

America has come a long way from those days when some states had laws stating “if it is inexpedient to include a person with a disability, then they can be excluded” or “a person with a disability can be excluded if it is nauseating to include.” Since then, the Americans with Disabilities Act (ADA) of 1990 and other key legislation have provided more opportunities for people with disabilities in the workforce.

The ADA was based on equality of opportunity, full participation, independent living and economic self-sufficiency—goals that were based on the premise that a disability is a natural part of the human experience. This is in sharp contrast to the old paradigm that we had to fix the “defective” person. Other legislation also addressed workplace issues faced by people with disabilities. Amendments to Section 508 of the Rehabilitation Act ensured that the federal government would purchase information technology that is accessible for people with disabilities and Executive Order 13164 requires federal agencies to establish procedures that ensure the reasonable accommodation of job applicants and employees.

Nevertheless, as President Bush noted, “significant challenges remain for Americans with disabilities in realizing the dream of equal access to full participation in American society.” In an effort to close that gap, President Bush issued his New Freedom Initiative in February 2001, committing to “tearing down the remaining barriers to equality that face Americans with disabilities” and declaring his intention to “increase the ability of Americans with disabilities to integrate into the workforce.”

Oftentimes, however, the toughest challenges faced by people with disabilities are not complex barriers that require legislative solutions. Rather, the most difficult barriers are often attitudes people have regarding people with disabilities. Whether born from ignorance, fear, misunderstanding or hate, negative attitudes keep people from appreciating and experiencing the full potential a person with a disability can achieve.

For this reason, NISH established the Disability Awareness Training Program. As part of NISH’s Professional Development Program, Disability Awareness training is a valuable tool for NISH and community rehabilitation program (CRP) representatives who strive to meet the needs of federal customers, as well as to appropriately market the capabilities of people with disabilities and the Javits-Wagner-O’Day (JWOD) Program.

With more than 54 million people with disabilities—20 percent of the population—now living in the United States, disability awareness training is more important now than ever before.

As representatives of the JWOD Program, your leadership and support is needed to make President Bush’s goal of fully integrating Americans with disabilities into the workforce a reality.



E. Robert Chamberlin
President and CEO, NISH

Like each and every one of us, people with disabilities face many challenges every day. However, people with disabilities confront unique barriers that may be associated with their disabilities—from physical obstacles in buildings to general barriers in employment, civic programs or the community. Often, the most difficult barriers to overcome are attitudes other people carry regarding people with disabilities. Whether born from ignorance, fear, misunderstanding or hate, these attitudes keep people from appreciating and experiencing the full potential a person with a disability can achieve.

In our daily experiences, we meet a variety of people, all of whom are unique in their own way. We often make assumptions and judgment calls about those we come in contact with—after all, that’s human nature. Unfortunately, our quick assumptions often cause us to create inaccurate stereotypes about people, especially people who have disabilities.

The most pervasive negative attitude is focusing on a person’s disability rather than his or her many abilities. Society has an insidious attitude—it doesn’t expect people with disabilities to perform up to the standard and, when they do, they are somehow courageous. This attitude has the effect of patronizing people with disabilities, usually relegating them to low-skill jobs, setting different job standards or expecting a worker with a disability to appreciate the opportunity to work instead of demanding equal pay, equal benefits and equal access to workplace amenities.

There have been many efforts to increase the awareness of the general public regarding abilities and strengths of people with disabilities. Through an increased understanding of disability, we gain a greater awareness of the impact of attitudinal and environmental barriers in preventing people with disabilities from fully participating in competitive employment and society.

The purpose of this training is to eliminate myths and reduce attitudinal barriers as we interact with people with disabilities. This training will provide communication and etiquette principles. Through this training, you will obtain knowledge and skills that will enable you to provide fair and equitable opportunities to people who have disabilities.

Awareness is the key to opening doors for people with disabilities. Join us in changing the focus to “Abilities” rather than disabilities.



Betty Clark
Project Manager

Session Objectives

1. Explain what Disability Awareness means
2. Illustrate People First Language
3. Show skills for practicing Disability related etiquette
4. Provide Disability related resources

Disability Awareness is the understanding that people with disabilities have the same range of preferences, perceptions, attitudes, habits and needs as you or I.

Disability Awareness incorporates learning about ourselves, as well as how we relate to people with disabilities.

Disability Awareness is built on the idea that attitudes, emotions and stereotypes can cause us to be less effective in working and communicating with people with disabilities.

Disability Awareness is the recognition that people with disabilities can pass, fail, succeed, go bankrupt, take trips, stay at home, are bright people, are good people, can be pains in the neck and are trying to get by, just as you and I.

Disability Awareness is the understanding that people with disabilities are people who just happen to have a disability.

Disability awareness is the recognition that each individual—with or without a disability—faces unique and special challenges. Individuals with disabilities experience some unique challenges related to their disabilities, which can be accommodated.

- _____ 1.) People who use wheelchairs are paralyzed and, therefore, are confined to their chairs.
- _____ 2.) People who are deaf or who have hearing loss cannot speak.
- _____ 3.) Employees with disabilities have a higher absentee rate than do employees without disabilities.
- _____ 4.) It is important to place people with disabilities in jobs where they will not fail.
- _____ 5.) People with disabilities are not more likely to have accidents than are other employees.
- _____ 6.) Persons who are deaf or who have hearing loss make ideal employees in noisy work environments.
- _____ 7.) Considerable expense is necessary to accommodate workers with disabilities.
- _____ 8.) People with disabilities need special legal procedures.
- _____ 9.) People who are deaf do not appreciate music, theater, movies, etc.
- _____ 10.) Certain jobs are more suited for people with disabilities.
- _____ 11.) Most people with cerebral palsy are less intelligent than the general population.
- _____ 12.) People who are blind have exceptional hearing.
- _____ 13.) An employer's workers' compensation rate does not rise when he or she hires workers with disabilities.
- _____ 14.) People who have epileptic seizures tend to be violent against themselves or others during a seizure.
- _____ 15.) According to the May 2004 Harris Survey, people with disabilities still lag somewhat or far behind people without disabilities on all 10 key measures of life.
- _____ 16.) People with disabilities are unable to meet performance standards thus making them bad employment risks.
- _____ 17.) People with learning disabilities who don't use proper grammar are not very bright.
- _____ 18.) People who use wheelchairs cannot work in fast-paced, high-pressure jobs.
- _____ 19.) People with disabilities have problems with transportation.
- _____ 20.) Hearing aids reverse hearing loss.
- _____ 21.) Supervisors are satisfied with the overall work performance of employees with disabilities.
- _____ 22.) All individuals who are deaf or who have hearing loss can read lips.
- _____ 23.) Workers with disabilities are good influences on other workers.

1. People who use wheelchairs are paralyzed and, therefore, are confined to their chairs.

FALSE: Some people can walk, but their strength may be limited so they use a wheelchair to enable them to travel longer distances. Also, some people who use wheelchairs prefer to transfer to more comfortable chairs when they will be in one place for a significant amount of time, such as at their desks or in restaurants.

2. People who are deaf or who have hearing loss cannot speak.

FALSE: Deafness alone does not affect the vocal cords, although it can affect a person's ability to hear and monitor the sounds he or she makes. Some people who are deaf make a conscious choice not to use their voices while others choose to speak. The type and degree of hearing loss, as well as the age of a person when he or she becomes deaf (i.e. before or after learning to speak English), also influence speech.

3. Employees with disabilities have a higher absentee rate than do employees without disabilities.

FALSE: Employees with disabilities are not absent more often than people without disabilities are. On the average, people with disabilities have better attendance rates than do people without disabilities by a small percentage.

4. It is important to place people with disabilities in jobs where they will not fail.

FALSE: Everyone has the right to fail as well as to succeed. Be careful not to hold someone back from a position or a promotion because you think there is a possibility that he or she might not succeed at the new duties. If this person is the best-qualified candidate, give him/her the same opportunity to try that you would anyone else.

5. People with disabilities are not more likely to have accidents than are other employees.

TRUE: Workers with disabilities, in general, are more often aware of safety issues in the workplace.

6. Persons who are deaf or who have hearing loss make ideal employees in noisy work environments.

FALSE: Loud noises of a certain vibratory nature can cause further harm to the auditory system. People who are deaf or who have hearing loss should be hired for all jobs that they have the skills and talents to perform. No person with a disability should be prejudged regarding employment opportunities.

7. Considerable expense is necessary to accommodate workers with disabilities.

FALSE: Most workers with disabilities require no special accommodations and the cost for those who do is minimal or much lower than many employers believe. Surveys by the President's Committee on Employment of People with Disabilities Job Accommodation Network (1999) show that 20 percent of accommodations cost nothing, 51 percent cost between \$1 and \$500, 11 percent cost between \$501 and \$1,000 and 18 percent cost more than \$1,000.

