

Disabilities Awareness

A special issue prepared by and for high school students

SUMMER 1997 EDITION

About Disabilities Awareness

by Maria Comella, Shaker High School

As the first student editor of this Disabilities Awareness newsletter for high school students, I was initially wary of the task. I had virtually no contact with anyone who faced a disability. I believe the fact that I was not familiar with the subject made me more curious about whom I would meet and what stories I would encounter. As editor, I presided over a group of students who helped develop and write this first edition. We have all learned a great deal from one another about people with disabilities and our attitudes toward them. Responding to a request sent out to English teachers, we came together to try something new which I hope you will enjoy reading as much as we have enjoyed writing.

My first job as student editor was to attend a ceremony last June at the Executive Mansion celebrating the inclusion of students with disabilities in New York State schools. I was completely awestruck at the determination of the students I met there. They had so willingly separated the myths of disabilities from the facts. These young students did not look at the disabilities that

other students had, but saw through them and saw the person.

At the ceremony some special people came together to celebrate not only the success of inclusion, but the acceptance of inclusion. The day brought smiling faces for many children and adults alike who had participated in some way by including a person with a disability in some aspect of their lives. At the ceremony in the Executive Mansion, First Lady Libby Pataki presented achievement awards to both students and teachers. The Mansion was filled with the sounds of laughter.

It was after this ceremony that a group of students got together to write articles included in this publication. There were many stories submitted of inspiration and hope. Many of them parallel what was shown at the ceremony. Yet the thing which stands out the most is the concept that these are people. They are not the disability but they are the person. It is often forgotten that there is more to see than the disability. The personal struggles and acceptances point out what is really important.

Classrooms in 23 schools

across the State participated in the Disabilities Awareness Program during 1995-96. Many more schools will join the program this year. Instructors from the Commission on Quality of Care and from one or more of the nine agencies and associations co-sponsoring the Program make visits to each of the classrooms to focus on the positive aspects of inclusion.

A Disabilities Awareness ceremony will occur once again this year as the process starts anew. If these younger children can so easily embrace acceptance we must try as well. The stories that you will read are important to the writers and we hope that you will learn from them. While reading this, think about how you can change adversity into something positive. This is an opportunity to see how much good there is in society.

We welcome your comments, reactions, and ideas as we think about the next edition of the newsletter on disabilities awareness. Contact Catharine McHugh at the NYS Commission on Quality of Care and Advocacy for Persons with Disabilities, Advocacy Bureau, 401 State Street, Schenectady, NY 12305.

INSIDE

POETRY

5 | Teen Alcoholic

TRUE LIFE

2 | My Sister

4 | Playing in the Major Leagues

5 | "Freddie"

7 | All-Star Statistician

FEATURES

6 | "She Came Undone"

8 | A Chance to Ski

9 | To Be Like Everyone Else

Experience of a Teen Alcoholic

A creative fictitious piece by Jessica Terwilliger

The beginning,
'Twas innocent
In appearance,
Merely a bottle
Beer, in order
To calm myself
Before an exam.

My first drink, an experiment recommended by a friend in the senior class, was meant only as a last resort - I needed to pass this test, you realize. Ah, but how that amber liquid metamorphosed to pure silk in my mouth, sloshing down my throat at first, quickly changing to a tender caress. The first sip, followed by a second, and a third, and so on in rapid sequence. I proceeded to another bottle, just as possessed of tranquility as the first. When my temples throbbed with the excruciating intensity of a thousand bass drums the subsequent morning, the lucidity gained from the previous night's feast with Bacchus had somehow slipped from my grasp. I failed the exam, so piercing was my headache. Upon arriving home, I made my way directly to the liquor cabinet, in the hopes of discovering a tangible comfort to assuage the misery brought on by my scholarly defeat. A mostly filled bottle of bourbon sat in the foremost corner of the cabinet. I swallowed it all down that afternoon, and was left with an empty decanter - which I stowed away in the cellar, lest my parents know of this newfound pastime - and a somewhat intriguing sense of inebriation. Days, weeks, months passed, and I found myself indulging in alcohol much more often, for a myriad of reasons. One day, I had a terrible quarrel with my girlfriend - a bit of Jack Daniels put that unpleasant situation out of my mind. Once, I had a rough time with my coach at soccer practice. Not a problem, simply gulp down a few glasses of mother's Bordeaux. The more time I spent with my dear friend John Barleycorn, the more difficult it was to be away from him. The cravings grew to the point where I needed a drink to get myself awake in the morning, while another was necessary to last through my afternoon classes. Alcohol was the focus of any social activity, it was my entire life, and yet I would not admit it. I hid my addiction every moment of every day, storing empty cans and bottles in the attic when there was not a single inconspicuous space left in the basement. I covered the redness of my eyes with mirrored

