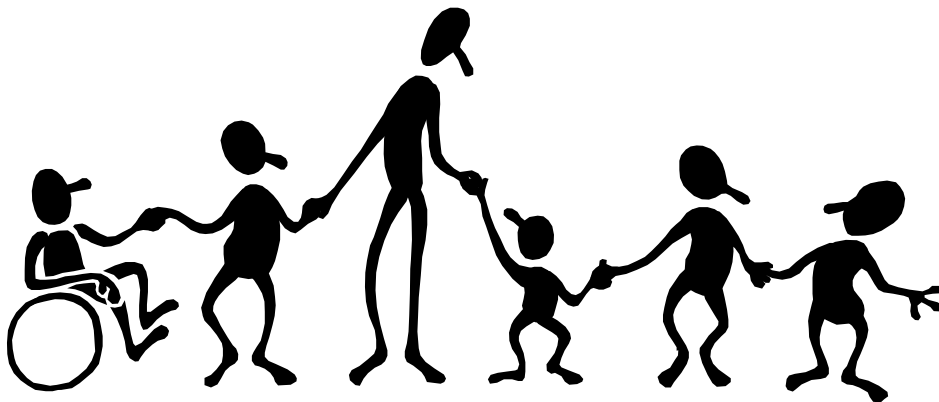

Unit 2: Characteristics of Children with Special Needs

Overview

Unit 2 teaches drivers basic characteristics of children with special needs, focusing on implications for the bus ride.

Special concerns when transporting medically fragile children and very young children with disabilities are also addressed.



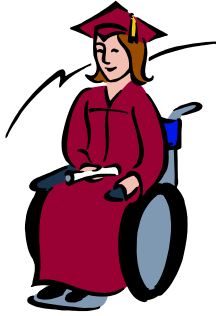
Unit 2 Framework

<p style="text-align: center;">Core Content Outline</p> <ul style="list-style-type: none">2.1. Unit 2 introduction2.2. Attention deficit disorder2.3. Autism2.4. Hearing and visual impairments2.5. Emotional disturbance2.6. Intellectual disability2.7. Multiple disabilities2.8. Specific learning disability2.9. Speech or language impairment2.10. Traumatic brain injury2.11. Orthopedic impairment2.12. Other health impairments2.13. Children who are medically fragile2.14. Preschoolers with special needs2.15. Unit 2 review	<p style="text-align: center;">Objectives</p> <p>By the conclusion of this unit, drivers will be able to:</p> <ul style="list-style-type: none">1. Explain the importance of treating each child as an individual.2. Describe the basic characteristics of each disability.3. Identify special challenges presented by each type of disability during the bus ride.4. Describe at least one strategy to safely transport a child with each type of disability.
<p style="text-align: center;">Suggested Time</p> <p style="text-align: center;">60 minutes</p>	<p style="text-align: center;">Preparation</p> <ul style="list-style-type: none">1. Read Best Practice Backgrounders for each disability category covered in this unit2. Projector, screen, and PowerPoint in place

UNIT 2.1
CORE CONTENT
Unit 2 introduction

**BEST PRACTICE
BACKGROUND**

Most people can recall a time when they made an unfounded assumption about how someone with a disability was going to



behave, realizing only later that their preconceived ideas were not completely accurate. No matter whom we are dealing with, sometimes our expectations about people are born out, and other times we are surprised to find out how different an individual is from the stereotype we based our expectations on.

Beware stereotypes.

Stereotypes are based on generalizations about people, sometimes accurate, sometimes not. Basing our interaction with children on stereotypes can limit our ability to predict behavior. For instance, drivers sometimes choose a route with students who are deaf and hearing-impaired because they anticipate a “quiet” route. After just one day this misconception is usually revised. Because these students do not have adequate auditory feedback, they can easily be the loudest group of students to require services.

Many other misconceptions about children with disabilities exist. For instance, children with autism are sometimes seen as intellectually limited, while many are anything but. Similarly, children with physical

disabilities are frequently treated as though they’re helpless and weak, while many are strong and physically capable in many situations.

Children with disabilities are individuals. It is important for drivers and aides to learn the characteristics of the disabilities of the students they serve. However, it’s equally important not to stereotype children with special needs. They are children first, and children with disabilities second.

This unit provides drivers and aides with descriptions of students with disabilities and explains how their characteristics

can impact the bus ride to and from school. Regardless of the nature of the disability, the most important consideration for a driver is ensuring a safe ride and relating to children in a manner that minimizes problem behaviors.

It’s important that drivers and bus aides find out what works best for the students on their own bus. Understanding the characteristics of different disabilities and how to anticipate and manage potential bus problems is a must.

