

**Montgomery County
Public Schools**

**Coaching Students
with
Disabilities**

Office of the Chief Operating Officer
Interscholastic High School Athletics

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GENERAL INFORMATION

Criteria for Interscholastic Athletics Participation

1. All students who achieve eligibility criteria established by the Maryland Public Secondary Schools Athletic Association (MPSSAA) and Montgomery County Public Schools (MCPS) may try out for MCPS interscholastic athletic teams. Eligibility criteria are included in the *MPSSAA Handbook* and the *MCPS High School Athletics Handbook*.
2. Schools shall provide reasonable accommodations to students with disabilities.
3. A student may be excluded from trying out for or participating in a sport if it is determined that the student's participation creates significant safety concerns (for the student or for other students), creates significant competitive imbalances, or requires accommodations that fundamentally alter the nature of the sport.

Appeals Process/Committee

A student or a parent or guardian of a student may appeal a decision not to allow a student to try out for or participate in a particular sport. The appeal should be directed to the local school administration who will establish an appeals committee to review the request.

1. The local school appeals committee will consist of:
 - A school administrator, athletic director, and special education resource teacher.
 - Other persons who might be asked to participate include a special education teacher, case manager, guidance counselor, physical education teacher familiar with the student; a coach or sport director from another high school from a different school, the school nurse; and the MCPS athletics specialist.
2. The appeals committee will consider participation and appropriate placement of students with disabilities in the interscholastic athletics program. The appeals committee will make one of three potential determinations:
 - First Potential Determination - The student is able to participate in certain mainstream athletic team sports with reasonable accommodations*.
 - Second Potential Determination - The student is able to participate against or alongside other athletes in certain mainstream individual team sports with reasonable accommodations.

- Third Potential Determination - The student is unable to participate in mainstream team or individual sports. A recommendation is made for the student to consider participation in a corollary sport.
3. In selecting the most appropriate placement, the appeals committee will base its decision on the five criteria below. The criteria include whether the necessary accommodations required for participation will:
- Fundamentally alter the sport
 - Present an objective safety risk to the student
 - Present an objective safety risk to others
 - Provide the student a competitive advantage
 - Disadvantage other students

*Depending on the sport, National Federation of High Schools (NFHS) rules allow for certain accommodations, including artificial limbs, braces, and hearing enhanced equipment for students with disabilities. Also, NFHS rules allow for competition against or alongside students in selected sports. For instance, a student who uses a wheelchair may compete alongside or against other students in tennis, golf, and track and field.

History of MCPS Corollary Sports

Corollary sports were developed largely to enhance interscholastic athletic opportunities for students with disabilities. MCPS added three corollary sports teams to its interscholastic athletics program after the Maryland General Assembly passed the *Fitness and Athletics Equity for Students with Disabilities Act (FAESD)* in spring, 2008. Two important components of FAESD included that 1) schools offer equal athletic participation opportunities for students with and without disabilities, and 2) local school systems create corollary athletic teams, programs, or opportunities that provide additional competitive opportunities for students with disabilities. The Maryland State Department of Education (MSDE) developed guidelines for local school systems in developing corollary participation opportunities. The MSDE specifically included Unified and Allied athletics as effective models for increasing competitive athletic opportunities for students with disabilities. Both the Unified and the Allied athletic models involve an approximately 50%-50% ratio of students with and without disabilities participating with and against each other in competitive interscholastic athletics activities.

MCPS formed a workgroup including teachers, coaches, athletic directors, special education personnel, principals, and parents of students with disabilities to create corollary athletics opportunities that would serve the needs of MCPS students. The corollary athletics opportunities recommended by the workgroup included fundamental elements of both Unified and Allied sports.

A pilot Allied softball team was offered at six high schools in spring 2010; a Unified track and field pilot was offered in fall 2010; and a Unified bocce pilot was offered in winter

2010–2011. MCPS launched the full Allied softball program in spring 2011. Full Unified track and field (fall) and Unified bocce (winter) were offered in 2011–2012.