Teen Alcoholic continued on next page

My Sister Lisa

by Carrie Danziger, Bethlehem HS

Behind closed doors I saw her tears. Behind her back I heard the laughing. I watched her as she never gave up. So much of what makes me who I am today, I learned from her. She is my older sister, Lisa.

I had reasons to admire Lisa other than her being my older sister. From the beginning, everything was hard for her. In elementary school, Lisa wore glasses and was constantly teased by the other children. They were unaware of the emotional harm they caused her. Later, Lisa was diagnosed with a learning disability. Her school years were extremely difficult, both socially and academically.

Lisa influenced me most when she was in high school, and I was in middle school. Lisa knew the importance of a good education, even though it was a struggle for her. Despite the fact that many of her peers were not college-bound, she strove to do her best. She was the only one in the basic skills classes who ever finished her assignments and worked to make the honor roll.

As Lisa's independence and confidence grew, she no longer wanted to be part of the basic skills classes. She wanted to do it on her own. Knowing how far she had come and how determined she was, she was placed in regular high school classes. She would only go to a consulting teacher when she needed the help. Lisa proved to everyone who wanted to see her succeed that she could do it.

Throughout high school Lisa was more dedicated than I can even imagine. All Lisa wanted was to be a "normal" kid for she rarely saw other students in her same situation. She wanted to make her disability go away. In my eyes, the longer she pursued the more she grew as a student. She was able to express herself in

writing, something she had never been able to do before. She had found an outlet to express herself.

In her senior year, Lisa took a half year elective course in accounting. This proved to be something that she excelled in. In 1993 she received the BCCO Scholarship Award for "a senior student who has shown significant improvement and success in the face of adversity." Lisa went against all the odds, did extremely well, and found

My Sister continued on next page

My Sister continued

something that she loved.

At the same time Lisa was improving in school, she was changing on the outside. Within a period of a few years, Lisa matured into a beautiful young adult. She got contact lenses, her braces came off, and she found a new way to do her hair. From beneath the shy little girl came a beautiful, outgoing teenager. Yet the students did not make her struggle any easier. Once people have one impression of a person, their minds are not very accepting of change. It was strange to me that although Lisa wanted to achieve, she was ridiculed for it by the students in her classes. The majority of the students labeled Lisa stupid and she spent much of her high school years alone.

Recently I found myself explaining to someone that with a learning disability you can be extremely smart, but learning is much more difficult. Although I failed to make him realize that the person he was talking about wasn't "stupid," it made me proud to know that my sister defeated these stereotypes. Kay Runyan, an expert on learning disabilities, explains that it takes longer to process the material, but "when the learning disabled students got the extra time, there was no significant difference between their scores and those of students without disabilities."

Despite her difficulties during high school, Lisa still wore a smile and had a positive and optimistic attitude. I grew up watching her overcome her learning disability. Now as a high school student myself, I have the same determination and work ethic as she does.

Lisa's struggle enabled me to mature and become a compassionate person. Having watched the way Lisa was treated, I will never treat anyone as if they don't exist. I will never cause someone to experience as much pain as my sister experienced. No one deserves to be teased, left out, or ridiculed. No one deserves to be alone.