Instructional Strategies

Discussion questions

- ✓ *What’s the difference between a characteristic and a stereotype?*
- ✓ *Have you known someone who didn’t fit “their” stereotype?*
- ✓ *Have you ever been treated as a stereotype instead of as an individual?*
- ✓ *How can stereotypes limit our ability to predict children’s behavior?*

PowerPoint

- ✓ *Slide 2.1: “Characteristics of Children with Special Needs”*

Workbook

- ✎ *2.1*

UNIT 2.2
CORE CONTENT
Attention deficit disorder

**BEST PRACTICE
BACKGROUND**

Characteristics. Children with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) may exhibit some or all of the following characteristics:

- Short attention span – difficulty focusing
- Poor memory
- Disorganization
- Poor impulse control
- Restlessness
- Incessant talking
- Incessant activity

Note: Under IDEA, ADD and ADHD are not considered separate disability categories but are included under “Other Health Impairments.”

Challenges for the bus ride.

Children with attention deficit hyperactivity disorder can be a challenge on a school bus. Typical problems include:

- Inability to stay seated – may move impulsively around the bus.
- Difficulty following directions for a protracted period of time – when told to sit down, for instance, a child with ADD or ADHD may briefly do so but then quickly begin moving from seat to seat again.
- Dangerous behavior getting on or off the bus – for instance, impulsively running across the road, away from school staff, or back to the bus as it leaves the stop, are all possibilities of which to be aware of.
- Stimulating other students – the high activity and energy level of children with

attention deficit disorder can “raise the temperature” on a bus, getting other children stirred up.

- A child’s medication may not have taken effect by the time he or she is picked up in the morning, or may have worn off by the time the bus comes to take the child home in the afternoon. (Your school division may not require that a child take prescription medication as a condition of a child attending school, receiving an evaluation, or receiving special education and related services.)
- High noise level may create frustrating or unsafe conditions on the bus.
- Because ADD and ADHD children look “normal,” sometimes it’s harder to remember it’s a real disability and not just “bad behavior.”

Strategies.

- Clear and simple directions work best with children with attention deficit disorder.
- Repetition and consistency

is important when working with ADD children - they may not retain directions for a significant period of time.

- Keeping children with ADD physically separated from other challenging children on the bus can minimize the over-stimulation effect and keep the situation manageable.
- Assigned seats are a good idea for children with ADD or ADHD.
- Activities and distractions (music, electronic games, drawing, etc.) may keep children with ADD or ADHD occupied during the bus ride. Allowing these types of activities may be considered or used as reinforcement for positive behaviors.
- Worsening behavior should be reported to the Supervisor or the school at once – it could indicate a serious problem.

Instructional Strategies

Discussion questions

- ✓ *What strategies are most effective when transporting children with attention deficit disorder?*

PowerPoint

- ✓ *Slide 2.2: “Attention Deficit Disorder”*

Workbook

- ✎ 2.2

**BEST PRACTICE
BACKGROUND**

Characteristics. Autism is a developmental disability significantly affecting verbal and nonverbal communication, social interaction, and behavior generally evident before age three, adversely affecting a child's educational performance. Children with autism may exhibit any of the following characteristics:

- Obsessively repetitive activities and stereotyped movements – for instance, a child with autism may rock back and forth repeatedly, or exhibit rhythmic head and foot movements.
- Children with autism can be self-abusive – banging their heads, slapping, pinching, poking, or biting themselves.
- Unusual responses to sensory inputs – for instance, an exaggerated response to sound.
- Children with autism exhibit a wide range of intellectual and behavioral differences.
- Some students with autism are extremely withdrawn and do not communicate at all; others communicate in a bizarre or seemingly meaningless manner. Other students may use assistive technology to communicate.
- Some children with autism may exhibit periodic emotional outbursts.
- May exhibit abnormal or responses to objects, for instance exaggerated fears.

Challenges for the bus ride.

- Children with autism are often sensitive or resistant to a change in daily routines. For instance, a different bus,

substitute driver, or change in the route can have a strong effect on a child with autism.

- In sudden emergencies such as a bus fire, a child with autism may actually resist evacuating from the bus.



Strategies. It is essential for drivers and aides to consciously ignore behaviors that don't jeopardize safety. An established daily routine can minimize inappropriate behaviors.

- When safety is jeopardized and intervention is required, simple one or two word directions are usually most effective in correcting dangerous behavior. Use a quiet, gentle, firm voice.
- Do not provide complex choices to children with autism; it can upset them.
- A small object to hold - for instance a shoestring, rubber band, favorite piece of cloth, small toy or stuffed animal -
- sometimes calms children with autism. Some enjoy using a calculator. Distracting the student is often the most successful form of intervention.
- “Storyboards” identifying key locations along the bus route can sometimes calm the fears of a child with autism, especially when a change has occurred.
- Social Narratives developed in collaboration with the student’s teacher/case manager could be effective in scripting out the schedule and steps to bus procedures.
- Some children with autism use a keyboard communication device.
- If drivers know they will be off the next day, they should let school and the child’s parents know the day before.
- A well thought out evacuation plan is essential.
- When severe behavior problems occur, drivers must pull the bus over in a safe location.

Instructional Strategies

Discussion questions

- ✓ *What’s the best way to communicate with children with autism?*

PowerPoint

- ✓ *Slide 2.3: “Autism”*

Workbook



UNIT 2.4
CORE CONTENT
Hearing and visual impairments

**BEST PRACTICE
BACKGROUND**

Characteristics. Deafness means a hearing impairment so severe that the child’s ability to process linguistic information through hearing, with or without amplification, is limited to the extent that it adversely affects his or her educational performance.

Hearing impairment is hearing loss, in one or both ears, that may be permanent or fluctuating, that adversely affect educational performance, but is not included in the definition of deafness.

Not all students who are deaf or hard of hearing communicate in the same manner. Some use sign language; some use Cued Speech; some use their listening and spoken language skills with the aid of sensory devices (e.g., hearing aids, cochlear implants), and others may use a combination of these methods.

Deaf-blindness is simultaneous hearing and visual impairment, the combination of which causes severe communication and other developmental or educational needs that cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Visual impairment including blindness means impairment in vision severe enough to adversely affect educational performance, even when corrected. The term includes both partial sight and blindness.

Challenges for the bus ride. Entering and exiting the bus safely are paramount. Communication between the driver and child is also essential. Students can become confused and frightened in an emergency. . It is easy to imagine that not

being able to see or hear would amplify these reactions.

Strategies.

Consistent seating, communication, and student management are important.

- The degree of assistance needed with students by visual impairments varies depending on their ability to function independently and their experience in using a bus . Qualified personnel should assess each child to determine the level of assistance needed and to help the child become independent over time. Verbal communication should be used to compensate for what children can’t see. Instructions should be friendly and direct.
- If a child’s primary mode of communication is sign language, learning basic

signs and finger spelling may be helpful in establishing rapport. An interpreter or teacher of the deaf/hard of hearing should be involved at the beginning of the school year and as needed thereafter, to make bus procedures and rules clear and to communicate any ongoing changes.

- When communicating with students who are deaf or hard of hearing and who use listening and spoken language skills, face the student and speak at a normal conversational volume. When communicating procedures and rules at the beginning of the year and ongoing, as

Instructional Strategies

Discussion questions

- ✓ *Why is a daily routine important when working with students who are visually impaired?*

PowerPoint

- ✓ *Slide 2.4: “Hearing Impairments, Visual Impairments”*

Workbook

- ✍ 2.4

Additional resources

- ✓ *“See What I’m Saying: a School Bus Driver’s Guide to Transporting Deaf Children,” Rick Mangan - available from PTSI.*

Special Drivers for Special Children

needed, it may be better to meet in a quiet environment, using any assistive listening devices normally used by the student in school, then reiterating while on the bus.

- Most students with deaf-blindness are not completely blind and completely deaf. Work with a person who is familiar with the student at the beginning of and throughout the school year to learn how to best communicate, and to assist the student in learning procedures and rules for the bus. The bus driver and/or assistant may need to learn how to provide sighted guide to help some students enter or exit the bus. Be aware that some individuals with deaf-blindness also have difficulty with balance. Communicating with a child with deaf-blindness can vary, and may include tactile sign (signing into a person's palm), standing in the person's best field of vision while speaking and/or signing, and using tactile cues to help the student understand what will come next (e.g., putting the child's backpack in his/her hands as a cue that he/she has arrived home and will be assisted in exiting the bus). Remember that when communicating, pause a moment (provide ample "wait time") to give the student time to process (understand) and to respond.
- Drivers need to be aware that many children with deafness and/or blindness are fully capable of functioning on their own. Offer assistance, but allow students to be as independent as possible, as with all children.

NOTE: For simulation of different levels of hearing loss, go to <http://appl.phonak.com/hearinglossdemo.htm>

For simulation of different types of visual impairment, go to <http://www.acbvi.org/albums/Visions/>

For simulations of deaf-blindness, to go <http://intervener.org>

UNIT 2.5
CORE CONTENT
Emotional disabilities

▪ **BEST PRACTICE
BACKGROUND**

Characteristics. Emotional disability means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.
- The term includes schizophrenia.

Challenges for the bus ride.

Transporting students with an emotional disability can be a challenge. Problems during the bus ride can include the following:

- Failure to stay seated
- Name calling and cursing
- Hitting and fighting
- Spitting
- Screaming
- Threatening and harassment of other students or bus staff
- Inappropriately exiting the bus – jumping out emergency door, etc.

Strategies. When children with emotional disturbance act out,

drivers and aides must avoid “taking it personally” or getting trapped in a “conflict spiral” in which adult anger and frustration fuels ever worsening behavior by the child. (Note: Unit 5 explores behavior management strategies for children with emotional disabilities in greater depth.)

- Use their names, learn their interests, show them respect, honesty, caring and trust. Be a professional and maintain a positive attitude.
- Don't threaten or try to intimidate.
- Give children responsibilities they can handle.
- Establish key safety rules, communicate them clearly along with the consequences of not following

them, and enforce them fairly and consistently.

- Learn students' non-verbal cues to anticipate a potential incident. Defuse problems before they escalate to another level.
- A structured daily routine coordinated with the student's classroom program helps maintain positive behavior on the bus.

Nothing replaces a positive and respectful relationship between the driver, aide, and student.

Instructional Strategies


Discussion questions

- ✓ *Why is it difficult to avoid “taking it personally” when working with children who have an emotional disability?*
- ✓ *How can drivers avoid getting drawn into a “conflict spiral” with children who have an emotional disability?*

PowerPoint

- ✓ *Slide 2.5: “Emotional Disabilities”*

Workbook

-  2.5

BEST PRACTICE BACKGROUND



Characteristics. Intellectual disability means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

Challenges for the bus ride.

The degree to which transportation services must be modified for intellectually disabled children depends on factors such as independent functional level, ability to follow directions, ability to memorize and retain safety rules, and day-to-day age-appropriate self-help and adaptive behavior skills. Many children with an intellectual disability will be very successful riding on a bus.

Students with an intellectual disability may exhibit any of the following tendencies:

- May try to move around the bus.
- May initiate negative physical or verbal contact with other students, such as poking, slapping, teasing, name calling, tripping, etc.

These behaviors may be due to communications issues (e.g., not being able to communicate needs) and cognitive issues (e.g., not understanding what others around them are asking, doing, etc.)

- Particular “triggers” such as another noisy student easily provoke some students.
- Some teenagers with intellectual disability may have a hard time controlling physical affection and drivers should be sensitive and cautious if such a situation arises.

Strategies. Consistency and routine are crucial in relating to students with intellectual disability. Change is upsetting to many children with this disability.

- Children with an intellectual disability enjoy interacting with adults who relate to them in a sincerely caring fashion.

UNIT 2.6 CORE CONTENT

Intellectual disability

- Drivers and aides should speak softly and firmly, be friendly and give short, simple directions. It is difficult for students to conform to what is expected if they are unable to comprehend what is being asked of them. Expectations should be directly related to the students' functional ability.
- Drivers and aides should look for patterns in what “sets off” a child, so provocative situations can be avoided.

It is a good idea for drivers and aides to work closely with teachers and other school for ideas about how to transport this population.

Instructional Strategies

Discussion questions

- ✓ *What problems can occur when transporting children with an intellectual disability?*

PowerPoint

- ✓ *Slide 2.6: “Intellectual disability”*

Workbook

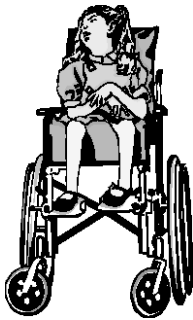
- ✎ 2.6

UNIT 2.7
CORE CONTENT
Multiple disabilities

**BEST PRACTICE
BACKGROUND**

Characteristics. Multiple disabilities means a child exhibits two or more impairments simultaneously (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which requires schools to attend to specific educational needs that cannot be accommodated in special education programs solely for one of the impairments.

The term does not include deaf-blindness, which is considered a separate disability (see Core Content 2.4).



Challenges for the bus ride.

The combination of two or more disabilities can amplify the effects of each on a child, creating significant challenges for safe transportation.

- Some students with multiple disabilities have limited abilities to communicate with others and may get bored easily on the bus, or can exhibit frustration, anger, or impatience.
- Negative behavior can result from children trying to fill the time up with interaction of some kind even if it is negative.
- In addition, students with multiple disabilities may also have medical problems requiring special knowledge and skills. (Note: see Unit

2.13, “Medically Fragile Children,” for more information on this topic.)

Strategies. Transporting students with multiple disabilities requires careful preparation.