Largely because of lack of participation, MCPS discontinued Unified Track and Field after the fall 2011 season, and implemented team handball in its place as the MCPS fall corollary sport. Team handball was implemented as a pilot in eleven schools in the fall 2012 season. Full implementation of team handball occurred in the fall 2013 season.

Corollary Sports

The MCPS interscholastic athletics program includes three varsity corollary athletics teams: team handball (fall), bocce (winter) and Allied softball (spring). A complete overview of MCPS corollary sports is provided in the Corollary Sports section of the current *MCPS High School Athletics Handbook*.

Required Forms

All MCPS forms that apply to the interscholastic athletics program also apply to corollary sports. These forms include a Student-Parent Athletic Participation Contract and Parent Permission Form, Health Inventory, Emergency Medical Card, and in some cases, a transportation permission form.

Note, MCPS is planning to implement online registration during the 2017–2018 school year, which will incorporate paper versions of required forms into an online portal.

OVERVIEW OF DISABILITIES

Types of Disabilities

The United States Department of Education and the state of Maryland classify educational disabilities as follows:

- Autism
- Deafness
- Deaf-blindness
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment Including Blindness

Understanding and Addressing Specific Disabilities

Understanding specific disabilities is important in devising appropriate coaching strategies. Following are brief definitions of specific disabilities, conditions to look for, and potential successful coaching strategies.

1. Autism – Students have a developmental disability that significantly effects verbal and nonverbal communication as well as social interaction. Students have difficulty with personal relationships, may engage in repetitive activities and movements, are resistant to environmental change or change in daily routines, and have unusual responses to sensory experiences.

Look for: Limited communication, use of picture communication devices, minimal to no eye contact, preference to participate alone, sensitivity to light/noise/touch, repetitive body motions, fixated on specific objects/body parts, self-stimulation.

Coaching Strategies: Additional changing time or alternate site, establish routines/schedules, use visual cues, gain understanding of emotion range, provide structure, teach by demonstration, use trained peer helper.

2. Deaf/Blindness - Students have concomitant hearing and visual impairments, which in combination may cause severe communication and educational needs.

Look for: Thick glasses, cane or assistive device, hearing devices, distorted language.

Coaching Strategies: Utilize interpreter, use tactile cues and sign language, keep tasks/instructions brief, avoid team sports, protective gear for hearing aids and glasses.

3. Deafness/Hearing Impaired - Students are deaf or hard of hearing even with amplification and have difficulty with auditory communication.

Look for: Hearing aids, hearing devices, communication using sign language/hand gestures, distorted vocal language.

Coaching Strategies: Shoulder taps to gain attention, face student to allow lip-reading, minimize background noise speak slowly, use visual aids for demonstrations.

4. Emotional Disturbance - Students have an emotional or behavioral disability over an extended period of time and may exhibit inappropriate physical or emotional behaviors toward others.

Look for: Verbal outbursts, withdrawal, aggressive behavior, excessive misbehavior.

Coaching Strategies: Additional dressing time/alternate site when changing into uniform, positive feedback, stay calm, be consistent, avoid confrontation, use “time

outs” when appropriate, develop personal relationship, talk to team members regarding how to handle outbursts, structure the environment, use selected trained peers, avoid unsupervised time.

5. Intellectual Disability - Students have significant, below average general intellectual functioning with deficits in adaptive behavior.

Look for: Confusion in carrying out routine instructions, quizzical looks, delayed responses, slower rate of learning, decreased physical vitality.

Coaching Strategies: Extended time spent and repetition of skills, simplified, structured, and sequential instruction, multi-sensory cues such as pictures, charts, etc., use praise, emphasize safety rules, have student repeat directions, use routines and demonstrations.

6. Multiple Disabilities - Students have concomitant impairments (for example, intellectual challenges and also orthopedic challenges).

