they can complete by themselves. Others will want to choose a group game or activity. Participants should not feel under pressure to start any major physical activity or exercise programs and should feel safe in the inclusive environment.

Some school-site activities to consider are:

- Bicycling
- Bowling
- Chair aerobics
- Walking or jogging
- Wheeling
- Basketball
- Water exercise and water sports
- Weightlifting with weights or weighted equipment

- Softball
- Golf
- Yoga
- Soccer
- Dancing
- Track and field
- Sled hockey

Always keep in mind that these activities can be modified to accommodate many types of disabilities.

F. School-Based Outcome Measures

Although there is no requirement to report data to the federal government as part of this program, schools are strongly encouraged to measure outcomes. Data requirements and collection protocols should be developed in coordination with the school district's office of evaluation, but examples include:

Objectives/Planned Outcomes	How Outcome will be Achieved	Measurement Tools
Increase the amount of time students with disabilities participate in physical education, physical activity, and sport through a mentormentee model.	By offering students exciting and interesting activities through the collaborative efforts of a physical activity program.	Process data collection. (See attached Exercise Log, or PALA+ Log.)

Objectives/Planned Outcomes	How Outcome will be Achieved	Measurement Tools
Improvement in student physical fitness levels and nutritional habits.	By offering physical activities that will increase overall student's fitness and nutrition education.	Presidential Youth Fitness Program (PYFP), Fitnessgram, or Brockport Physical Fitness Test for Students with Disabilities.
Improvement of student attitude toward physical activity.	By offering activities that students can connect to and have fun while increasing activity levels and motivation.	Focus group activities or mentor/parent-led questionnaires.

G. Public Relations and Communication

Public relations and media relations are a part of any advocacy program. All programs, which showcase students excelling and becoming physically active, should have the opportunity to be shared among community members via news and social media. However, to protect the identity of all students, school-based programs must ensure that their district's protocols for securing the permission of parents/guardians are followed.

H. Community Partnerships

The strength of the ICDI program involves the strong commitment of several community-based organizations (such as the YMCA, Special Olympics, and faith-based programs) to work cooperatively with the schools in providing recreational opportunities for students with disabilities during the school day as well as during out-of-school time. Schools have extensive backgrounds in developing collaborative partnerships within the community at the governmental, public, profit, not-for-profit, and individual levels. ICDI is most successful when these partnerships are leveraged to provide physical recreational opportunities for students with and without disabilities.

In the pre-planning stages, each partner organization should assist in the development of the activity program, set timelines, provide staff development sessions, and coordinate activities for all students who express interest.

The settings provided by a coalition of CBOs further provide a motivational environment promoting adherence to lifelong involvement in physical activities. Students involved in these physical activities will develop an enhanced level of self-esteem and self-efficacy which will lead to greater opportunities for independence, productivity, and integration into the community.

I. Disability Etiquette

Communicating with and about People with Disabilities

The Americans with Disabilities Act, other laws, and the efforts of many disability organizations have made strides in improving accessibility in buildings, increasing access to education, opening employment opportunities, and developing realistic portrayals of persons with disabilities in television programming and motion pictures. Progress is still needed with communication and interaction with people with disabilities. Individuals are sometimes concerned that they will say the wrong thing, so they say nothing, thus further segregating people with disabilities. Following are suggestions on how to relate to and communicate with and about people with disabilities.

Words

Positive language empowers. When writing or speaking about people with disabilities, it is important to put the person first. Group designations such as "the blind," "the retarded," or "the disabled" are inappropriate because they do not reflect the individuality, equality, or dignity of people with disabilities. Further, words like "normal person" imply that the person with a disability isn't normal, while "person without a disability" is descriptive but not negative. The accompanying chart shows examples of positive and negative phrases.

Avoid	Use instead
retarded; mentally defective; mentally	person with an intellectual, cognitive, or
challenged	developmental disability
the blind	people who are blind, people who are visually impaired
the disabled; handicapped	person with a disability
suffers a hearing loss	person who is deaf or hard of hearing
afflicted by MS	person who has multiple sclerosis
CP <u>victim</u>	person with cerebral palsy
epileptic	person with epilepsy, person with seizure disorder*
confined or restricted to a wheelchair; wheelchair bound	person who uses a wheelchair
stricken by MD	person who has muscular dystrophy
crippled; lame; deformed	person with a physical disability, person with limb loss (or limb difference)*
dumb; mute	unable to speak, uses synthetic speech
crazy; nuts	person with mental illness or psychiatric disability (but only if known to be the case)
has overcome his/her disability; is courageous (when it implies the person has courage because of having a disability)	person who is successful, productive