I didn't let Lisa's learning disability affect our relationship as sisters or as friends. I always looked up to her as my big sister. Even with her disability, Lisa was very intelligent. All she needed was to be taught in a different way, a way that she could understand.

Lisa has taught me more about living happily than anyone. Through hard work and determination she overcame her disability and will graduate from Curry College in June. Lisa has made the most out of her life and she has never given up. My wish is to be as optimistic, happy and successful as she.

Teen Alcoholic continued

sunglasses, in spite of the fact that most of my day was spent indoors, far from the reaches of the Phoebus's searing glare. When I slapped my girlfriend in a drunken rage, I lavished her with purple hyacinths in an attempt to illustrate my sorrow. She refused my gifts, begging only that I stop drinking. No, that wasn't possible.

Alcohol was all that was important. I believed this with my entire being until, foolishly, I went for a drive while I was still intoxicated.

My car swerved through the streets until it came to a skidding halt at the feet of a girl no older than thirteen.

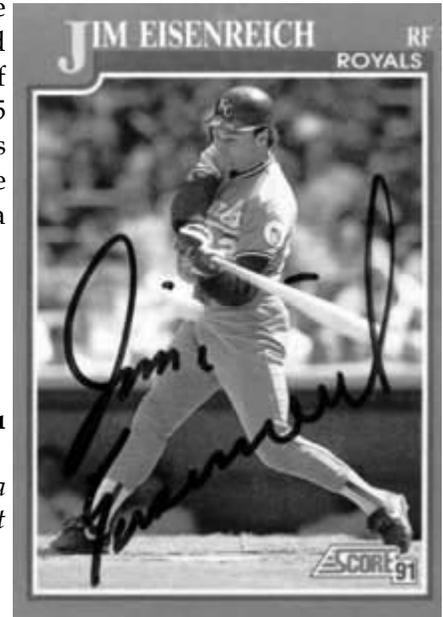


She was profoundly frightened, shaking uncontrollably, but unhurt. After the police took their report, and my parents bailed me out of jail for drunk driving, I sat in my bedroom, tentatively dialing the phone number of Alcoholics Anonymous. I spoke with a counselor there for at least an hour; upon hanging up, I reached for my book of Shakespeare, which I had neglected since the drinking began. Opening up to the middle page, I read these words: "O God, that men should put an enemy in their mouths to steal away their brains! That we should with joy, pleasance, revel, and applause transform ourselves into beasts!"

PLAYING IN THE MAJOR LEAGUES WITH A DISABILITY

by Robert McHugh, Shaker High School

Jim Eisenreich, a right fielder for the Florida Marlins, is one of the game's premier contact hitters. In 1996 he hit an incredible .361 but lacked enough plate experiences to qualify for the batting title. He is also one of the best defensive outfielders in the game as evidenced by his errorless '95 season. The St. Cloud, Minnesota native started his career with the Twins but has since played for the Phillies. The most amazing thing is that he has played his entire career with Tourette's Syndrome. The following is a telephone conversation I had with him recently.



Q: What is Tourette's Syndrome?

A: It's a neurological disorder characterized by motor and/or vocal tics.

Q: When did you first learn that you had Tourette's and how did you react?

A: I was diagnosed when I was 23 years old and a rookie for the Minnesota Twins. I think I had Tourette's since I was six or seven years old. At first I didn't believe it and I tried stopping it.

Q: How has having a disability changed the way you lived your life?

A: As a child, I stayed away from social situations. I avoided social activities. Now it motivates me to take better care of myself. Good nutrition. No smoking or drinking. I recognize the importance of staying healthy.

Q: Has having a disability kept you from doing anything you really wanted to do?

A: No. Absolutely not.

Q: How do people react when they find out that a major league baseball player has a disability?

A: Some people don't even think of it as a disability. Others think I've accomplished a lot for a person with a disability.

Q: What advice do you have for kids with disabilities?