Look for: Confusion, delayed motor responses, sensory and physical needs, difficulty initiating, difficulty with multi-step directions.

Coaching Strategies: Consistency and repetition, visual cues, brief structured sessions, immediate positive reinforcement, demonstrations, use peer helpers.

7. Orthopedic Impairment - Students have orthopedic impairments that adversely affect physical and motor performance; impairments may be congenital anomalies, caused by disease, or accidents, including amputation, muscular dystrophy, cerebral palsy, poliomyelitis, etc.

Look for: Abnormal posture, awkward gait, use of crutches/walker/wheelchair, braces, poor balance, lack of sensitivity to cold/heat/pain, muscle contractions with various amounts of control, decreased strength and/or endurance, students may have catheter, possible latex allergy with Spina Bifida.

Coaching Strategies: Additional dressing time/alternate site, modified equipment, potential helmet use, decrease time/distance/duration of participation, allow for assistive devices, modify uniform, additional transition time, pair with trained peer.

8. Specific Learning Disabilities - Student have a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which could impact their ability to listen, speak, read, spell, or do mathematical calculations, including perceptual disabilities, brain injury, aphasia, dyslexia, minimal brain dysfunction.

Look for: A wide variety of behaviors – lack of concentration, difficulty with verbal expression, hyperactive behavior, clumsiness, poor balance, difficulty with motor planning, memory for rules, distractibility, low frustration tolerance.

Coaching Strategies: Give instructions one at a time, have student repeat instructions, speak slowly, use visual clues, establish eye contact, provide activities to work on lateral, directional, spatial awareness, provide environment with limited distractions, pair demonstrations with diagrams, verbal directions, frequent praise and positive feedback.

9. Speech or Language Impairment - Students have communication disorders such as stuttering, impaired articulation, expressive and receptive language impairment.

Look for: Hesitance to speak, delayed verbal responses, requests to repeat information, slow or deliberate speech patterns, difficulty with comprehension and following directions, embarrassed to speak in front of peers.

Coaching Strategies: Provide wait time to allow student to formulate response, use visual aids and multi-sensory cues, pair demonstrations with verbal directions, keep directions short and clear, teach key terms.

10. Traumatic Brain Injury - Students have acquired brain injuries resulting from sudden trauma to the head such as serious car accidents, falls, and sports related concussions. Residual problems range from mild to severe.

Look for: Fatigue, headaches, short term memory loss, slurred speech, inappropriate social behavior, poor muscle control, mood changes, impulsiveness, poor judgment, confusion, decrease processing speed, inattention, difficulty doing simple tasks.

Coaching Strategies: No contact activities, modified equipment, decrease in distance/duration of activities, rephrase instructions, allow extra response time, give clear expectations, use cues, repetition, speak slowly, checklists and diagrams, positive feedback, provide breaks.

11. Visual Impairment Including Blindness - Students have varying degrees of sight from partially sighted to totally blind.

Look for: Thick glasses, cane or other assistive devices.

Coaching Strategies: Describe environment and equipment to be used, minimize clutter, utilize auditory/tactile equipment, use verbal instructions, careful placement of equipment, maximum lighting, use bold colors, pair with trained peer.

12. Other Health Impairment - Students have limited strength, vitality, alertness due to a chronic or acute health problem such as heart condition, hemophilia, asthma, anemia, epilepsy, lead poisoning, attention deficit, etc.

Look for: A wide variety of behaviors – slow or hesitant responses, limited alertness, lack of stamina, fatigue, breathlessness, wheezing.

Coaching Strategies: Observe reactions, confidence-building activities, frequent rest periods, acquaint other students with condition.

Additional Disabilities

Additional conditions that may fall into one or more of the educational disability categories or qualifies a student to be eligible for a 504 plan include the following:

1. Asthma - Students have difficulty breathing.

Look for: Shortness of breath, wheezing, coughing, complaint of chest tightness.