*Of course, there are exceptions. Individual preferences should be determined and honored whenever possible. In addition, there are some disability communities that have established language preferences that are different from the conventions described above. For example:

- Autism: While some people prefer "person with autism," many prefer to refer to themselves as autistic. When writing, it is good to use both terms/phrases. "Person on the spectrum" is the least often preferred phrase.
- Deaf and Hard of Hearing: This is the preferred phrase for this community. It's important
 to know that many people in the DHH community do not consider being DHH to be a
 disability.
- People with missing limbs: When a person has lost a limb, they often refer to themselves as an "amputee."
- Etiquette considered appropriate when interacting with people with disabilities is based primarily on respect and courtesy. Outlined below are tips to help you in communicating with persons with disabilities.

General Tips for Communicating with People with Disabilities

- Make eye contact and maintain it as you would with a person without a disability.
- If talking with someone through a translator, speak to the person with the disability, not the translator. For example, say, "Would you like to go to lunch?" rather than "Ask him if he would like to go to lunch." Similarly, maintain eye contact with the person with the disability, not the translator.
- When introduced to a person with a disability, it is appropriate to offer to shake hands.
 People with limited hand use or who wear an artificial limb can usually shake hands.
 (Shaking hands with the left hand is an acceptable greeting.)
- If you believe a person needs assistance, ask before providing it. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions. Do not insist or be offended if your offer is not accepted.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Never patronize people by patting them on the head or shoulder.
- Never touch or distract a service animal without first asking the owner.
- Treat the individual with dignity, respect, and courtesy.
- Listen to the individual. Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to be insensitive to a person's disability.
- Don't be afraid to ask questions when you're unsure of what to do.

Tips for Communicating with Individuals Who are Blind or Visually Impaired

- Speak to the individual when you approach him or her. State clearly who you are; speak
 in a normal tone of voice and at a normal volume.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Tell the individual when you are leaving.
- Do not attempt to lead the individual without first asking; allow the person to hold your arm and control her or his own movements.
- Be descriptive when giving directions; verbally give the person information that is visually obvious to individuals who can see. For example, if you are approaching steps, mention how many steps.
- If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat.

Tips for Communicating with Individuals Who are Deaf or Hard of Hearing

- Gain the person's attention before starting a conversation (i.e., tap the person gently on the shoulder or arm).
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use short, simple sentences. Avoid smoking or chewing gum.
- If the individual uses a sign language interpreter, speak directly to the person, not the interpreter.
- If you telephone an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat the reason for the call and who you are.
- If you do not have a Text Telephone (TTY), dial 711 to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY. This service is free.

Tips for Communicating with Individuals with Mobility Impairments

- If possible, put yourself at the wheelchair user's eye level.
- Do not touch or lean on a wheelchair or any other assistive device.
- Do not move a device "out of the way" without permission.
- Do not assume the individual wants to be pushed—ask first.
- Offer assistance if the individual appears to be having difficulty opening a door. If you
 telephone the individual, allow the phone to ring longer than usual to allow extra time
 for the person to reach or retrieve the telephone.

Tips for Communicating with Individuals with Speech and Language Disabilities

- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back.
- Be patient. Take as much time as necessary.
- Try to ask questions which require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish her or his sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

Tips for Communicating with Individuals with Cognitive Disabilities

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Be prepared to repeat what you say, orally or in writing.
- Offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible, and supportive. Take time to understand the individual and make sure the individual understands you.

Remember

- Relax.
- Treat the individual with dignity, respect, and courtesy.
- Listen to the individual.
- Offer assistance but do not insist or be offended if your offer is not accepted.

Information related to the above tips comes from the Office of Disability Employment Policy; the Media Project, Research and Training Center on Independent Living, University of Kansas, Lawrence, KS; and the National Center for Access Unlimited, Chicago, IL.

PART III: END-OF-YEAR CEREMONY AND PARTNERSHIP RECOGNITION

At the conclusion of the school year, each individual school, or school district as a whole should consider conducting an awards ceremony to celebrate the ICDI program and the accomplishments of students with disabilities who earned the PALA+ Award by developing and

maintaining a healthy lifestyle. Reaching 60 minutes of daily physical activity and changing nutritional habits gives us all something to celebrate.

At the end of the ICDI eight-week session mentors should:

Beginning of the School Year:

- Meet with your mentee and their parent(s)/guardian(s) to summarize his/her efforts;
- Discuss plans for your mentee to continue regular physical activity and healthy eating behaviors;
- Review your mentee's weekly logs to ensure they worked towards their goals for eight weeks and earned PALA+. Submit your mentee's completed PALA+ healthy lifestyle log (Appendix A) to your ICDI Coordinator.
- Complete the Mentor Post-Session log and submit to the site coordinator.
- Be there to support and congratulate your mentee and their parent(s) and guardian(s) at the PALA+ award celebration!

When preparing for the end-of-year ICDI awards celebration ceremony, several steps should be implemented to ensure a successful event. Consider the following.

Checklist for Developing an I Can Do It! End-of-Year Ceremony

	5 ,
	Develop a "Back-to-School" memo to all principals introducing the program and soliciting their involvement.
	Conduct a meeting for all school site lead personnel to distribute ICDI program information. One session should be held during the first semester and a second at the beginning of the second semester.
	Order Diploma Covers to present certificates to Principals at each participating school.
	Order poster frames for select photos from year-long student activities.
	Order PALA+ Certificates and Patches in advance.
	Establish a date and location for the ceremony; ensure accessibility when selecting site.
Five	Weeks Prior to the Ceremony
	Develop invitation to the event and send to printer.
	Develop and print the event programs.

	Begin to secure photos from participating schools and mentors to develop two showcase videos, one honoring the students and one honoring the mentors. Select the music for each video.
	Secure the band to play music selections as the students arrive.
	Secure activity leaders to engage students prior to the start of the ceremony.
	Review accessibility of the site, including doors and bathrooms; make arrangements for accommodations, if needed.
	Secure a videographer and photographer. Many times, the vendor that takes student pictures will do this in-kind.
	Secure the sign language interpreter.
	Send out the VIP invitations.
	Ensure ceremony site has computer, projector, screen, sound system, and microphone.
Thre	e Weeks Prior to the Ceremony
	Meet with the event site personnel to plan for the ceremony.
	Send out ceremony information and forms to participating schools that provide details about their participation.
	Secure JROTC for the presentation of colors, pledge of allegiance, and national anthem.
	Secure student singers.
	Secure tablecloths for ceremony and awards table.
	Finalize videos with select songs.
Two	Weeks Prior to the Ceremony
	Secure the names of all participating students via email for correct spelling.
	Secure bus transportation for students attending the ceremony. (See Appendix D for Sample Transportation Forms.)
	Secure gifts for VIPs.
	Provide hospitality location at ceremony for VIPs

☐ Confirm student activities prior to event.
☐ Confirm equipment ready for event.
☐ Print out PALA+ certificates for students by school and attach patches.
☐ Order balloons for decoration and balloon drop at end of ceremony.
☐ Prepare proclamation.
One Week Prior to the Ceremony
☐ Visit ceremony site and meet with on-site staff to check arrangements.
☐ Ensure stage and chairs are set up.
☐ Ensure ramp is set up with stage.
☐ Secure tables for sign-in: schools, media, VIPs.
☐ Finalize script.
☐ Finalize school and student certificates.
☐ Follow up with VIPs and entertainment to ensure attendance.
☐ Develop press release for media coverage.
Day of the Ceremony
☐ Ensure accommodations are in place.
Cut Sheet for School for End-of-Year Ceremony
Reception Area in Gymnasium
☐ Three tables for sign-in
☐ Access to concession area
☐ Room for balloons and miscellaneous items

Classroom/Principal's Office for Hospitality	
☐ Coffee, tea, water, and condiments (i.e., cups, sugar, cream, and stirrers)	
☐ Table for food and beverages	
Gymnasium	
☐ Folding chairs	
☐ Band	
☐ Students to dance with the kids pre-event	
☐ JROTC (Presentation of Colors and VIP Escort)	
☐ Balloons (balloon drop)	
☐ Balloons on Stage (corners of stage - red, white, and blue or school colors)	
☐ Extension cord for light box	
☐ Surge protector	
On Stage	
☐ Four tables for awards, with covers and table skirt	
☐ Podium w/wireless microphone	
☐ Ramp (both sides of stage)	
☐ Skirt for ramps	
Audio/Visual	
☐ Screen (should hang behind the stage)	
☐ Sound system to play DVDs and music	
☐ Computer/projector (should play 2 DVDs)	
☐ Photographer/videographer	
☐ If television media are covering, secure area for cameras	

Parking	
☐ Reserve some spaces for VIPs and invited entertainers (local sports teams)	
Bus Parking/Drop-off	
☐ Discuss with staff the parking and drop-off for buses	

PART IV: PLANNING FOR SUSTAINABILITY

The sustainability of the ICDI program is based on the buy-in of the stakeholders involved; the leadership of the school district, the mentees, the mentors, the parents/guardians, and the community all play important roles. The program is cost-effective, easy to implement, and individualized, based on the unique needs of each student with disability. Involving the PALA+ log as the ongoing measure of physical activity and nutritional changes will ensure sustainability. Once the program is implemented, and observable healthy changes can be seen in the students, sustainability will be ensured.

Through extended-day opportunities, as well as off-school hours, community-based programs such as the YMCA, Boys and Girls Clubs, and local departments of parks and recreation, programs should be readily available for appropriate programming for youth and children with disabilities.

ICDI can be implemented beginning -- in kindergarten and continue with the student until they complete their high school years. However, since the importance of physical activity and proper nutritional habits have been well documented, these learned behaviors should continue throughout their lifespan. Therefore, post-secondary opportunities should be made available as the student mentee transitions into adulthood. Opportunities for the student with a disability attending college should be provided through sports, either formal or through campus recreation programs. Connections from the high school to Centers for Independent Living should be developed between the local school district, or school, and the local facility.

RESOURCES

2018 Physical Activity Guidelines for Americans, 2nd Edition (PDF, 8.35MB)

Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical

Activity Among Youth (PDF, 2.2MB)

Youth Physical Activity Guidelines Toolkit

Educating the Student Body: Taking Physical Activity and Physical Education to School

CDCSchool Health Guidelines to Promote Healthy Eating and Physical Activity (PDF, 973KB)

CDC Comprehensive School Physical Activity Program: A Guide for Schools (PDF, 44MB)

Protecting Students with Disabilities (through the IEP and 504 plans); U.S. Dept. of Education

REFERENCES

- Carlon S, Shields N, Dodd K, Taylor N. Differences in habitual physical activity levels of young people with cerebral palsy and their typically developing peers: a systematic review. Disabil Rehabil. 2013; 35:647–55. doi: 10.3109/09638288.2012.715721.
- Centers for Disease Control and Prevention. (2014) School Health Policies and Practices Study (SHPPS) Youth Risk Behavior Surveillance—United States, 2015. *MMWR Surveillance Summaries* 2015; 65 (No. SS-).
- Centers for Disease Control and Prevention. (2016). School Health Policies and Practices Study (SHPPS) Youth Risk Behavior Surveillance—United States, 2015. *MMWR Surveillance Summaries* 2016; 65 (No. SS-6).
- Centers for Disease Control and Prevention (2018) Youth Risk Behavior Surveillance United States, 2017 MMWR Surveillance Summary 2018;679 (No. SS-8).
- Choi, E., Park, J. J., Jo, K., & Lee, O. (2015). The influence of a sports mentoring program on children's life skills development. *Journal of Physical Education and Sport*, 15(2), 264.
- Collier T (2014). Considerations for Exercise and Sport Participation in Children with Disabilities. Int J Phys Med Rehabil 2: 209. doi: 10.4172/2329-9096.1000209.
- Frey G, Stanish HI, Temple VA. Physical activity of youth with intellectual disability: review and research agenda. Adapt Phys Activ Q. 2008; 25:95–117. (PubMed).
- Greenberg, J.D., & LoBianco, J.L. (2020). *Organization and Administration of Physical Education: Theory and Practice.* Champaign, IL: Human Kinetics.
- Lindsay, S. and Munson, M.R. (Oct. 2018). Mentoring for youth with disabilities. *National Mentoring Resource Center Population Review*.
- Marge, M. (2008). I Can Do It, You Can Do It National Initiative. Retrieved June 1, 2009.
- Murphy, N.A., Carbone, P.S., & Council on Children with Disabilities (May 2008). Promoting the participation of children with disabilities in sports, recreation, and physical activities. *Pediatrics, Vol. 121/Issue 5.*
- Rhodes, J. (2017). Youth-initiated mentoring: An idea whose time has come. *The Chronicle of Evidence-Based Mentoring (Oct. 12, 2017).*
- Rimmer, J.H., Rowland, J.L. and Yamaki, K. (2007) Obesity and Secondary Conditions in Adolescents with Disabilities: Addressing the Needs of an Underserved Population. Journal of Adolescent Health, 41, 224-229.
- World Health Organization (2018). Global Action Plan on Physical Activity 2018-2030. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.