A: Don't give up on your dreams. Work hard. Practice. Learn. Have fun!

Q: What is the most important thing you have learned from having Tourette's Syndrome?

A: I've learned to respect people who have disabilities. They deserve and want our respect.

Q: So how are the Marlins going to do this season against the Braves?

A: With the addition of Bonilla and myself, the Marlin's line-up and pitching staff match the Braves. Now it will depend on team spirit and attitude.

In 1825 Dr. George Gilles de la Tourette, a French neurologist, described the involuntary tics and vocalizations of Marquise de Dampierre, a noble woman who lived to the age of 86. The disorder was given his name. Samuel Johnson, the lexicographer, and Andre Malraux, the French author, are among the famous people from the past who were thought to have had Tourette's Syndrome.

The National Institute of Health officially estimates that 100,000 Americans have full-blown Tourette's Syndrome (TS). The cause of TS has not yet been established although current research shows considerable evidence that the disorder stems from the abnormal metabolism of at least one brain chemical called dopamine.

A diagnosis of TS is made by observing symptoms and by evaluating the history of the onset. Tics may occur many times a day (usually in bouts) nearly every day or intermittently throughout a span of more

Major League continued on page 9

"FREDDIE"

by Justin Leader, Pearl River High School

From the time I was two years old until I was about seven "Steve" [a pseudonym] had been my best friend. He and I went over to each other's houses all the time. At that age I was very friendly and loving to everyone but very over-active. I have Attention Deficit Hyperactivity Disorder (ADHD) so I was boisterous and restless. Everything was great until second grade when Steve's parents began to dislike my behavior because I was so "hyper." That's when they wouldn't let Steve be my friend anymore and eventually he was forced to cut off contact with me.



This broke my heart and I would have been able to get over it without too many scars; if the rest of the kids had liked me. But they didn't. No one would play with me at recess and no one would ever come to my house. I began to get very depressed. My teachers were not aware of ADHD and were extremely critical of me and insensitive to my disability.

It was then I was approached to help "Freddie," [pseudonym] who is mentally disabled, prepare for the upcoming "Challenger Little League." In the league disabled children play, and "normal" kids act as their "buddies" to help move the game along. Freddie's mom and mine thought it would be a good idea because I would be helping Freddie get ready for the league, and doing something for Freddie might make me feel better about myself.

Since then we have been playing ball each fall and spring at his house once a week. In that time I have grown to know him as a person, his likes and dislikes. He has a strong personality that contradicts the image I had of kids with mental disabilities. I had imagined that they were essentially passive showing only faint recognition and response to anything happening in the world around them. And while this may be true for some severe disabilities, Freddie interacts with his environment just like I do. We just have different obstacles to face, different disabilities to overcome.

While Freddie and I threw the ball around in the backyard, I developed a genuine friendship with him like I would have with any other kid I knew. That is why I enjoyed going over to his house. When I got to his house, we would talk a little, watch some television, then go outside. We played with his dog. We threw the ball around or played tag. In the summer we played with the hose. Freddie and I always had fun.

I also became friends with the other kids from the Challenger League. I got to know many of them, and they always talked to me. At first their open friendliness was surprising in contrast with the kids in my school. They accepted me immediately without question.

My friendship with Freddie and my experiences with the Challenger League made me realize the importance of openness and acceptance and tolerance. I started to stand up to people who made fun of kids in my school. I could no longer be a bystander because I knew what it felt like to be bullied or ostracized and I knew what it felt like to be unconditionally accepted. I began to learn what is right and wrong, what is important and not.

Although accommodations have to be made for his disability, you can talk to Freddie like anyone else. Freddie has the same soul and spirit as all of us, perhaps he is even stronger and more pure. He has been a good friend to me, and I try to be the same for him. I worry about him not getting enough exercise and always encourage him at the baseball games to run around the bases himself. All he needs is someone to tell him he can do it.

My years of friendship with Freddie have taught me patience and how by helping others we help ourselves. Really helping someone can make a lasting impression, not just on the one you help, but also on yourself. The friendship that I have developed with Freddie has given me the self-confidence to grow and to be a better person. We should all be so lucky.

"She Came Undone"

by Jessica Terwilliger, Burnt Hills High School

I push myself through the masses of students in the hallway, knowing that my eyes are beginning to water. My friends approach me tentatively, draping their arms across my shoulder, inquiring as to what ails me. The only response is the shuddering of my frame and a barely audible whisper. "I don't know what's wrong anymore." I am ushered to the bathroom, or the guidance center, or some secluded space, my friend murmuring reassurances all the while. "It'll be ok, Jess. It'll get better. Everything is going to turn out fine." I remain taciturn, save for an occasional sniffle.

An authority figure - a teacher, a counselor - joins us, nodding slightly to my companion. At that she wanders off toward her class but not before embracing me a final time and reminding me to call her the moment I get home. I am left with the counselor who begins to question me as to why I am sobbing. Am I having problems at home? Am I doing well at school? Am I in a fight with one of my friends? The answers roll off my tongue - no, no, no. A pause followed the most difficult question. "Why then are you crying?" "I have depression," comes my shaky reply. Now the interrogation begins. Am I taking drugs? Have I thought about death? Am I planning suicide? It's my turn to answer again - no, yes, no. They speak with me about the situation at length, swearing that it won't always be this way. Despite the nausea that accompanies these incidents, I plaster a smile on my face. The remaining tears are swept away with the back of my hand. I drift to my classroom, berating myself for being weak. I do not want to cry anymore, not around those who cannot or will not try to understand what I am experiencing. Why can't they see how much this hurts, how it won't simply disappear?



In a society where one in four women and one in ten men will suffer at least one major depressive episode in their lifetime, why is the public so ignorant regarding depression? Perhaps it is the unwarranted stigmas and myths attached to this disease. Clinical depression is not merely a "case of the blues," it is a ceaseless feeling of sadness without cause, of hopelessness, of unfounded guilt. Though these are the telltale aspects of the illness, there are a variety of symptoms to be aware of. One of the most obvious signs is constant thoughts of death and suicide. Many people think that people who frequently speak of taking their own life will not do so; this, in fact, is one of the most tragic misconceptions. Usually someone whose conversations revolve around killing himself or herself is trying to ask for help. If left untreated, it is quite probable that this victim will attempt suicide, thinking that no one cares whether or not they continue to live. As suicide is the eighth highest cause of death in the United States, it is imperative that we recognize those who have suicidal tendencies. Merely having thoughts of death does not constitute being suicidal, though once one considers ways to do harm to themselves, or to actually plan out a suicide, is the time for their loved ones to be incredibly concerned. Other less apparent symptoms include either an overwhelming feeling of drowsiness or insomnia, a lack of interest in pleasurable activities, an increase in drug use, a decreased sex drive, and a withdrawal from society. If two or more of these signs persist for more than half a month, one should seek the assistance of a guidance counselor, psychologist, psychiatrist, social worker or simply a trusted friend.

It is the last day of seventh grade final examinations, during which I am required to write a personal narrative describing a life altering event. The erasable pen rests lightly between my thumb and forefinger as I place its tip against the blue lined paper. Saints, what has significantly changed my life? The one thing that comes to mind is the passing of my maternal grandmother. With a sigh of resignation, my hand begins to move the pen across the loose leaf, leaving a trail of hastily scrawled words behind. I pass my paper in to the proctor, averting my eyes as I can feel the onset of tears. It starts as a mere tingling in my eyes, then moves to my nose, producing a sensation not unlike that which is experienced prior to a sneeze. A slight ache finds its way to the back of my throat; soon it overcomes all of the passageway. I can almost feel invisible hands tightening around my neck. My eyes which had been brimming with the salty solution overflow causing a cascade of moist misery. The proctor instructs me to go to the restroom; I nod, not knowing what else to do.

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Undone continued

I find myself sitting on the tiled floor next to the sink alone for a moment before my English teacher enters. Like all the others, she asked me what the cause of my tears was. I manage to explain between gulps for breath that I wrote a personal narrative on my deceased grandmother. A sympathetic smile formed on her lips as she handed me a tissue, beginning to speak of her own grandmother. Blink, I am not crying simply for the loss of my grandmother. Of course, I miss her dearly - she had such a major influence on my life - but there is something else, something unidentifiable. Although I did not realize it then, it was an episode of unipolar depression, an episode that would be repeated a myriad of times in the next year, all of which I would say was naught more than bereavement. I was too afraid to call it anything different.

In my school district, all students in grades eight and eleven are required to participate in a health class, during which sexually transmitted diseases, drug abuse, and first aid, among a variety of other subjects, are studied. Time is found to learn the correct procedure for taking someone's blood pressure, yet not even a single period is spent discussing clinical depression. By adding the study of depression to the health class curriculum, we will promote awareness and understanding of the devastating disease. Even if it is only one class period or one assembly is spent discussing MDD, it would still educate students, making them more likely to seek help. Through psychotherapy, as well as the prescription of antidepressants such as Prozac, Effexor, and Zoloft, people living with depression may be able to become relatively happier, or at least able to cope with their illness in a healthy manner.

In addition to informing students about major depressive disorders, I propose that the school sponsor a support group during activity period. In doing so, students will be given the chance to speak with peers who are in similar situations; without such support groups, many students would have no one to turn to, as it can be incredibly uncomfortable speaking with friends or parents about this issue.

I do not want to be in emotional agony for the rest of my life, though it is a possibility. I do not want to seem weak in front of those who will not try to relate. I do not want to be afraid to tell people that I have depression, that I am on tricyclics, that I visit a psychologist regularly. More than anything else, I do not want to lose any of my friends who may have depression, but are undiagnosed, to suicide. What I ask for is not unreasonable; what I wish is merely a haven where I may weep without fear of ridicule, a sanctuary where I may help others who must face the same horrid despondency that I have felt.



All-Star Statistician

by Colin Harte, Guilderland High School

In order to earn a high school diploma in New York State, each student must acquire one physical education credit. "Paul" [a pseudonym] is in a wheelchair. He is a tenth-grade student with cerebral palsy at my high school. He needed to earn this credit, but would be unable to meet the challenges of physical education. Paul would have to get his physical education credit another way. The dean of students and varsity basketball coach were made aware of the problem and came up with a solution. Knowing that Paul is a basketball fan, he inquired whether he could record the stats. A modification to the program All-Star Stats 400 by microsoft would enable Paul to maintain the stats and

remove the task from the coach's shoulders.

This idea was then discussed with the Learning Workshop teacher, a computer whiz. He reasoned that if Paul could break down, statistically, videotaped basketball games, he could input the stats into the computer. Paul discussed the idea with his teacher and really liked the idea - it allowed him to participate in high school basketball and earn the required credit.

Once his teacher completed the modifications of All-Star Stats 400, Paul was given a valuable chance to get his physical education credit. The faculty's willingness to help a student shines through the mechanics of this process. The reason Paul succeeded in

A Chance to Ski

by Rebecca Lozman, Holy Names Academy

The roots of adaptive skiing were in war and accidental injuries. In 1942 Franz Wendel was the first person to enter a competition for people who are handicapped. After suffering a leg amputation in the war, he fashioned a pair of crutches and attached them to short skis enabling him to crutch ski. By the late 1940's the Austrian Ski Association was financing a division for handicapped skiers while at the same time European and American programs at army hospitals were developing. The Vietnam War produced many unfortunate casualties but also provided a boost to the development of adaptive skiing. Equipment and facilities have continued to grow and improve in recent years. A new era began in 1983 when the International Olympic Committee sanctioned the Third World Winter Games for the Disabled. Not only did this boost the prestige of the program, it also helped to promote fund raising efforts and program development worldwide. The Third World Disabled Ski Championships were held in 1986 in Sweden and the United States placed first.