Coaching Strategies: Keep inhaler nearby, allow rest periods as needed, be cognizant of air quality, dust, etc., allow student to self-monitor during activity.

2. Attention Deficit Hyperactivity Disorder (ADD/ADHD) - Students are easily distracted, restless, short attention span, fidgety, impulsive.

Look for: Rushing through tasks, lack of organization, running from activities, interrupting conversation, difficulty with attention and following directions.

Coaching Strategies: Reminders of task at hand, structure tasks so that they change frequently, assist with task completion.

3. Diabetes - Students have a metabolic disturbance resulting in insufficient insulin production which affects blood-sugar levels.

Look for: Excessive thirst/hunger/urination, fatigue, agitation, weight loss, dizzy, blurred vision, labored/rapid breathing, lack of concentration.

Coaching Strategies: Allow drinks, snacks as needed, decrease size of playing area, rest periods as needed, allow student to self-monitor during activity.

4. Down Syndrome - Students have a chromosomal abnormality, often also congenital heart disease, low muscle tone, above normal mobility of joints.

Look for: Underdeveloped respiratory and cardiovascular systems, hyper mobility of joints, mild to moderate obesity, poor balance and muscle tone, often strong willed personality.

Coaching Strategies: Additional changing time, changing at an alternate site, one-two step directions, more time for tasks, redirection, consistency, multi-sensory communication and instruction, repetition.

Note: Atlantoaxial Instability (AAI) students may have increased flexion at the junction between the C1 and C2 vertebrae of the neck. Participation in activities that hyperextend or radically flex the neck or upper spine could place the student at risk for injury. Students should not participate in butterfly stroke in swimming, diving, head soccer balls, high jump, gymnastic activities pull-ups or lifting weights above the shoulders. Consult with parents and medical reports/personnel.

5. Obesity - Students have body fat greater than 20% of their weight at age 12, resulting from glandular problems, genetic predisposition, unable to balance diet and exercise, medications.

Look for: Excessive weight, poor balance, anxiety, discomfort, pain, lack of motivation, withdrawal.

Coaching Strategies: Additional changing time or alternate site, low impact activities, rest periods as needed, monitor heart rate, reduce distance/duration/ time, uniform modification may be required

Skills Based Sample Adaptations

Four basic skills are required for participation on the MCPS corollary sports teams: catching, striking, throwing, and running (loco-motor patterns). Below are potential skills-based adaptations that may be incorporated during practices.

1. Catching

- Use slower moving balls
- Use brightly colored balls
- Throw objects slowly
- Use verbal cues to assist the student with timing a catch
- Use a bounce pass rather than a direct toss

2. Striking

- Allow striking practice without striking implement
- Allow time to handle and experiment with striking implement
- Provide target or goal
- Vary the distance and speed of pitched object
- Use verbal cues to signal when object is approaching

3. Throwing

- Experiment with different grasping techniques
- Simulate throwing action
- Provide large target
- Use markers to reinforce foot position
- Experiment to determine best throwing style-overhand, underhand, or sidearm

4. Running (Loco-motor patterns)

- Tap rhythm for pace
- Walk on uneven surface
- Walk different patterns (around objects, figure eight)
- Balance activities
- Visually impaired - run with a partner

Acceptable Terms/Disability Etiquette

1. Terminology

Acceptable: Always put the person first, then the disability (person with cerebral palsy)

Unacceptable: Physically disabled student, deaf person, disabled person

Acceptable: Disability

Unacceptable: Handicap or handicapped

Acceptable: Person with a spinal injury, polio, a stroke, multiple sclerosis, arthritis, etc.

Unacceptable: Victim. People with disabilities do not like to be perceived as victims for the rest of their lives, long after the victimization has occurred.

Acceptable: Person who has an intellectual or developmental disability

Unacceptable: Retarded.