8. People with disabilities need special legal procedures.

FALSE: The Americans with Disabilities Act, among other laws, serves to protect the rights of individuals with disabilities by providing equal access in the areas of employment, transportation, public transportation, public accommodations, public services and telecommunications. However, there are no special legal procedures for people with disabilities.

9. People who are deaf do not appreciate music, theater and movies.

FALSE: Today, many movies and television shows are captioned—conversations appear as words on the screen. No special decoder is needed if a program is open-captioned, but if a show is closed caption, a television with a special decoder is needed. The Americans with Disabilities Act mandates that all new televisions 13 inches and larger must include a built-in decoder. Many theaters offer special performances that are interpreted into sign language. Again, the type and degree of hearing loss, as well as the age of people when they became deaf (i.e. before or after learning to speak English), also influences their appreciation of music.

10. Certain jobs are more suited to people with disabilities.

FALSE: As with all people, certain jobs may be better suited to some than to others. While there are obvious bad job matches (such as someone who is blind and wants to be a bus driver, or someone who is quadriplegic and wants to be a loader for a shipping company), be careful not to pigeonhole people into or out of certain occupations based on their disability. Just because you can only think of one way to do something does not mean that other ways that are equally effective do not exist.

11. Most people with cerebral palsy are less intelligent than the general population.

FALSE: Cerebral palsy does not itself affect a person's intelligence. However, at times, a person may have cerebral palsy and another disability, such as a developmental disability, that affects mental functioning.

12. People who are blind have exceptional hearing.

FALSE: A person's vision, or lack of vision, does not affect his/her hearing. However, a person who is blind may depend more on his/her hearing than a sighted counterpart.

13. An employer's workers' compensation rate does not rise when he/she hires workers with disabilities.

TRUE: Insurance rates are based solely on the relative hazards of the operation and the organization's accident experience, not on whether workers have disabilities. A study conducted by the U.S. Chamber of Commerce and the National Association of Manufacturers showed that 90 percent of the 279 companies surveyed reported no effect on insurance costs as a result of hiring workers with disabilities.

14. People who have epileptic seizures tend to be violent against themselves or others during a seizure.

FALSE: The majority of people who experience seizures have minor episodes that tend to involve behaviors such as staring and/or drooling rather than thrashing around.

15. According to the May 2004 Harris Survey, people with disabilities still lag somewhat or far behind people without disabilities on all 10 key measures of life.

TRUE: During the last 18 years, some social and economic indicators—most notably, education—have improved for people with disabilities. However, except for education the improvements have been small.

16. Persons with disabilities are unable to meet performance standards, thus making them bad employment risks.

FALSE: People with disabilities should be evaluated for the skills and abilities listed in a job requirement. A reasonable accommodation should be provided if necessary; however, this does not limit their ability to meet performance standards. A person with a disability is no more an employment risk than is a person without a disability.

17. People with learning disabilities who can't use proper grammar are not very bright.

FALSE: The nature of a learning disability is such that the person performs at an average to above average level in all but one or two specific areas of functioning. Therefore, a person's ability to write a grammatically correct sentence is independent of his/her ability to create and organize thoughts.

18. People who use wheelchairs cannot work in fast-paced, high-pressure jobs.

FALSE: The ability to use a wheelchair is separate from ability to work quickly and to work under stress. Give people who use wheelchairs ample room to maneuver their chairs and let them go!

19. People with disabilities have problems with transportation.

FALSE: People with disabilities are capable of arranging their own transportation: walking, biking, driving, taking public transportation, hiring a driver or taking a cab. People who are hearing impaired drive and bike, some people who use wheelchairs drive and individuals who are blind can use public transportation.

20. Hearing aids reverse hearing loss.

FALSE: Only certain types of hearing losses, those due to lack of amplification, can be effectively aided. If a person's hearing loss is due to nerve damage, a hearing aid will only serve to amplify noise. In this case, a hearing aid may only help someone hear environmental sounds such as sirens or alarms.

21. Supervisors are satisfied with the overall work performance of employees with disabilities.

TRUE: Generally, supervisors indicate that work performance of employees with disabilities is the same as or better than workers without disabilities on almost all measures of work performance, i.e. timelines of arrival, attendance, consistency in task performance.

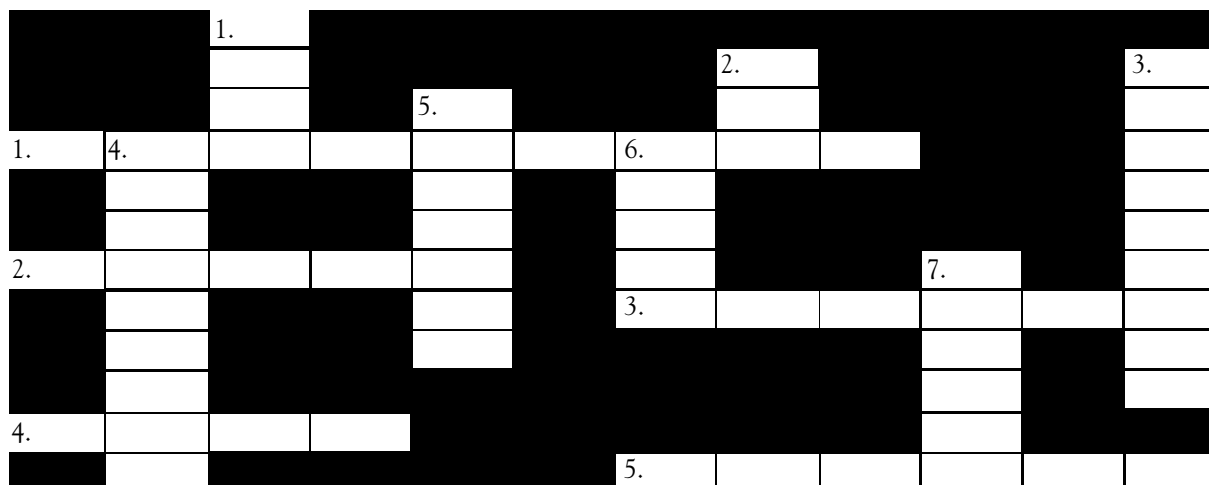
22. All individuals who are deaf or who have hearing loss can read lips.

FALSE: Only about 15-25 percent of what we say is actually visible on the lips. Therefore, someone with a hearing impairment relies on other cues such as facial expressions, body language and residual hearing (usable hearing), in addition to reading someone's lips. Amount of usable hearing and knowledge of the English language are important variables in the process. Ability to lip-read is a skill not everyone can master and is not related to a person's intelligence.

23. Workers with disabilities are good influences on other workers.

TRUE: More often than not, workers with disabilities bring additional diversity into the workplace.

Complete the following crossword puzzle using the clues provided below.



Down

1. People who experience deafness can read _____.
2. People who experience blindness cannot _____.
3. A person with quadriplegia is _____ on others.
4. People who stutter have a speech _____.
5. _____ from cerebral palsy.
6. Wheelchair _____.
7. _____ of polio.

Across

1. Emotionally _____.
2. People who experience blindness have a sixth _____.
3. When given a choice, people with mental retardation need extra time to _____.
4. People who experience deafness cannot _____.
5. People with disabilities are not considered _____.

Source: National Organization on Disability, www.nod.org.

The Top 10 Reasons to Hire People with Disabilities

1. Employees with disabilities can ease concerns about labor supply.
2. People with disabilities have equal or higher job performance ratings, higher retention rates and lower absenteeism.
3. Employees with disabilities can relate better to customers with disabilities, who represent \$1 trillion in annual aggregate consumer spending.
4. Diverse work groups can create better solutions to business challenges.
5. People with disabilities are better educated than ever, and are proven to have met and/or exceeded challenges.
6. A person with a disability motivates work groups and increases productivity.
7. Companies that hire and accommodate people with disabilities in their workplaces can receive tax benefits.
8. Employing people with disabilities is good for the individual, the business and society. This is a “win-win-win” strategy.
9. People with disabilities are motivated by the desire to give something back, as well as for opportunities for personal growth, job flexibility and social inclusion.
10. **It’s ability—not disability—that counts.**

Source: 2004 N.O.D./Harris Survey

2004 N.O.D./Harris Survey Documents Trends Impacting 54 Million Americans

Americans with disabilities are at a critical disadvantage compared to other Americans in 10 key areas of life, according to the 2004 National Organization on Disability/Harris Survey of Americans with Disabilities, released in Washington on June 25, 2004. Continuing a trend, the survey found slow and modest progress in the indicators, which Harris has tracked since 1986.

Harris Poll Chairman Humphrey Taylor, who directed related surveys in 1986, 1994, 1998 and 2000, highlighted statistics:

- Only 35 percent of people with disabilities reported being employed full or part time, compared to 78 percent of those who do not have disabilities.
- Three times as many live in poverty with annual household incomes below \$15,000 (26 percent versus 9 percent).
- People with disabilities remain twice as likely to drop out of high school (21 percent versus 10 percent).
- They are twice as likely to have inadequate transportation (31 percent versus 13 percent), and a much higher percentage go without needed health care (18 percent versus 7 percent).
- People with disabilities are less likely to socialize, eat out or attend religious services than their non-disabled counterparts.
- Not surprisingly, given the persistence of these gaps, life satisfaction for people with disabilities also trails, with only 34 percent saying they are very satisfied compared to 61 percent of those without disabilities.