So why is there skiing for people with disabilities? Outdoor recreation is fun and healthy for everyone. For people with disabilities, skiing means adventure, exercise, self-respect and independence. Handicap ski programs use athletic participation to rehabilitate the person both mentally and physically. Being able to participate in the sport of skiing helps to erase some of the myths surrounding a person with a handicap. Knowing how to ski, a person with a disability can enjoy the camaraderie of the sport with family and friends.

The principles of the Alpine ski instruction are adapted to the needs of the individual

and focus on skill development.

Instructors must call upon skill, creativity, and experience. The adaptive program is prepared to handle a variety of disabling conditions including amputations, Attention Deficit Disorder, Down's Syndrome, visual and hearing impairments, MS, Cerebral Palsy, and spinal cord injuries.

This year I completed the instructor training program at Windham Mountain in Windham, New York. Instructors must be sixteen years of age; complete a twelve day training program; and pass a one day evaluation which includes a level one PSIA exam. Training includes an introduction to teaching skiing to people with disabilities; instruction in the American Teaching System (ATS); blind instruction; teaching people with developmental disabilities; three track, four track, and sit/mono/bi ski training.

The basis of the Windham program is the American Teaching System. The instruction includes a service model which focuses on keeping the students happy; a teaching model which integrates the student's profile with the instructor's behavior to develop a learning partnership; and the skiing model which includes teaching balancing movements, rotary movements, edge and pressure control movements.

Each disability requires specific methods of teaching and specific equipment. Instruction for skiers who are developmentally disabled focuses on keeping the instructions simple and direct. Special equipment for these skiers may include tethers (twenty foot long straps attached to a ski bra) and clamps on the tips of their skis to keep them from crossing or separating and to control the turn, shape and speed of the skier.

One of the most interesting parts of the instruction was the training for skiers who are



To Be Like Everyone Else

by Robert McHugh, Shaker High School

"Noelle" [a pseudonym] has dyslexia. It is one of a variety of learning disabilities which effects over two million school children according to the US Department of Education. I interviewed her and learned that her disability affects her understanding or use of spoken or written language. She is labeled as having an imperfect reading ability, but that does not characterize who she is. A label like dyslexia describes a syndrome, not a specific student with specific problems. Noelle told me about her own experience with dyslexia.

Now a sophomore in high school, Noelle first learned of her disability when she was in fifth grade. After seven years of tests, she still wasn't actually given the label "learning disabled" until she was in eighth grade. It didn't turn out to be such a difficult discovery for Noelle because her mother had always suspected she had a problem and had worked with her to sharpen her skills. Her mother's attitude from the beginning helped her accept the idea that it wasn't a "big deal." It was something she could work hard to overcome. Weekly visits from a tutor are the only way Noelle's daily routine differs now from any other teenager's.

Certain teachers treat Noelle differently, especially those who know very little about dyslexia and give advice to her which isn't helpful. A myth about the disease is that she will become a better reader if she relies less on her tapes (tapes go along with all of her school books) and practices reading more. However, this is not true, according to Noelle who needs the tapes and will not read better without them. Noelle is clearly hardworking and willing to put in extra time to do well in school. This is a strength that any teacher should appreciate. Teachers should also allow flexibility in classroom procedures (e.g., permitting the use of tape recorders for note-taking and test-taking when students have trouble with written language). Using computers for drill and practicing and providing positive reinforcement of skills are other strategies that have proven successful with students who are learning disabled.

Noelle tries to educate her peers who think that she just mixes up the sequence of letters when she is reading or speaking. That does happen to her, but she also has trouble reading and may never read as well as others do. However, she is able to take the same courses in school that she would take if she did not have a disability. In order to overcome this disability she works extremely hard to reach her goals.

Living with a disability has had some positive effects on Noelle. She knows that everyone is different and that no one is perfect. From her experience with dyslexia she has learned not to be ashamed of a disability. According to Noelle, many more people than you could imagine are living with them and getting along just fine.



Major League continued from page 4

than one year. Sometimes there are changes in the number, frequency, type and location of tics and they may sometimes disappear for weeks or months at a time. The onset of TS is before the age of 21.

The majority of people with TS are not significantly disabled and therefore do not require medication. However there are medications available to help control the symptoms when they interfere with functioning. While there is not yet a cure for TS, many people experience marked improvement in their late teens or early twenties. Most people with TS get better, not worse, as they mature. As many as one third of them experience remission of tics in adulthood.

For more information on TS, contact the Tourette's Syndrome Association:

TS Association, Inc.
42-40 Bell Boulevard
Bayside, NY 11361-2820
Tel: (718) 224-2999

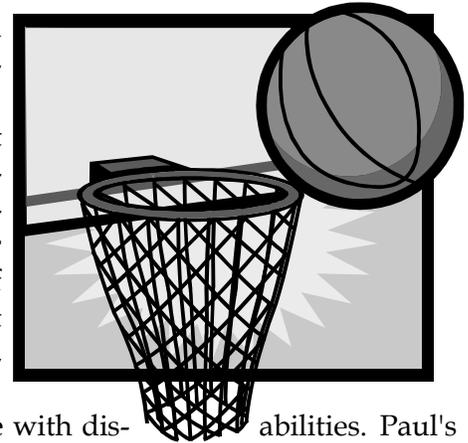


All-Star Statistician continued from page 7

receiving his credit is because he was willing to try to make the idea become reality. The faculty worked together to form the raw materials, and Paul finished the product.

This personal victory was barely noticed by the student body, although perhaps more students should take heed of the occurrence. The ideals expressed in this story include acceptance, creativity and cooperation among faculty and students. As his teacher said, "Getting Paul's credit shows the helpfulness and dedication of the faculty and the willingness and desire of Paul." This difficult task was achieved one way, through the work of caring, resourceful, willing people.

It is essential that schools make such adjustments for people with disabilities. Paul's story and accomplishments are positive notes, and foreshadow the changes in education that are to come. Without these changes, education may limit people with disabilities. Thanks to Paul's efforts and the flexibility of the high school staff, Paul was successful in achieving his goal and set a standard for the future.

*Chance to Ski continued from page 8*

visually impaired. What a challenge we faced when as trainees we were asked to ride the chair lift with our eyes closed. No slowing of the lift to accommodate us! At that moment having to trust someone to tell me when to stand and sit was quite unnerving. This experience sensitized us to what our students have to overcome and how important our guidance is to them.



Adaptive equipment is designed to provide the optimum stability and comfort for skiers who are disabled. Outriggers are a crutch and a ski tip which are used for three trackers, four trackers, and mono/bi sit skis. The outriggers provide stability for the upper body. A three track skier uses one ski and two outriggers (appropriate for skier with amputations). A four tracker is a skier with two skis and two outriggers (appropriate for skiers with lower body weakness). Occasionally the outriggers are replaced with a walker attached to the skis. Mono/bi/sit skis are used for skiers unable to ambulate at all. Mono skiers require more upper body strength to use the equipment. Today with advanced technology, the bi ski is replacing the sit ski.

Since the completion of my training program I have had students of varying ages, disabilities and skiing levels. They have provided many new learning experiences for me. Without a doubt I have consistently observed the pleasure this sport gives to the students and their families. Physical and mental growth are very important to the overall well being of the student. Sharing my skills and love of skiing has been fun and rewarding to me.

WE NEED YOUR HELP!!!

We are looking for creative dedicated students in grades 8-12 who are interested in writing articles, creating artwork, taking pictures, doing layout or designing websites. To find out more please contact us at:

Email: DAN@cqc.state.ny.us

Or

Attn: Disabilities Awareness Newsletter

NYS Commission on Quality of Care and Advocacy for Persons with Disabilities

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