Acceptable: Uses a wheelchair or crutches, a wheelchair user, walks with crutches

Unacceptable: Confined/restricted to a wheelchair, wheelchair bound

Acceptable: Able-bodied, able to walk, to see, to hear, people who are not disabled

Unacceptable: Healthy, when used in contrast to 'disabled'. Healthy implies that a disability is unhealthy. Many people with disabilities have excellent health.

Acceptable: People who do not have disabilities.

Unacceptable: Normal, when used as the opposite of disabled.

Acceptable: Person who has a disability.

Unacceptable: Afflicted with, suffers from.

2. Disability Etiquette

- Use a normal tone of voice when extending a verbal welcome. Do not raise voice unless requested.
- 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 acceptable.

- For those who cannot shake hands, touch the person on the shoulder or arm to welcome and acknowledge their presence.
- When addressing a person who uses a wheelchair, never lean on the person's wheelchair. The chair is part of the space that belongs to the person who uses it.
- When talking to a person with a disability, look at and speak directly to that person rather than through a companion who may be along.

If an interpreter is present, speak to the person with the disability, not the interpreter. Maintain eye contact with the person with the disability. If the person lip-reads, look directly at the person, speak clearly at a normal pace. Brief written notes may be help.

Allow a person with a visual impairment to take your arm (at or above the elbow). This will enable you to guide rather than propel or lead.

Offer assistance in a dignified manner with sensitivity and respect. Be prepared to have the offer declined. If declined, do not proceed to assist; if accepted, listen to and accept instructions.

Conversation

When talking to a person in a wheelchair for more than a few minutes, use a chair whenever possible, in order to place yourself at the person's eye level to facilitate conversation.

When greeting a person with a severe loss of vision, always identify yourself and others who may be with you.

When conversing in a group, give a vocal cue by announcing the name of the person to whom you are speaking. Speak in a normal tone of voice, indicate in advance when you will be moving from one place to another and let it be known when the conversation is at an end.

Use specifics such as 'left 100 feet' or 'right two yards' when directing a person with a visual impairment.

Listen attentively when speaking with a person who has a speech impairment. Keep encouraging, not correcting. Exercise patience rather than trying to speak for the person. When necessary, ask questions that require short answers, a nod, or a shake of the head. It is acceptable to rephrase what you wish to communicate or to ask the person to repeat if you do not understand.

Do not shout at a hearing impaired person. Shouting distorts sounds accepted through hearing aids and inhibits lip reading. Do not shout at a person who is blind or visually impaired, he/she can hear you.

To facilitate conversation, be prepared to include visual cues to a person with a hearing impairment, or an audible cue to a person with visual impairments, especially when more than one person is speaking.

If you need to attract the attention of a person who is deaf or hearing impaired, touch him/her lightly on the shoulder.

SURVEYS/WORKSHEET

Sample – Corollary Program Participation Survey Distribute to students in special education classes

Thank you for taking time to complete this survey.

Please return this form to _____ as soon as you possibly can.

Name: _____ First Period Teacher: _____

Student ID #: _____

All students have the opportunity to try out for teams in the MCPS interscholastic athletics program. The corollary athletics program is part of the interscholastic athletics program. The corollary athletics program is designed to increase opportunities for students to participate in athletic competition against students from other high schools. The most important area in which the corollary athletics program is different than the interscholastic athletics program is that all teams in the corollary athletics program are comprised of at least 50% students with a disability. Though many students with disabilities compete in the interscholastic athletics program, the ratio is not 50%-50%.

Students may not participate in the corollary athletics programs once they have participated in the interscholastic athletics program. In short, a student may either play for a team (or teams) in the interscholastic athletics program or a team (or teams) in the corollary athletics program – but not both. All other eligibility criteria for participation are similar.

If you have never played on a varsity or junior varsity team but would like to participate in a sports program after school, the corollary athletics program offers team handball in the fall, bocce in the winter, and Allied softball in the spring. You can make new friends, compete against other schools, join in pep rallies and award ceremonies, earn a varsity letter, and most importantly, be a part of a team that represents your school.