“Progress is too slow, and the gaps are still too large,” said National Organization on Disability President Alan A. Reich. “Looking back four years, or 10 years, to our earlier N.O.D./Harris surveys, we see Americans with disabilities heading in the right direction. But people with disabilities remain pervasively disadvantaged. Our goal of full participation is a dream deferred. I hope that the findings we are releasing today will inspire legislators, public officials and the American people to rededicate themselves to this goal. A fifth of Americans have disabilities; everyone knows people with disabilities; and anyone can acquire a disability at any time. Everyone has a stake in these findings.”

In addition to the primary findings, Taylor reported several others of note:

- Although 22 percent of employed people with disabilities report encountering job discrimination, this is a dramatic drop from 36 percent four years ago.
- The severity of disability makes a significant difference in all of the gap areas, and people with severe disabilities have much greater disadvantages.
- People with disabilities are much more worried about their future health and well-being. Half are worried about not being able to care for themselves or being a burden to their families, compared to a quarter of other Americans.
- Americans with disabilities rely on assistive technology, and a third said they would lose their independence without this technology.
- People with disabilities are more likely to have a common sense of identity with other people with disabilities; 56 percent now say they do, compared to 47 percent in 2000.

Source: 2004 N.O.D./Harris Survey

In conjunction with the survey's release, a hearing was held on Capitol Hill by the House Government Reform Subcommittee on Human Rights and Wellness. Reich was joined in testifying by two N.O.D. Board members, actor Robert David Hall of the hit television series "CSI" and Dr. Peter Blanck, director of the University of Iowa's Law, Health Policy and Disability Center.

"Depending on the severity and type of disability that one has, some doors open but certain other doors close," said Hall, who lost both legs in a 1978 highway accident. "The N.O.D./Harris Survey does a good job of pointing out these societal problems and highlights the real gaps we face as citizens with disabilities."

The 2004 National Organization on Disability/Harris Survey of Americans with Disabilities is sponsored by American Express, AstraZeneca, Milbank Foundation for Rehabilitation, Charles Stewart Mott Foundation, NEC Foundation of America, and RRTC on Workforce Investment and Employment Policy for Persons with Disabilities, U.S. Department of Education Grant #H133B980042-99, Law, Health Policy & Disability Center, University of Iowa College of Law. The Henry J. Kaiser Family Foundation collaborated on this survey and funded the health section.

The Executive Summary and full report of the 2004 N.O.D./Harris Survey are forthcoming. In addition, a Web cast of the press conference and presentation by Humphrey Taylor is now available at www.at508.com.

Accessible: Easy to approach, enter, operate, participate in, or use safely, independently and with dignity by a person with a disability (i.e., site, facility, work environment, service or program).

Alternate Dispute Resolution (ADR): A variety of procedures for resolving disputes. ADR is a fair and efficient alternative to court adjudication that must be entered into voluntarily by all parties. Some of the more common ADR procedures are arbitration, mediation, and conciliation. The Americans with Disabilities Act encourages the use of ADR to resolve conflicts.

Alternate Formats: Formats usable by people with disabilities. These may include, but are not limited to, Braille, ASCII text, large print, and recorded audio.

Alternate Methods: Different means of providing information, including product documentation, to people with disabilities. Alternate methods may include, but are not limited to, voice, fax, relay service, TTY, Internet posting, captioning, text-to-speech synthesis, and audio description.

Americans with Disabilities Act (ADA): Comprehensive civil rights law that makes it unlawful to discriminate against individuals with a disability in public and private sector employment (for businesses with 15 or more employees), state and local government services, public accommodations, transportation or telecommunication.

Assistive Technology: Any item, piece of equipment, or system, whether acquired commercially, modified, or customized, that is commonly used to increase, maintain, or improve functional capabilities of individuals with disabilities. Assistive technology includes items such as communication devices, adapted appliances for accessible living, environmental control devices, modified housing, adapted computers, and specialized software.

Auxiliary Aids and Services: Devices or services that accommodate a functional limitation of a person with a communication-related disability. Auxiliary aids and services include qualified interpreters and communication devices for persons who have deafness or hardness of hearing; qualified readers, taped texts, Braille or other devices for persons with visual impairments; and adaptive equipment for persons with other communication disabilities.

Disability and Technical Assistance Centers (DBTAC): Ten regional centers established by the National Institute on Disability and Rehabilitation Research that provide information, training, and technical assistance to employers, people with disabilities and others on their rights and responsibilities under the Americans with Disabilities Act.

Electronic and Information Technology: Technology and any equipment or interconnected system or subsystem of equipment that is used in the creation, conversion, or duplication of data or information. The term electronic and information technology includes, but is not limited to, telecommunications products (such as telephones), information kiosks and transaction machines, World Wide Web sites, multimedia, and office equipment such as copiers and fax machines.

Essential Job Functions: Fundamental job duties of an employment position that an individual with a disability holds or desires.

Equal Employment Opportunity Commission (EEOC): Federal agency responsible for overseeing and enforcing nondiscrimination in hiring, firing, compensation, promotion, recruitment, training, and other terms and conditions of employment regardless of race, color, sex, age, religion, national origin or disability.

Fundamental Alteration: Change in the essential nature of a program or activity, including but not limited to an aid, service, benefit, training service or cost that a recipient can demonstrate would result in an undue burden.

Individual with a Disability: Person who has a physical or mental impairment that substantially limits one or more of that person's major life activities, has a record of such impairment, or who is regarded as having such an impairment.

Information Transaction Machines (ITM): Public service kiosks such as fare vending machines and Automated Teller Machines.

Job Coach: Person hired by a placement agency or provided through an employer to assist an employee with a disability in learning and performing a job and adjusting to the work environment.

Major Life Activity: Basic activities that the average person in the general population can perform with little or no difficulty, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Natural Supports: Supports provided to an employee with a disability from supervisors and co-workers, such as mentoring, friendship, socializing at breaks or after work, providing feedback on job performance or learning a new skill together. These natural supports are particularly effective as they enhance the social integration of the employee with a disability with his or her co-workers and supervisor. In addition, natural supports are more permanent, part of the workplace and more readily available than paid job coaches, thereby facilitating long-term job retention.

Qualified Individual with a Disability: Individual with a disability who satisfies the requisite skill, experience, education and other job-related requirements of an employment position the individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position.

Reasonable Accommodation: (1) Modification or adjustment to a job application process that enables a qualified applicant with a disability to be considered for the position; (2) modifications or adjustments to the work environment, or to the manner or circumstances under which a position held or desired is customarily performed, that enable qualified individuals with disabilities to perform the essential functions of that position; or (3) modifications or adjustments that enable an employee with a disability to enjoy the same benefits and privileges of employment as similarly situated employees without disabilities.

Rehabilitation Act of 1973: Federal legislation that set up grant programs for vocational rehabilitation, supported employment, independent living and client assistance. The Rehabilitative Services Administration in the Department of Education oversees programs created by the Act.

Rehabilitation Research and Training Centers (RRTC): Centers nationwide that conduct research and offer training in improving rehabilitation methods and delivery systems, alleviating or stabilizing disabling conditions, or promoting maximum independence for people with disabilities.

Section 508: Section of the amended Rehabilitation Act requiring all federal agencies to make their electronic and information technologies available to people with disabilities.

Supported Employment: Supports that help people with severe disabilities (e.g., psychiatric, mental retardation, significant learning disabilities, traumatic brain injury) find competitive work in an integrated setting where they might not otherwise be able to do so. The supports can include job coaches, transportation, assistive technology, specialized job training and individually tailored supervision.

Telecommunications Relay Services (TRS): Service available in all states and territories that enables voice telephone users to talk to people who have deafness or hardness of hearing via trained Communications Assistants who relay the message in real time.

Teletypewriter Technology (TTY): Typewriter keyboards that allow users to type their conversations over the phone lines. The conversation is read on a lighted screen display or a paper printout.

Ticket-to-Work: Social Security Administration (SSA) program designed to help individuals with disabilities who are receiving SSA benefits find and maintain employment.

Title V of the Rehabilitation Act of 1973: Title prohibiting discrimination on the basis of a disability by the federal government, federal contractors, recipients of federal financial assistance, and in federally conducted programs and activities.

Undue Hardship: Significant difficulty or expense incurred in providing a workplace accommodation for an individual with a disability. Factors considered in determining undue hardship include the size, nature and structure of a business, as well as the resources available to an employer. If the facility considering the accommodation is part of a larger entity, the structure and overall resources of the larger organization are considered, as well as the financial and administrative relationship of the employing facility to the larger organization.

Vocational Rehabilitation: Programs designed to help individuals with disabilities enter or reenter gainful employment.

The Americans with Disabilities Act (ADA) of 1990 requires most public and private employers to provide reasonable accommodations that enable qualified people with disabilities to perform the essential functions of their jobs. As the term “reasonable” implies, the accommodation must not constitute an undue hardship to the employer. This fact sheet provides definitions of key terms and procedures related to job accommodations under the employment provisions (Title I) of the ADA.

Who is Covered?

Employers: Public and private employers with 15 or more employees are required to comply with the ADA Title I provisions. The federal government, Native American Tribes, and tax-exempt private membership clubs are not covered. **Applicants:** Individuals with physical or mental impairments that substantially limits functioning in one or more major life activities. Major life activities include: walking, learning, seeing, working, hearing, self-care and speaking.

Who is a Qualified Applicant?

Under Title I of the ADA, a qualified person with a disability is one who satisfies the primary requirements of the position and who can perform essential functions of the job with or without reasonable accommodations. To be eligible for reasonable accommodations, the person must have a disability and be qualified for the position that he or she seeks or holds.

What are Essential Functions?

Essential job functions are those primary duties that the person must be capable of performing, with reasonable accommodations if required. These functions must be developed and be officially written into the job description. Job descriptions must be given to all prospective employees and made available to all current workers. The following are reasons under which a function may be considered essential:

- The position exists to perform the function.
- There are a limited number of other employees available to perform the function, or among whom the function can be distributed.
- The function is highly specialized, and the person in the position is hired for their special expertise or ability to perform it.

What are Reasonable Accommodations?

Reasonable accommodations are modifications to the job or to the way a job is performed that enables qualified people with disabilities to perform the essential functions of their positions. Broad categories of accommodations may include changes to: the job application process; the work environment; the way a job is usually done; and the work routine that enable an employee with a disability to enjoy equal benefits and privileges of employment (such as access to training).

Reasonable accommodations could include:

- restructuring of existing facilities,
- restructuring of the job,
- modification to work schedules,
- modification of equipment,
- installation of new equipment,
- provision of qualified readers and interpreters,
- modification of application and examination procedures and training materials, and
- flexible personal leave policies.

Reasonable accommodations DO NOT include:

- eliminating a primary job responsibility;
- lowering production standards that are applied to all employees;
- providing personal use items, as prosthetic limbs, wheelchairs, eyeglasses, hearing aids, etc.;
- anything that would be considered to be an undue hardship to the employer; and
- excusing a violation of a uniformly applied conduct rule that is job-related and consistent with business necessity. For example, that an employer never has to tolerate or excuse violence, threats of violence, stealing, or destruction of property.

What Constitutes an Undue Hardship?

An accommodation may be considered an undue hardship if it exceeds the bounds of practicality. That is, an employer would not be required to provide an accommodation if it costs more than alternatives that are equally effective, requires extensive and disruptive renovations, or negatively affects other employees or customers. Undue hardships are determined on a case-by-case basis, using the following criteria:

- the cost and nature of the accommodation;
- the overall financial resources of the facility;
- the overall financial resources of the employer; and
- the type of operation of the covered employer.

What is the Average Cost of a Reasonable Accommodation?

According to the Job Accommodation Network:

- 50 percent of accommodations cost less than \$500;
- 19 percent cost nothing at all;
- more than 80 percent cost less than \$1,000.

What Should an Employee do to Request an Accommodation?

The individual must let the employer know that he or she needs an adjustment or change at work for a reason related to a disability. Requests for accommodations can be done verbally or in writing.

What Should an Employer do Following a Request for an Accommodation?

- (1) Verify employee's disability.
- (2) Identify essential job functions that require accommodations.
- (3) Identify a variety of accommodations to reduce and/or remove barriers and increase productivity.
- (4) Determine cost-effectiveness of each accommodation required by employee.
- (5) Implement the most appropriate accommodation with the least economic hardship.

Reasonable Accommodation Resources

Technical Assistance and Guidance

- Job Accommodation Network (JAN): (800) 526-7234, <http://janweb.icdi.wvu.edu>
- Virginia Commonwealth University, Rehabilitation Research & Training Center on Workplace Supports: (804) 828-1851 (Voice), (804) 828-2494 (TTY), <http://www.worksupport.com>
- U.S. Equal Employment Opportunity Commission: (800) 669-4000 (TTY), <http://www.eeoc.gov>
- U.S. Department of Labor (written materials): (800) 959-3652 (Voice), (800) 326-2577 (TTY), to ask questions: (202) 219-8412 (Voice)
- ADA Disability and Business Technical Assistance Centers (DBTACs): (800) 949-4232 (Voice/TTY), <http://www.adata.org/dbtac.htm>
- Registry of Interpreters for the Deaf: (301) 608- 0050 (Voice/TTY), <http://rid.org>
- Rehabilitation Engineering Society of North America Technical Assistance Project: (703) 524-6686 (Voice), (703) 524-6639 (TTY), <http://www.resna.org/hometa1.html>
- University of Michigan, Industrial and Engineering Department, (734) 763-3742, <http://www-personal.engin.umich.edu/~tja>

Financial Assistance and Cost Sharing

- Internal Revenue Service: (202) 622-6060 (Voice), <http://www.irs.ustreas.gov>
- Rehabilitation Services Administration (RSA) <http://www.ed.gov>

Source: Job Accommodations Network

Accommodations are developed on an individual basis and in a partnership between the person with the disability and the employer. This teamwork generally results in cost-effective solutions. The elements to consider are (1) the job tasks that must be performed, (2) the functional limitations of the individual, and (3) whether the proposed accommodation(s) will result in undue hardship to the employer. Creative solutions may involve equipment changes, work station modifications, adjustments to work schedules, assistance in accessing the facility and dozens of other possibilities, depending on the individual's particular limitations and needs.

Offered below are examples of accommodations that have been made for qualified workers with disabilities. These are samples only and are not necessarily the only possible solutions to the problems. To receive guidance on specific problems and possible solutions, call the Office of Disability Employment Policy's Job Accommodation Network (JAN) at (800) 526-7234, (800) ADA-WORK (232-9675), or, with computer and modem, 800-DIAL-JAN (342-5526). JAN is a free service.

PROBLEM: A worker with a polycystic renal (kidney) disease is a senior technician in the coal industry who is responsible for the preparation of samples for testing. This employee requires Continuous Ambulatory Peritoneal Dialysis (CAPD) four times daily, with one exchange occurring during working hours.

SOLUTION: *Space is made available in the dispensary for the employee to perform CAPD while at work. Storage space is also provided for extra supplies to be used in case of bad weather emergencies necessitating a second exchange at work.* COST: \$0.

PROBLEM: An assembler for a furniture manufacturer has spinal degeneration, uncoordinated gait and balance difficulties. The limitations involve walking, carrying materials and balancing.

SOLUTION: *Installing a plywood platform to raise part of the work station, suspending tools from the ceiling to balance their weight and using a cart to move assembly parts.* COST: \$200.

PROBLEM: An airline programmer/analyst with post-polio fatigue brought on by stress cannot be on call 24 hours a day and work overtime as needed.

SOLUTION: *Waiver of the requirements of 24-hour on-call duty and overtime. The employee works the hours prescribed for older adult worker program participants of the airline.* COST: \$0.

PROBLEM: A worker with traumatic brain injury (TBI) is employed at a bank, processing checks and other transactions. Items must be numbered and placed into a sorting machine tray in a special manner. The problem lay in periodic confusion due to memory loss and weakness in one side of his body.

SOLUTION: *A job coach/trainer supplied by the rehabilitation agency assists in special training in task sequencing, and equipment is adjusted to accommodate weakness.* COST: \$0.

PROBLEM: An experienced electronics equipment inspector paralyzed from the waist down needs to perform tasks related to using precision equipment and assembly inspection; he needs rapid mobility around the plant.

SOLUTION: *A heavy motorized wheelchair is stored on the premises overnight for his use in the plant. The employee uses his lightweight chair for travel. The bins containing items to be inspected are lowered, and a lap-board is provided for his specification books. COST: less than \$200.*

PROBLEM: Because of a severe hearing loss, a nurse is unable to monitor multiple alarms on medical equipment in the critical care unit.

SOLUTION: *To continue to utilize her experience and training, the hospital transfers her to an open position in the laboratory, where a vibrating pager and a portable TTY is used to direct her to various locations throughout the hospital. COST: \$634.*

PROBLEM: The back problem of a well-drilling rig operator is aggravated by the constant vibration of the standard seat in the rig.

SOLUTION: *A scientifically designed mechanical seat is installed, which allows the operator to make necessary adjustments of position, absorbing most of the vibration. The seat is used by all workers and prevents additional trauma. COST: \$1,100.*

PROBLEM: An administrative assistant with amyotrophic lateral sclerosis (ALS) has difficulty with using the phone, typing, computer input, completing forms and reports, and doing some filing.

SOLUTION: *A cordless headset for the telephone is purchased, arm rest extensions from the edge of the desk are installed to reduce strain on wrists and arms, and a new effortless lock and handle are installed on the rest room door. COST: \$450.*

PROBLEM: A computer service technician with cerebral palsy loses function of the lower extremities. The job related problems include bending, stooping, balancing, and getting underneath the mainframe equipment to perform needed repairs.

SOLUTION: *An automotive repair creeper is purchased and modified with back support to enable the employee to slide easily under the mainframes. COST: \$30.*

PROBLEM: A receptionist who is blind works at a law firm. She cannot see the lights on the phone console, which indicate which telephone lines are ringing, on hold, or in use by staff.

SOLUTION: *The employer purchases a light-probe, a pen like product which detects a lighted button. COST: \$45.*

PROBLEM: A clerk-typist with severe depression and problems with alcoholism experiences problems with the quality and quantity of her work.

SOLUTION: *Employee is provided with extended sick leave to cover a short period of hospitalization and a modified work schedule to attend weekly psychotherapy treatment. Treatment is covered by company medical plan. COST: \$0.*

PROBLEM: A personnel manager with AIDS experiences a serious drop in energy levels during the mid-afternoon hours.

SOLUTION: *A small chair that converts to a sleeping mat is provided. During a 90-minute afternoon break, the employee puts a "Do Not Disturb" sign on the door and takes a nap. All staff meetings are scheduled for the morning. The employee makes up the time in the evening or on weekends as necessary. COST: \$50.*

PROBLEM: An individual who has a congenital heart defect that limits strenuous activity, and mobility limitations due to childhood polio works as a receiving clerk, which requires unpacking merchandise, checking it in, assigning numbers, and making price checks.

SOLUTION: *A rolling chair with locking wheels, which adjusts to the level of the task. COST: Cost: \$200.*

PROBLEM: A clerk with low back strain/sprain has limitations in lifting, bending, and squatting, all results of lower back injury. The job requires mail sorting and filing incoming documents in a large numerical filing system.

SOLUTION: *Both the clerk and the documents are put on wheels! A rolling file stool is supplied for use when filing at lower levels, and upper-drawer filing is done with documents on a rolling cart, without need to lift or bend. COST: \$44.*

Some people feel uncomfortable in the presence of individuals who have disabilities.

Research shows that many people without disabilities may feel uncomfortable in the presence of an individual with a disability. Much of this discomfort stems from having a lack of contact with people with disabilities. These attitudes can be classified into seven types:

- **Social Uneasiness:** A sense of awkwardness and uncertainty as to how to act in the presence of a worker with a disability
- **Rejection of Intimacy:** Rejection of close and particularly familiar relationships with people who have disabilities
- **General Rejection:** Strong feeling of revulsion or the desire for people with disabilities to be isolated from the rest of society
- **Paternalism:** A feeling that people with disabilities are dependent and helpless and, therefore, in need of special treatment or charity
- **Assumptions About Emotions:** Assumptions about what people with disabilities feel about their conditions, specifically that they feel sorry for themselves or are bitter
- **Distressed Identification:** A tendency to imagine what it is like to have a disability, with accompanying feelings of anxiety or panic. A feeling of dread, as if the condition were catching
- **Assumptions About Abilities:** Assumptions about what people with disabilities can or cannot do

The professional must be aware of these attitudes since they can subtly affect the working relationship between employee and employer, or professional and client. For example, negative attitudes are often telegraphed by changes in body language. Thus, the supervisor might increase the physical distance between him or herself and an employee with a disability, or feel more physically constrained in his or her presence. Even individuals who verbalize positive reactions to individuals with disabilities have exhibited negative body reactions.

In order to achieve some measure of attitudinal awareness, it is necessary for individuals to evaluate themselves and their actions. Which of those seven attitudes characterize your feelings about individuals with disabilities?

Reasonable Accommodation

In theory, a reasonable accommodation is any change in the work environment or in the way job duties are customarily performed that enables an individual with a disability to enjoy equal employment opportunities. This may involve the use of various assistive devices, flexibility in policy and procedures, or changes in job tasks or work-site conditions. What is reasonable, however, varies depending on the size of the company and expense involved.

In practice, reasonable accommodation is better understood as a problem-solving process based on effective communication between the employee with a disability and the supervisor. This process should begin long before the employee begins work. This involves knowing the job duties, who else works in the unit (and their corresponding duties), the nature of the work flow in the department (i.e. knowing when duties must be performed) and having a clear concept of the physical layout of the work area. The individual should have the opportunity to visit the work-site prior to his or her start date to assess reasonable accommodation needs and possibilities. Remember that the individual with the disability is always the best source of information for determining the most reasonable accommodation.

“The Less Special Treatment, The Better”

The key to creating an accepting work environment is to treat each employee with respect and equality. The supervisory guidelines listed below emulate some of the best principles for effective supervision:

- If an individual with a disability is assigned to work in your section, find out the exact nature of his or her disability before the individual's first day of work.
- Do not promote common stereotypes or think in different terms when asked to supervise an employee with a disability. Think equity instead of pity, opportunity instead of charity and accountability instead of indulgence.
- Acquire a working knowledge of the legal terms used to define various disabilities and understand their implications in layman's terms.
- Explore the personalities of all employees—with or without disabilities. Knowing if an individual is introverted or extroverted, for example, will help you determine the best way to approach him or her with a question, concern or request.

Words have the power to build bridges, thus enabling people who come from widely differing backgrounds to share what they know and feel. Words are powerful tools that can bring people together, or keep them apart.

Blatantly ignorant terms, such as “retard,” “spaz,” and “gimp,” obviously keep people apart, conveying an image of those with disabilities as not fully deserving of the level of respect we ordinarily give people.

But other words and phrases work more subtly. Many have gained widespread usage without people giving much thought to whether they are truly accurate descriptions of a disability, let alone if they imply a generalized judgment about those with that disability.

No one likes to be stereotyped based on just one aspect of his or her life. Like anyone else, people with disabilities want to be seen as people with unique abilities, not automatically pigeonholed as a tragic or courageous object of pity.

But we inadvertently foster that “tragic martyr” stereotype when we use phrases like “victim of cerebral palsy,” “bravely battling epilepsy,” “suffers from” or “confined to a wheelchair.” Many people also believe the word “handicapped”—which originated in the 1800’s when poor people stood in the streets, cap in hand, begging for money—implies one is forever hindered by one’s condition, incapable of ever overcoming the effects of one’s disability.

While words can convey negative images, they are equally powerful in conveying positive images. They enable us to shift the emphasis away from a person’s assumed limitations and, instead, focus on describing characteristics in accurate, non-judgmental ways that convey respect for the individual.

This has led to the advent of “People First” language, which first recognizes an individual as a person, then (only when relevant) describes his or her disability. For instance, “a person who is blind,” “a man with Down syndrome” or “a woman who uses a wheelchair.” It doesn’t assume a person feels “victimized” by his or her disability, nor does it make a judgment about whether an individual is “brave” or if he or she feels “handicapped” by a disability.

With medical and social progress, terms for disabilities have changed over the years. In part due to evolving terminology, many people worry about every word they say around people with disabilities and sometimes end up not communicating at all. Instead, the best course of action is to simply ask people with disabilities what terminology they prefer. Similarly, people should not be embarrassed if they use common expressions that seem to relate to a person’s disability, such as “see you later” or “did you hear?”

People with disabilities do not want their peers to use a special vocabulary for them. In fact, the opposite is true: nothing can better express respect for people with disabilities as individuals than equal treatment.

The language we use—as well as the images we create and promote through language—reflects the attitudes we have toward any particular group of people. Our language is picked-up and evaluated by others around us; therefore, it is especially important for us to use words and phrases that show respect for the dignity of people with disabilities when we are speaking with or in reference to people with disabilities. Some describe this as **"People First"** language—the individual is first recognized as a person, then further defined in terms of his or her characteristics, disability or functional limitation (i.e. a person who is deaf). Having a disability is only one unique characteristic of many possibilities—while some people are tall, gregarious or shy, others have a disability.

"People First" language reflects a positive attitude. Some language is "trendy" and meanings may vary depending on context or locale. However, language should always accurately reflect the individual and emphasize the person rather than his or her disability.

Not all people with disabilities use the same terminology to describe themselves and their disabilities; like any other large, yet identifiable group of people, individual preference will vary. What to do: ask people what terminology they prefer.

Remember positive language empowers. We must look beyond the disability and look at the individual's ability and capability. The words we use do have power.

Positive image empowers. When writing or speaking about people with disabilities, it is important to put the person first. Group designations such as “the blind,” “the deaf,” or “the disabled” are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities. Following are examples of positive and negative phrases. Note that the positive phrases put the person first. Use this list as general guidance, but also remember, individual preference will vary. If in doubt: ask people what terminology they prefer.

Affirmative Phrases	Negative Phrases
Person with mental retardation	Retarded, mentally defective
Person who is blind, person who is visually impaired	The blind
Person with a disability	The disabled, handicapped
Person who is deaf, person who is hard of hearing	A hearing loss, the deaf
Person who has multiple sclerosis	Afflicted by MS
Person with cerebral palsy	CP victim
Person with epilepsy	Epileptic
Person who uses a wheelchair	Confined or restricted to a wheelchair
Person who has muscular dystrophy	Stricken by MD
Person with a physical disability	Crippled, lame, deformed
Unable to speak, used synthetic speech	Dumb, mute
Seizure	Fit
Person with a psychiatric disability	Crazy, nuts
Person who no longer lives in an institution	The de-institutionalized
Says she/he has a disability	Admits she has a disability
Successful, productive	Has overcome his/her disability; courageous (when it implies the person has courage because of having a disability)
Person without a disability	Normal person (implies that the person with a disability is not normal)
Person has a disability	Suffers from a disability

What to DO?

- DO remember that people with disabilities have abilities.
- DO ask people with disabilities what terminology they prefer; not all people with disabilities use the same words to describe themselves and their disabilities.
- DO familiarize yourself with appropriate ways of communicating with people with disabilities (a good start: Ten Commandments for Communicating with People with Disabilities)
- DO ask first before assisting a person with a disability. Wait for acceptance and instructions before you help.
- DO be considerate of the extra time it may take a person with a disability to walk, talk, write, etc.
- DO use common sense and apologize if you offend someone.
- DO identify yourself verbally to a person who is blind or visually impaired, i.e. "Hi, Mary, this is John Doe."
- When you meet someone seated in a wheelchair, DO extend your hand to shake if that is what you normally do. A person who cannot shake hands will let you know.
- If you encounter a person having a seizure, DO remove from the area any objects that might cause further injury, i.e. chairs, tables, etc.

What NOT to DO?

- Do NOT refer to individuals by their disability. A person is not a condition.
- Do NOT block ramps or park in disability-designated parking spaces.
- Do NOT emphasize disability over other characteristics when describing a person with a disability.
- Do NOT use "normal" to describe someone who is not disabled, implying that someone with a disability is not normal. Instead, say that the person is "non-disabled."
- Do NOT interact with a service dog while it is working (in harness).
- If you encounter a person having a seizure, do NOT try to put anything in his/her mouth, give him/her something to drink or restrain his/her movements.
- Do NOT be overly friendly, paternalistic or condescending, or assume you need to speak loudly when speaking to a person with a disability.

How often do you?

- Challenge others who tell derogatory jokes about people with disabilities?
- Accept and reinforce the fact that not everyone has to act or look a certain way to be successful or valuable?
- Take responsibility for helping people feel welcome and accepted?
- Empower people with disabilities, assigning responsibility to them as often as others?
- Disregard physical characteristics when making decisions about competence or ability?
- Make assumptions about a person's capabilities before you gave them a chance to compete?
- Get to know people with disabilities?

- 1.) When talking with a person with a disability**, speak directly to that person rather than through a companion or sign language interpreter.
- 2.) 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.
- 3.) When meeting a person who is visually impaired, verbally identify yourself and others who may be with you.** When conversing in a group, remember to identify the person to whom you are speaking.
- 4.) If you offer assistance, wait until the offer is accepted, then listen or ask for instructions**, i.e. do not attempt to lead a person who is blind by the arm or push a person in a wheelchair, unless you have offered assistance first and then been directed to do so. It is very important not to make assumptions about what an individual can or cannot do without assistance.
- 5.) Treat adults as adults.** Address people who have disabilities by their first names only when extending the same familiarity to all others. Also, never patronize people who use wheelchairs by patting them on the shoulder or head.
- 6.) Leaning or hanging on a person's wheelchair is similar to hanging on a person; the chair is part of the personal body space of the person who is using it.** Therefore, as a general rule, ask yourself if you have a close enough relationship with a particular person such that you would reach out and touch that individual regardless if he or she used a wheelchair. If the answer is yes, then it is more appropriate to lean or hang on the person's wheelchair.
- 7.) Listen attentively when you are talking with a person who has difficulty speaking.** Be patient and wait for the person to finish, rather than correcting or speaking for the person. Never try to finish a person's sentence just because they are talking slowly or more labored than you. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. If you are still unable to understand what the person is saying, ask if there is someone who can interpret for you or consider using alternative means of communication.
- 8.) When speaking with a person who uses a wheelchair or crutches**, place yourself at eye level in front of the person to facilitate the conversation when possible.
- 9.) When trying to get the attention of a person who is deaf, tap the individual on the shoulder or wave your hand.** Look directly at the person and speak clearly in a normal, non-exaggerated way. Some people may read lips; however lip-reading is only 30-50 percent effective. For those who do lip-read, be sensitive to their needs by placing yourself so that you face the light source, and by keeping hands, cigarettes and food away from your mouth when speaking. Not all people who are deaf or hard of hearing are able to lip-read, in which case there may be an interpreter present, or you may need to consider alternative forms of communication such as demonstrative or written.
- 10.) Relax.** Don't be embarrassed if you happen to use accepted common expressions that seem to relate to a person's disability, such as "See you later" or "Did you hear about that?"

Above all, do not be afraid to ask questions when you are unsure of what to do!

1. You're being introduced to a man with an artificial limb. Should you reach out to shake his hand?

Many people with artificial limbs or motor-skills disabilities of the shoulder, arm, or hand prefer to offer a greeting other than a handshake. Let him set the agenda. If he does extend his hand, shake it! Never pat a person with a disability on the shoulder, face or head, which is a gesture more appropriate to greeting a child.

2. You just said, "See you later!" to a girl with a visual impairment. Should you apologize?

"I've got to be running along..." "I'll be seeing you..." "You won't believe what I just heard..." —these are all natural figures of speech. Listen closely and you'll often hear people with disabilities relying on them too. Use them without embarrassment.

3. What do you do if you're especially curious about a disability assistance device like a power wheelchair? Do you ask?

Some disability assistance devices like modern electronically controlled power wheelchairs are intriguingly sophisticated, but you should remember most people who use such devices consider them no more unique than a pair of prescription sunglasses. If you feel you must ask-if you have a valid reason for asking-you should be direct but casual and prepared for the fact you may be crossing the boundaries of good manners.

4. A person with Down Syndrome asks you about your program. What should you do?

Respond to questions asked by a person with a disability with the same information you'd provide a person without a disability. Avoid making assumptions about what a person needs to know based on what you think they might or might not be able to do. When speaking with someone with a developmental disability, use simple but not childish language.

5. A woman who is deaf comes into your office with a sign language interpreter. Who should you look at when you're talking?

When talking with a person who has a disability, speak directly to that person rather than a companion or interpreter.

6. You see a man with no obvious disability using a handicap parking space. Should you leave a note on his car?

Handicap parking spaces are reasonable accommodations for people with disabilities, but not all disabilities are visible. Consider severe heart or lung function problems as an example. Both limit a person's mobility. Assume anyone driving a properly tagged car has the right to use an accessible parking space.

7. You meet someone with an obvious disability who is a person of some accomplishment. How do you express your admiration?

Many people with disabilities cringe at the words "overcome" and "hero." To credit accomplishment to those values in some measure denigrates the hard work and talent that made possible the achievement. Ignore the disability-praise the accomplishment.

8. A man comes into the office with a dog wearing a service animal tag but the man does not appear to have a vision impairment. Should you tell him pets aren't allowed in the building?

While guide dogs are the traditional service animal, you may meet someone being assisted by a dog—or another animal—for other reasons. If the animal is wearing a service animal tag, you should assume it has the right to proceed unhindered in any social or professional setting. Remember the animal is not a pet. Allow it to do its work.

9. You observe a man using a wheelchair at the curb, in obvious need of assistance. How do you help?

Ask politely before doing anything to help anyone. If you offer to help, wait until the offer is accepted, then listen or ask for instructions. Never grab a hold of a wheelchair without permission. While wheelchairs are generally sturdy, many need to be handled in a specific fashion to avoid damage.

10. You offer to help a woman with a disability and she responds by yelling a rude remark at you. What do you do?

Disability does not confer sainthood. People with disabilities are people, subject to all the human idiosyncrasies and faux pas you see around you every day. If you're met with rudeness, blame it on the person rather than the disability.

The golden rule: “It’s common courtesy.”

Interaction with people with disabilities is an unfamiliar and sometimes threatening experience for many people. Avoidance behavior can occur. Training can help one deal with these issues. Interacting with people with disabilities requires common sense and simple sensitivity. A few key points need to be stressed:

- Good service behaviors such as active listening, a service orientation and a results-focus work equally well with people with disabilities as with all other people.
- Think of the person first and the disability second. Sensitive use of language can help reinforce the “person first” attitude. Reference to “people with disabilities” rather than to “disabled people” helps maintain this stance.
- Accept people with disabilities as individuals. People with disabilities may have in common a disability, but the consequences of their disabilities will vary considerably from person to person. Factors such as the degree of impairment, duration, individual coping strategies and styles, support structures available and a host of personality traits will all combine to influence the nature of the individuals needs. Don’t generalize about all people with disabilities from your knowledge of a few.
- Listen to what people say. Don’t assume you know what they want or what is best for them. People with disabilities are no less capable of thinking for themselves than anyone else. There may be challenges in communicating their needs, but assumptions that they cannot decide what they need are also offensive.
- Be yourself, be natural and don’t force enthusiasm. Do not patronize or be inappropriately solicitous.
- A disability is not necessarily an illness. Do not treat people with disabilities as though they are sick. Treat them as healthy individuals. Research indicates that people with disabilities take fewer sick days than other employees. Their impairments cause inconvenience and disability in particular areas of activity, but they are rarely dysfunctional.
- Treat people in a manner that is appropriate to their age. It is not appropriate to talk to people with disabilities as if they were children or to refer to them as children. Terms such as “girlie” or “sonny” are not appropriate for adults with disabilities.
- Speak directly to the person, not to their care-giver or other third party. People with disabilities often have care-givers. However, the care-givers are there to assist in specific ways. Do not assume that they are the mouthpiece or the advocate for the person with a disability. It is insulting to talk in the third person about a person who is present.
- If the person with a disability has a communication problem, they will usually let you know and indicate a preferred method.
- A disability is an inconvenience in certain situations, but it is not necessarily a tragedy that dominates a person’s life and makes fulfillment impossible. Individuals find their own ways of adapting.

Mobility Impairments

Mobility impairments can be caused by a variety of conditions and affect each person differently. Some people use canes, walkers, wheelchairs, crutches, scooters or braces to improve mobility. It is important to remember that not all people with mobility impairments require the same assistance.

When interacting with a person who has a mobility impairment, you should follow these general rules of etiquette:

- A wheelchair is part of a person's body space; do not lean on it.
- Speak directly to the individual who has a mobility impairment, not to the person assisting him or her.
- Interact with the person at eye level. If need be, sit down.
- Do not use compliments about the person's ability to function as a way to facilitate communication.
- Do not assume that a person with a disability wants to discuss his or her disability, rather ask if he or she would mind talking about it.
- Be aware of the distance between you and the individual as he or she may have difficulty hearing you.
- Offering help is never the wrong thing to do, but make sure it is provided in an unobtrusive manner.
- Follow through on whatever needs to be done. Do not make a premature exit when assisting someone.
- Be familiar with the location of bathrooms, elevators, handicapped parking and the like so that you can direct people when asked to do so.

Speech Impairments

A person may have a speech impairment for a variety of reasons—for some, onset occurs at birth; for others, onset occurs later in life, possibly as the result of a stroke or another health condition. Speech impairments may also result from Cerebral Palsy, hearing impairments, and other disorders that affect articulation and voice production. It is important to remember that a speech impairment is not an indicator of an individual's intelligence level. Also keep in mind that a person with a speech impairment does not necessarily have a hearing disability.

Many individuals use an alphabet board, pen and paper, or symbols that display graphic language on the surface of a tray or board as communication aids.

When interacting with a person who has a speech impairment, you should follow these general rules of etiquette:

- Be patient and unhurried when talking to the individual; understand that the conversation may not move along rapidly.
- Make eye contact.
- Use the same tone of voice and volume that you would normally use unless the person asks differently.
- Do not try to finish the person's sentences, rather be patient so the person can complete his or her thoughts.
- Ask questions that require a short answer, or a nod or shake of the head.
- If you do not understand, ask the person to repeat the statement.
- Listen to the person's words, not to the manner in which they are said.
- Respect that a person with a speech impairment may prefer one-on-one conversation to group discussion.
- Ask the person how to best communicate instead of guessing.

Visual Impairments

Having a visual impairment does not necessarily mean that a person has no ability to see. As a matter of fact, most individuals who are blind have some degree of sight. For example, they may be able to differentiate light from dark, read large print or distinguish shapes and colors. Another common misconception is that people who are blind have more acute hearing than do sighted people. Although people who are blind may depend more on their sense of hearing than would their sighted counterparts, they do not innately have a heightened ability to hear.

Individuals with visual impairments use a variety of devices—Braille, large-print materials, magnifying lenses, closed circuit television and written materials read on tape—to help them live independently. Canes and guide dogs also serve as mobility aids.

General rules of etiquette for interacting with individuals with visual impairments are as follows:

- Do not assume that a person needs your help, rather ask if they would like help.
- When providing assistance, offer simple information about the surrounding area in order to help familiarize the person with the location.
- Follow through on what needs to be done when helping an individual with a visual impairment; do not make a premature exit.
- When greeting a person, feel free to shake his or her hand after saying, “How do you do? Let me shake your hand.”
- When speaking with a person who is visually impaired, identify yourself by name and position.
- Address people by name during a conversation so they know you are speaking to them.
- Speak in a normal tone and speed of voice.
- Answer all questions verbally instead of with nods, gestures or other body language.
- Direct your conversation to the person with the vision impairment, not to a third party who may be with him or her.
- In order to gain the attention of a person with a vision impairment, touch the individual lightly on the arm as you speak.
- Do not feel awkward giving written information to a person with a visual impairment; he or she can always ask for assistance reading it.
- Let the person know when you are leaving his or her company.

Hidden Disabilities

In spite of the presence of symptoms, many people with mental illness work every day or attend school. Many successful individuals in government, arts, theater, law, education, entertainment, and medicine have some form of mental illness.

Did You Know?

- Four of the 10 leading causes of disability for persons age 5 and older are mental disorders.
- An estimated 15% of the U.S. population use some form of mental health services in any given year.
- Mental illnesses are treatable.
- One in 5 people will experience mental illness in his or her lifetime.
- One in 4 people knows someone personally who has a mental illness.

Mental Illness Employment Concern

Employers who have no known experience with mental illness may be concerned about hiring a person with a psychiatric disability. Unfortunately, there are numerous stereotypes that impact society's attitudes. Some employers may assume that a person with a mental illness will act inappropriately or be unreliable when performing essential job functions. Fortunately, accommodations and workplace supports can help the employee overcome functional limitations.

A small number of people require minimal support while others need occasional or substantial support. The level varies over time for the individual. Typical support needs include help in maintaining concentration, handling stressful situations, interacting with coworkers, or responding to supervisor feedback.

Accommodation Considerations

There are a variety of accommodations that are effective for people who are experiencing mental illness. Following are a number of accommodation examples:

Supervising Effectively

- Provide continual feedback and reinforcement
- Develop clear expectations of responsibility
- Develop strategies to deal with problems
- Develop a procedure to evaluate accommodations

Maintaining Stamina During Workday

- Allow flexible scheduling
- Provide additional time to learn tasks/new responsibilities
- Allow use of a job coach
- Allow the employee to work from home

Maintaining Concentration

- Reduce distraction in work area
- Provide space enclosures or private office space

- Plan for frequent breaks
- Divide large assignments into smaller tasks

Interacting With Co-Workers

- Educate employees on rights for accommodations
- Provide sensitivity training to co-workers/supervisors
- Make attendance at work-related social functions optional
- Encourage nonwork conversations out of the work area

Aiding Memory

- Allow the employee to use a tape recorder
- Provide for typewritten notes, checklists, and instructions
- Allow additional time for training

Handling Stress

- Provide praise and positive reinforcement
- Refer to counseling and employee assistance programs
- Allow telephone calls to doctor during work hours

Employment Scenarios

Medication – Due to medication, a senior management employee becomes very tired in the early afternoon. She is allowed to come in an hour earlier and to complete her work from home electronically late at night.

“This flexible schedule is not that different from the administrative assistant who is a single mother and does not have a disability but has two small children. She is allowed to come in an hour earlier in the morning, leave in time to pick up and care for her children after school, and complete her job from her computer after putting the kids to bed.”

Larry Dale, State Liaison for Louisiana BLN

Schizophrenia – A young man diagnosed with schizophrenia hears voices. At the floor-cleaning company where he works there is often a lot of walking traffic. As an accommodation, the young man is allowed to wear earphones and listen to music as he does his job. He does his job so well that his supervisor reports that he is the most dependable, hard-working person he employs. He has been working in the job for more than 10 years.

“This accommodation is not greatly different from the young man on the construction job who goes about his work with earphones on. He knows his work and gets his job done while listening to whomever the latest pop or rap artist happens to be. He does not have a disability. Music helps the job pass—more interestingly and more enjoyably.”

Larry Dale, State Liaison for Louisiana BLN

Mood Disorder – An employee in an office environment has a mood disorder and is affected by whether her surroundings are dull or bright. Her office has been painted a bright color and has lots of extra lighting. This helps her to feel more comfortable and able to achieve at a very high level. She has won continuous recognition awards for her agency.

“This lady is not much different from the senior employee who is indispensable to a company and has turned 45 years old. She needed more light because she has become unable to read the size of the print she used to be able to read. Disability? I wouldn’t think anyone would say yes. Would the company give her as much light as she needed to feel comfortable doing her job? I think so!”

Larry Dale, State Liaison for Louisiana BLN

These examples represent some simple and inexpensive ways to make accommodations for employees with disabilities. Businesses are accustomed to making individual adjustments for employees. The lesson here is that people with psychiatric labels or people with disabilities are accommodated in ways similar to employees without disabilities.

Resources

- Job Accommodation Network (JAN) – 800-526-7234 <http://www.jan.wvu.edu>
- National Alliance for the Mentally Ill (NAMI) 800-524-7600 – www.nami.org
- Center for Psychiatric Rehabilitation, Boston University 617-353-3549 – www.bu.edu/sarpsych
- VCU-RRTC on Workplace Supports www.worksupport.com/biznet/news.html

Center for Workforce Preparation
U.S. Chamber of Commerce
1615 H St., N.W.
Washington, D.C. 20062-2000
202-463-5525 VOICE; 202-463-5308 FAX
www.uschamber.com/cwp

Your Gateway to Employment for People with Disabilities
VCU-RRTC on Workplace Supports
1314 W. Main St.
Richmond, VA 23284-2011
804-828-1851 VOICE; 804-828-2494 TTY
804-828-2193 FAX
www.worksupport.com/biznet/index.html

Editors: Valerie Brooke, VCU-RRTC and Beth B. Buehlmann, Center for Workforce Preparation, U.S. Chamber of Commerce. Contributors: Cathy Healy, Center for Workforce Preparation; Larry Dale, Louisiana BLN; Job Accommodation Network; National Alliance for the Mentally Ill; Center for Psychiatric Rehabilitation, Boston University; National Mental Health Association; and VCU-RRTC on Workplace Supports. Layout & Design: Jeanne Robert

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Close your eyes a moment.

Are you a different person than you were with your eyes open? Of course not, and neither am I.

When we walk together, let me take your arm.

I'll keep a half-step behind, so I can anticipate steps and curbs.

Speak to me when you enter the room.

Introduce me to everyone else in the room, otherwise I may not know they are there. Tell me if there is a dog or cat in the room. Then guide my hand to a chair.

Describe the furniture placement to me, and anything I might be apt to bump into, such as a door left ajar, or a child's toys on the floor.

If we go to a restaurant, please read the menu to me, including the prices.

I may ask for help cutting my meat. Describe the food placement to me, as on a clock face (potatoes at 12, carrots at 3, steak at 6, a tomato slice and parsley at 9). Then I'll do just fine.

Do you wonder why I am blind?

Don't be shy. I may be just as anxious to tell you as you are to ask.

Don't avoid words like "see." I use them, too.

Don't stumble over "visually handicapped" or "partially sighted." I am blind. I know it. You know it. Be comfortable with it.

You need not raise your voice to me. I probably hear just as well as you do.

If I am your houseguest, show me to the bathroom, closet, dresser, bed, windows, lights and electric outlets for my razor. I like to know if the lights are on. Also, take me on a brief tour of your kitchen, so I need not bother you every time I want a glass of water.

I am not a blind person. I am just a person who happens to be blind. Please walk beside me, and be my friend.

“Red Book”: The “Red Book” is a reference tool for educators, advocates, rehabilitation professionals and counselors who advise people with disabilities. We also encourage applicants and beneficiaries to use this booklet as a guide to the employment-related provisions under our programs. <http://www.ssa.gov/work/ResourcesToolkit/redbook.html>

AbilityForum.com: Ability Forum’s mission is to build a complete community resource where people with disabilities overcome barriers through the power of technology. <http://www.abilityforum.com>

Assistivetech.net: The primary mission of this site is to provide increased access to information on assistive technology devices, services and other disability-related resources for people with disabilities and the general public. <http://www.assistivetech.net>

Association for Rehabilitation Marketing (ARM): ARM is a non-profit organization for professionals whose primary responsibility is marketing, sales, and developing products or services of agencies providing employment opportunities to people with disabilities. ARM was founded to provide a forum for the exchange of information and ideas that are in support of developing work opportunities for the people it serves. <http://www.rehabmarketing.org/>

The Boulevard: A Resource Directory of products and services for the Disabled, Elderly, Caregiver and Healthcare Professional. <http://www.blvd.com/>

DisAbilityInfo.gov: The gateway to the Federal Government’s disability related information and services. This easy to use web portal provides links relevant to people with disabilities families, employers, service providers and other community members.

Disability Research Institute (DRI): DRI is located at the College of Applied Life Studies at the University of Illinois, Urbana-Champaign, and is supported by the U.S. Social Security Administration. The Institute’s mission is to conduct a broad range of research that will advance disability policy information. DRI research findings will assist researchers, policymakers and the public in understanding disability issues as they relate to disability programs under the Social Security Act. Everyone interested in disability research and policy is invited to become a member of the DRI listserv. <http://www.als.uiuc.edu/dri/>

Office of Disability Employment Policy: In the FY 2001 budget, Congress approved a new Office of Disability Employment Policy for the Department of Labor. Programs and staff of the former President’s Committee on Employment of People with Disabilities have been integrated in this new office. The mission of ODEP, under the leadership of an Assistant Secretary, will be to bring a heightened and permanent long-term focus to the goal of increasing employment of persons with disabilities. This will be achieved through policy analysis, technical assistance and development of best practices, as well as outreach, education, constituent services and promoting ODEP’s mission among employers. <http://www.dol.go/dol/odep/>

American Association on Mental Retardation: AAMR’s mission is to advance the knowledge and skills of professionals in the field of mental retardation by exchanging information and ideas. AAMR is the oldest and largest interdisciplinary organization of professionals (and others) concerned about mental retardation and related disabilities. Over 9,500 members in the U.S. and 55 other countries have chosen AAMR as their association. <http://www.aamr.org>

The American Congress of Community Supports and Employment Services (ACCSES): the national association for community rehabilitation providers. The mission of ACCSES is to provide industry leadership and a potent national voice in public policy affairs, by unifying and representing state networks of community supports and employment service providers. <http://www.accses.org>

The California Foundation for Independent Living Centers: a membership organization composed of 24 Independent Living Centers. Our mission is to create positive change by networking and providing support and resources to members in order to promote the Independent Living philosophy through unified action. Working together, we intend to create a world where people are valued regardless of differences of any kind. Our plan is to carry out activities that impact society to the degree that persons with disabilities are no longer excluded. <http://www.cfilc.org>

New York State Industries for the Disabled (NYSID): a not-for-profit corporation appointed by the New York State Department of Education to secure and administer contracts on behalf of community rehabilitation agencies. NYSID member agencies—which are also approved by the Commissioner of Education—employ New Yorkers with disabilities to produce goods and perform services for local and statewide government agencies and institutions at all levels. <http://www.nysid.org>

State Use Programs Association (SUPRA): The mission of SUPRA is to promote legislatively mandated State Use preferential programs that provide vocational training and employment for people with disabilities. Supra is an association of members who are to our state governments as NISH is to the Federal Government. There are 22 member organizations that represent the interests of CRPs from 20 states that have active State Use programs. There are some states that have State Use laws on the books, but they are not active and are not part of the membership of SUPRA. <http://www.supra.cc/>

U.S. Census Data: Selected population characteristics for states and counties including model-based estimates of the prevalence of specific disabilities among persons 16 and over. <http://www.census.gov/>

Worksupport.com: a new web portal on work and disability from the Rehabilitation Research & Training Center on Workplace Supports. This site features current updates on human resource business solutions. Innovative employers realize that people with disabilities is an untapped labor pool. Visit this Gateway for information and services about employing people with disabilities. <http://www.worksupport.com>



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13a. If you "Disagree" or "Strongly Disagree," on Q13 please explain why. _____

14. The most useful part(s) of the training were: _____

15. The least useful part(s) of the training were: _____

16. What one or two suggestions would help us improve this course? _____

17. The presentation of the course content was:

- Too introductory
- At the appropriate level
- Too advanced

18. The length of the course was:

- Too short to cover enough
- Appropriate for the content
- Too long for the material covered

19. Choose the ONE which most applies: Which best describes the reason you took this course?

- To develop skills/gain knowledge I can use on the job
- To further my overall professional development
- My employer requested I attend
- It was recommended by a colleague
- Other (please specify): _____

20. Were all of your goals for attending this course met? Yes No

20a. If "no" to Q20, please explain. _____

21. Do you have any other specific training needs you would like to see offered by NISH? _____

Please rate the following aspects of the Meeting Facility:

	Excellent	Good	Poor	Unacceptable
22. Meeting rooms: comfort and functionality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Overall facility cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Facility service quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Sleeping rooms: comfort and cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Facility location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Accessibility/ADA compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Facility Comments: _____

Please rate the following aspects of the Administrative Functions of this course.

	Excellent	Good	Poor	Unacceptable
29. Timeliness of brochure receipt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Timeliness of website updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you need additional assistance, please complete the following information:

I have a question that was not answered during the training: _____

I need additional information from NISH in the area of: _____

Name: _____ Phone: _____ Agency: _____