- Children with multiple disabilities and medical problems should be closely monitored during the bus ride.
- Students who can’t communicate in other ways may use body language, eye contact and other non-verbal cues to get a message across. Drivers and aides should try to learn each child’s unique communication system.
- Giving the student positive attention may side track negative behaviors and make the ride more pleasant for the child.
- Because of the diversity and range of severity among this population, it is essential that drivers and aides are made aware of the individual needs of the students they are transporting.
- Drivers and aides may need information and skills regarding augmentative or alternative communication systems, special equipment management, student positioning and behavior management techniques for each child with multiple disabilities they transport. The child’s speech-language pathologist, physical and/or occupational therapist can be an excellent source of specific information and assistance about a child.

Instructional Strategies

Discussion questions

- ✓ *How can drivers and aides learn more about the specific needs of a child with multiple disabilities?*

PowerPoint

- ✓ *Slide 2.7: “Multiple Disabilities”*

Workbook

- ✎ 2.7

UNIT 2.8
CORE CONTENT
Specific learning disability

**BEST PRACTICE
BACKGROUND**

Characteristics. Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. A learning disability may manifest itself in an imperfect ability to



listen, think, speak, read, write, spell or do mathematical calculation. Specific conditions include:

- Perceptual disabilities;
- Brain injury;
- Minimal brain dysfunction;
- Dyslexia; or
- Developmental aphasia.

The term learning disability does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; intellectual disability; emotional disturbance; or environmental, cultural or economic disadvantage.

Challenges for the bus ride.

Students with learning disabilities rarely require special transportation arrangements.

- Following directions may be a problem for some of these students when riding the bus.
- Because these children usually do not look or act different from any other child, their special needs are not obvious and easily ignored.

- It is important to remember that a student with a learning disability may have a problem using or understanding language.
 - It may appear the child is ignoring your request, but the child may have difficulty processing your request. Additional wait time may be necessary for an appropriate response.
 - Some of these students may act out in an attempt to disguise learning deficits, preferring to be considered “bad” instead of “unable.”
 - intervention in a developing dispute may help a child “save face” and defuse a potential behavior problem. Give them choices.
 - Students with learning disabilities may require patience and understanding with respect to following oral directions. Drivers should speak to children with learning disabilities in a clear, simple manner. Give one or two step directions.
 - Children with learning disabilities may feel peer pressure and embarrassed to receive special services and ride the “special ed bus.”
- Strategies.** Behavior problems occurring with students with learning disabilities should be addressed in the same consistent manner as with other students.
- Establishing a trusting and respectful relationship with children enables drivers to help them make better choices about behavior on the bus.
 - Driver sensitivity and early

Instructional Strategies

Discussion questions

- ✓ *What kinds of behavior problems can occur when transporting children with learning disabilities?*

PowerPoint

- ✓ *Slide 2.8: “Specific Learning Disability”*

Workbook

- ✍ 2.8

Speech or language impairment

**BEST PRACTICE
BACKGROUND**

Characteristics. Speech or language impairment is a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that

communication pictures, hand signals, modeling behavior, or simple language.

- Sometimes, a child with a speech or

going to sit down over there” but actually sits in a different area.

- Students who are unable to speak may use augmentative or alternative communication devices. Bus drivers and aides should be familiar with the systems a child uses to communicate.



adversely affects a child's educational performance.

language impairment may inadvertently “say one thing and do another,” for instance, “I’m

Challenges for the bus ride.

Children with speech or language impairments may receive early intervention services and require transportation because of their age. Students with only a speech-language impairment rarely require special transportation services after pre-school; however many students with other disabilities may also have a speech-language impairment.

Strategies.

- If children with speech and language problems are the targets of harassment, jokes, etc, drivers and bus aides should intervene as appropriate.
- When it is difficult to understand or decipher what is being said, drivers and bus aides should try to learn each child’s own unique patterns of speech.
- When students have difficulty understanding language, drivers and bus aides may need to use

Instructional Strategies

Discussion questions

- ✓ *How can a driver discourage other students from making fun of a child with a speech impairment?*

PowerPoint

- ✓ *Slide 2.9: “Speech or Language Impairment”*

Workbook

- ✍ *2.9*

UNIT 2.10
CORE CONTENT
Traumatic brain injury

**BEST PRACTICE
BACKGROUND**

Characteristics. Traumatic brain injury is an acquired injury



to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, and adversely affecting a child's educational performance.

Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas of mental function, such as:

- Cognition;
- Language and speech;
- Memory;
- Attention;
- Reasoning;
- Abstract thinking;
- Judgment;
- Problem-solving;
- Sensory, perceptual, and motor abilities;
- Psychosocial behavior;
- Physical functions; and
- Information processing.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

A brain injury can be caused by events as minor as a fall or as significant as being shaken as an infant or being hit by a car. Brain injuries are extremely individualized and can cause a child no difficulty or a great deal, depending on the severity of the injury, age of the child at the time of the injury, and the parts of the brain that are affected. Generalizations are of limited use - each child's problems are unique.

Challenges for the bus ride. Students with traumatic brain injuries that result in varied limitations of physical, behavioral, and/or intellectual abilities may require specialized transportation planning. Because students who have suffered traumatic brain injury were not born with their disability they may demonstrate frustration and anger in coming to grips with such a profound change in their physical, behavioral, or

intellectual abilities.

Strategies.

- Patience and compassion are essential when relating to children with traumatic brain injuries and their families.
- Some individuals with TBI are challenged in their ability to communicate verbally. Drivers and aides should work with families and educators who are most familiar with students to learn how best to communicate with them or "language," including non-verbal messages such as gestures, expressions, etc.
- Related service providers

Instructional Strategies

Discussion questions

- ✓ *Why are survivors of traumatic brain injury sometimes subject to frustration or anger?*

PowerPoint

- ✓ *Slide 2.10: "Traumatic Brain Injury"*
- ✓ *View online video <http://youtube/Zrhmj5-I.eQ> Sara*

Workbook

- ✍ *2.10*

Special Drivers for Special Children

such as occupational and physical therapists may be able to assist in the physical aspects of the students ascent to and descent from the bus.

- Bus drivers and/or aides may work with special educators to develop strategies for dealing with the unique needs of each student (e.g., using an alarm on a phone or watching to help a student with memory problems remember when it is time to meet the bus in the morning and reminding a student to check a list to remember all items brought on the bus; distracting or diverting the attention of a student who is agitated; using a cue to prompt a student who is behaving improperly; explaining changes in routine in advance, giving reasons; using simple and direct language, avoiding talking in abstract terms and using sarcasm).

BEST PRACTICE BACKGROUND

Characteristics. Other health impairment means having limited strength, vitality or alertness, including a heightened sensitivity to environmental stimuli, that result in limited alertness with respect to the educational environment, that is due to achute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, mephritis, rheumatic fever, sickle cell anemia, and Tourett syndrome that adversely affects a child's educational performance

Challenges for the bus ride. Depending upon their individual needs, children with other health impairments can often be transported with their non-disabled peers.

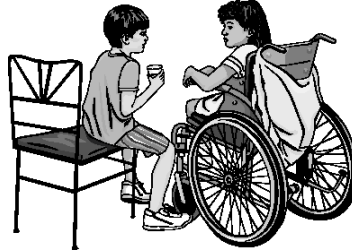
This term “other health impairments” encompasses a wide range of disabilities, including children who have limited strength but who otherwise appear no different from their non-disabled peers. Conversely some children have health problems so severe they are considered medically fragile with conditions that can lead to potentially life-threatening emergencies on a bus. (Note: medically fragile conditions are addressed in Core Content 2.13)

Strategies. It is essential that transporters know about each student's specific health problem(s) and how it may be manifested on the school bus. Examples of the importance of information include:

- Students with asthma may use inhalers; poor air quality (exhaust, smoke, dust) can bring on an attack. Students with respiratory problems

should be seated away from bus doors and open windows.

- Students with hemophilia may require priority seating to reduce the chance of dangerous bleeding.



- For students with seizure disorders or epilepsy, careful seat assignment with consideration of light and temperature control may be necessary to prevent a seizure.
- For students with diabetes, the ability of driver and aide to recognize atypical behaviors indicating high or low blood sugar levels is important. Something as simple as keeping glucose tablets on the bus may be the only accommodation

UNIT 2.11 CORE CONTENT *Other health impairments*

required.

- Drivers must take into account a child's health impairments when creating an emergency plan for their bus.
- Driver must be familiar with the administration of any medicine students may need to take on the bus.
- Children with health problems must be carefully monitored during the ride.

Special education personnel, occupational and physical therapists, and nurses can provide valuable information and assistance about transporting children with health impairments.

Instructional Strategies

Discussion questions

- ✓ *Why must children with health impairments be carefully monitored during the bus ride?*

PowerPoint

- ✓ *Slide 2.11: “Other Health Impaired”*

Workbook

- ✍ *2.11*

UNIT 2.12
CORE CONTENT
*Orthopedic
impairment*

**BEST PRACTICE
BACKGROUND**

Characteristics. Orthopedic impairment means a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).



Challenges for the bus ride. Students with orthopedic impairments require varying degrees of specialized services. Students may require any of the following:

- Specialized seating
- Physical assistance
- Specialized adaptive equipment such as wheelchairs, walkers, etc.

Children with orthopedic impairments are diverse; some are capable of considerable independence when boarding and riding a bus, while others need extensive assistance. Some have limited use of their legs or restricted use of all limbs.

Safety in student handling and loading and securement of adaptive equipment are essential skills for drivers and aides. Wheelchair securement systems can be complicated and cumbersome to use. (Note: Unit 6 covers this topic in depth).

Passengers transported in wheelchairs are generally more

susceptible to injury. Some children with orthopedic impairments have limited control of their upper torsos and limbs and cannot protect themselves readily if the chair tips or they slide out of the chair. Even a sharp turn or a bump in the road taken too fast could injure a child with orthopedic impairment during the ride.

Emergency evacuation concerns for buses transporting children with orthopedic disabilities must be taken seriously. Each route transporting children in wheelchairs should have an up-to-date written evacuation plan in place. (Note: Unit 7 addresses emergency evacuation and planning in greater depth.)

Strategies. Drivers and aides should avoid passing judgment, feeling pity, or overly compensating for students with orthopedic impairments and should view independence is a goal. Ultimately, ensuring their safety and establishing a positive human relationship with these students is most important.

- Drivers and aides

transporting children in wheelchairs must become very familiar with lifts and securement systems. (See Unit 5)

- Occupational and physical therapists and nurses are valuable resources for serving children with orthopedic impairment.
- Drivers and aides need to ask for help and advice when transporting a new or unfamiliar wheelchair or other adaptive equipment.

Instructional Strategies

Discussion questions

- ✓ *Why should drivers avoid treating students with orthopedic impairments as helpless?*

PowerPoint

- ✓ *Slide 2.12: “Orthopedic Impairment”*

Workbook

- ✎ *2.12*

UNIT 2.13
CORE CONTENT
*Medically fragile
children*

**BEST PRACTICE
BACKGROUND**

Characteristics. A medically fragile child is one whose health problems are potentially life threatening or who is dependent on medical equipment. (Note: Under IDEA, children who are medically fragile are not considered a separate disability category but are included under “Other Health Impairments.”) Each child is unique and may require specialized training for driver and aide. The following conditions and situations may be encountered.

Respiratory difficulties must be closely monitored for signs of oxygen deprivation, such as blue lips, nails or ear lobes; agitation, anxiety or panic; confusion, dizziness or headache; rapid pulse; or shortness of breath.

Tracheostomy (or “trach”) is a surgical opening (“stoma”) into the trachea, or windpipe, to permit breathing.

Gastrostomy is a surgical opening through which food and fluids are passed to the student’s digestive system by a tube.

Colostomy and Ileostomy are surgical openings in the intestines, used to drain its contents into an attached bag.

Nasogastric tube is a feeding tube passing from a nostril, through the throat.

Urostomy is a surgical opening to drain urine into a bag.

Do Not Resuscitate orders (“DNRs”) are documents prohibiting medical personnel from administering life-saving measures in an emergency. Drivers should be aware of their school’s policy about how to handle a DNR.

Medical equipment drivers may encounter include:

Ventilators, nebulizers, and suction machines, that may be used to assist children with breathing difficulties. They should be secured near the student.

Oxygen cylinders that must be secured in an upright position on the bus, below window height and away from heat sources.

Transporting a child’s medication should only be undertaken if authorized by school policy and chain of custody is clearly documented (e.g., sign-off sheet).

Strategies. Working with children who are medically fragile can be challenging - but also gratifying.

- Some children may have a 1:1 aide or nurse.
- Children who are medically fragile must be closely

monitored during the bus ride for choking, gagging, color changes, nausea, vomiting, seizures, unconsciousness, etc.

- An emergency plan must be in place, specifying exactly what actions the bus driver will take when a medical emergency occurs.
- Oxygen lines and feeding or drain tubes must be checked to make sure they are not pinched or pulled loose by seat belts, wheelchair securement straps, etc.

Communication with school staff is critical – any unusual symptom observed in a child must be reported at once. School nurses and occupational and physical therapists are good sources of information.

Instructional Strategies

Discussion questions

- ✓ *Why is it important to monitor children who are medically fragile during the bus ride?*

PowerPoint

- ✓ *Slide 2.13: “Medically Fragile Children”*

Workbook

- ✍ 2.13

Additional resources

- ✓ *See “Transporting Medically Fragile or Technology-Assisted Students,” by Ray Turner, 2000 (White Buffalo Press, San Antonio, Texas)*

BEST PRACTICE BACKGROUND

Characteristics. Many transportation issues are raised when preschool age children receive services.

Challenges for the bus ride. Compounded by their disability, very young children's limited cognitive, motor, language and/or perceptual development, and small physical stature, makes the bus ride a real test of a driver's skills and patience.



Strategies. Transporting very young children with disabilities requires thorough planning and careful attention to detail.

- **Seating.** Although school buses are designed to protect children between high, cushioned seats, “compartmentalization” isn’t adequate for very young children: they’re too small.
- **Child restraint.** According to the National Highway Traffic Safety Administration, a seat belt is insufficient for preschoolers weighing less than 50 pounds – they must be in a safety seat or other Child Safety Restraint System (CSRS), and the safety seat must be secured by a federally approved seat belt.
- **Front or middle loading.** Whenever possible, very young children should be seated away from the rear of a school bus – preferably between the front and rear axles. This zone provides a

smoother ride and is also safer in most collisions.

- **Manufacturer’s design.** Manufacturers design safety seats based on children’s age and/or weight. An age and weight appropriate safety seat must be used for every preschool child on a bus.
- **Safety seat use.** Securing safety seats into a school bus is not easy. School bus seats are firmer and more closely spaced than passenger cars. Manufacturer’s directions (i.e., for threading the lap belt through the safety seat frame, etc.) must be followed “to the letter.” No more than two safety seats can be

UNIT 2.14 CORE CONTENT

Preschoolers with special needs

installed in a bus seat, and one per seat is preferable. Safety seats in a bus involved in a crash should be discarded.

- **Evacuation concerns.** Drivers transporting young children with disabilities must have a written, up-to-date evacuation plan in place. The prospect of a fire on a bus with young children in safety seats is frightening.

Instructional Strategies

Discussion questions

- ✓ *How do very young children with disabilities represent a special challenge on a bus?*

PowerPoint

- ✓ *Slide 2.14: “Preschoolers with Special Needs”*

Workbook

- ✎ *2.14*

Additional resources

- ✓ *See National Highway Traffic Safety Administration’s “Guideline for the Safe Transportation of Pre-school Age Children in School Buses,” (February, 1999)*

UNIT 2.15
CORE CONTENT
Unit 2 review

**BEST PRACTICE
BACKGROUND**

The importance of a professional review. Because this unit has covered so much material, some of it is probably unfamiliar or even upsetting to drivers in the class; therefore, a highly organized review is essential.

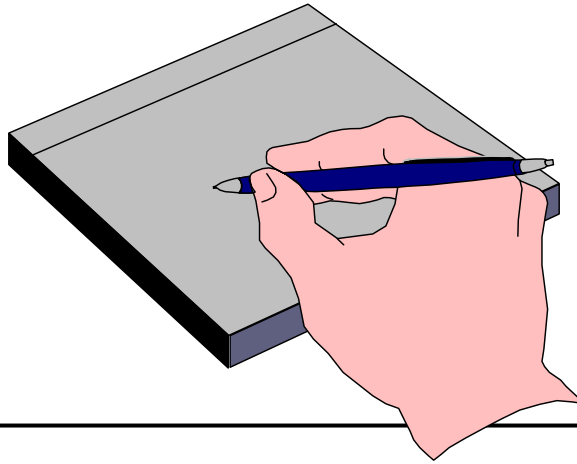
The unit examined 13 categories of children with disabilities:

1. Attention deficit disorders;
2. Autism;
3. Hearing and visual impairments;
4. Emotional disabilities;
5. Intellectual disabilities;
6. Multiple disabilities;
7. Specific learning disabilities;
8. Speech or language impairments;
9. Traumatic brain injuries;
10. Orthopedic impairments;
11. Other health impairments;
12. Medically fragile children; and
13. Preschoolers with disabilities.

Refer drivers to the appropriate sections of their Driver Workbook and lead the class in a brief oral review of each type of special need covered in the unit. Take care that every driver understands basic characteristics and specific challenges posed by each type of disability. Strongly encourage drivers to ask questions.

Use the unit's four objectives to assess how well drivers comprehended the material. Correct confusion or misinformation as it arises.

Use the Review Questions in the Driver Workbook as a quiz, as "homework," or as a more formal oral review prior to the start of the Unit 3.



Instructional Strategies

Review questions

- ✓ *Why is it important to treat children with disabilities as individuals?*
- ✓ *What are the basic characteristics of each disability?*
- ✓ *What special challenge does each type of disability present on a bus?*
- ✓ *What's the best strategy for safely transporting each type of child?*

PowerPoint

- ✓ *Slide 2.15: "Review"*

Workbook

- ✎ 2.15