If you have questions regarding the corollary athletics program you may ask your teacher or the school athletic director. If you have an interest in participating, please complete the below questions.

Would you like to participate in the corollary athletics program? Yes _____ No _____

Which Sport? _____ Team Handball _____ Bocce _____ Allied Softball
(Fall) (Winter) (Spring)

Do you have questions regarding the corollary athletics program? ___ yes ___ no

Sample – Corollary Athletics Letter

Montgomery County Public Schools (MCPS) has a comprehensive interscholastic athletics program which includes competition in 20 sports - 31 varsity level teams and 13 junior varsity level teams per high school. All high school students who achieve standard state and system-wide eligibility criteria have the opportunity to participate in the interscholastic athletics program.

Included among the 31 varsity sports teams are three corollary teams or sports: team handball (fall), bocce (winter), and Allied softball (spring). All three are full-fledged, varsity interscholastic sports.

Though full-fledged varsity interscholastic sports, there are a few elements of corollary sports that help them stand out from other teams or sports. Specifically, corollary sports are designed for students with and without disabilities who are interested in playing on a varsity school interscholastic athletics team but do not necessarily have the skills and/or desire to play at a highly competitive level. An important feature of corollary sports is that approximately fifty-percent of the participants will be students with disabilities. Corollary sports offer students who have never participated in interscholastic athletics an opportunity to participate on a competitive varsity school athletics team.

There are many benefits associated with participation in varsity corollary sports. They offer student-athletes an opportunity to participate in social activities, improve self-esteem, and meet new friends. At the same time, student-athletes will experience the challenges and rigors associated with interscholastic competition. They work with teammates in achieving personal and team goals. They learn the importance of sportsmanship and teamwork. They are eligible to earn varsity awards, they are included in pep-rallies, they appear in the school yearbook, and participate in awards ceremonies.

One stipulation is that students may not participate on corollary sport teams once they have participated on a non-corollary interscholastic athletics team. In short, a student may either play for a corollary team or a non-corollary team – but not both. A student can appeal this to the athletic director and receive a waiver if the student believes that there is a good reason to grant an exception. All other eligibility criteria for participation on corollary and non-corollary teams are similar.

Students who are interested in participating in a corollary sport and would like additional information may contact the athletic director, a physical education teacher, or a special education teacher at their school. They can also obtain information on the MCPS interscholastic athletics webpage (go to MCPS website, click “Parents”, then “Athletics”, then “Programs”).

Student Information Worksheet (Parent Completes)

Student's Name: _____

Date of Birth: _____ Grade: _____ Male: _____ Female: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Emergency Phone _____

Does the student have an IEP or 504 plan? _____ Which one? _____

Does the student have a special education case manager? _____

If yes to the above, please provide the person's name: _____

Please answer completely the following questions:

1. Should the coach be aware of any specific physical/medical concerns or modifications? (self-sufficiency, motor skills, comprehension skills). If so, what?
2. Should the coach be aware of any behavioral complications/modifications? If so, what? (interaction with others, self-control)
3. What are your daughter's/son's strengths, weaknesses, and needs?
4. Is there any special equipment your daughter/son would need to participate in this sport?
5. What concerns do you have about your daughter's/son's participation in the Corollary Sports Program?
6. Is your daughter/son taking any medications that the coach should be aware of? If so, which medications?

Rating Checklist

Please rate your child's ability in the following categories:

	Lowest			Highest	
Follows directions consistently	1	2	3	4	5
Understands directions	1	2	3	4	5
Controls temper consistently	1	2	3	4	5
Dresses independently	1	2	3	4	5
Demonstrates motor control	1	2	3	4	5
Works well with others	1	2	3	4	5
Works well with the opposite gender	1	2	3	4	5

ADDITIONAL COMMENTS: