

# **DEAR PROSPECTIVE SPECIAL NEEDS BUDDY VOLUNTEER,**

Welcome to the Special Needs Ministry at Highland Baptist Church! We are excited you have taken the first step in becoming a Special Needs Buddy volunteer during one of our weekly programs. It is our hope that you truly feel called to serve these children by building relationships with them.

You will find that working with a special needs child will be one of the most rewarding things you could ever do. Our goal is to train you so you can provide social interaction with your buddy to communicate God's love and grace to them and to provide support and encouragement for families by allowing them to be refreshed by attending a Gathering.

Through the training process, you will learn about our visions and values. Our goal is to equip you to be a SNB volunteer by helping you understand our expectations for you and our ministries' philosophies.

We have established this handbook, including our policies and procedures, to protect not only our children but also you, our SNB volunteer. These policies will be strictly enforced. It is, therefore, imperative that you know and observe the guidelines outlined in this handbook.

We consider it a privilege to serve alongside you. As we continue to work on new ways to equip you as a Buddy in our Special Needs Ministry, please feel free to contact us with any input or questions you may have that will help us better assist and support you. We are excited to meet you and see how God is going to use your passion and gifts for these amazing children to change the landscape of eternity.

# TABLE OF CONTENTS

<b>Section 1: Our Church's Statement of Faith</b>	<b>Page 5</b>
<b>Section 2: About Our Special Needs Ministry</b> <a href="#">Our Ministries' Values &amp; Buddie Expectations</a>	<b>Page 7</b>
<b>Section 3: Safety &amp; Security</b> <a href="#">How we Keep our Kids Safe</a>	<b>Page 13</b>
<b>Section 4: Behavior Management</b> <a href="#">How We Maintain a Constructive Learning Environment</a>	<b>Page 27</b>
<b>Section 5: Evacuation, Injuries &amp; Illnesses</b> <a href="#">How to Handle the Unexpected</a>	<b>Page 31</b>
<b>Section 6: Autism</b> <a href="#">Tips for Working with Children with Autism</a>	<b>Page 37</b>
<b>Section 7: Learning Disabilities &amp; ADD/ADHD</b> <a href="#">Tips for Working with Children with Learning Disabilities and ADD/ADHD</a>	<b>Page 41</b>
<b>Section 8: Deaf/Hearing &amp; Blind/Vision Impaired</b> <a href="#">Tips for Working with Children with Hearing and Vision Impairments</a>	<b>Page 43</b>
<b>Section 9: Seizures</b> <a href="#">Tips for Working with Children who have Seizures</a>	<b>Page 49</b>
<b>Section 10: Forms to Turn In</b> <a href="#">Read &amp; Sign these Pages</a>	<b>Back of Manual</b>

# STATEMENT OF FAITH

**We believe** We believe that there is one true, holy God, eternally existing in three persons - Father, Son and Holy Spirit - each of whom possesses equally all the attributes of deity and the characteristics of personality. In the beginning God created the world out of nothing and all the things therein, thus manifesting the glory of His power, wisdom and goodness. (Gen. 1:1; John 1:3) By His sovereign power He continues to sustain His creation. By His providence He is operating throughout history to fulfill His redemptive purposes. (Romans 8:28; Ezk. 12:25; 2 Chron. 16:9; Heb. 13:8)

**We believe** Jesus Christ is the eternal second Person of the Trinity who was united forever with a true human nature (John 1:14) by a miraculous conception and virgin birth. (Isaiah 7:14; Matt. 1:23; Luke 1:34-35) He lived a life of perfect obedience (Heb. 4:15) to the Father and voluntarily atoned for the sins of all (Luke 22:42) by dying on the cross (Heb. 12:2; Col. 1:20) as their substitute, thus satisfying divine justice and accomplishing salvation for all who trust in Him alone. He rose from the dead in the same body, though glorified, (Luke 24:7, 46; Acts 10:40; 1 Cor. 15:4) in which He lived and died. He ascended into heaven, (Acts 1:11) and sat down at the right hand of the Father, (Luke 22:69; Eph. 1:20; Col.3:1) where He, the only Mediator between God and man, continually makes intercession for His own. (Heb. 7:25) He shall come again to earth, (John 14:3) personally and visibly, to consummate history and the eternal plan of God.

**We believe** that the essential accompaniment of a genuine saving relationship with Jesus Christ is a life of holiness (1 Peter 1:16) and obedience, (John 14:15) attained by believers as they submit to the Holy Spirit, the third Person of the Trinity. He was sent into the world by the Father and the Son to apply to mankind the saving work of Christ. (John 15:26, 16:13) He enlightens the minds of sinners, awakens in them recognition of their need of a Savior and regenerates them. At the point of salvation He permanently indwells every believer (Eph. 4:30) with gifts for the up building and edification (including those found in Romans 12, I Corinthians 12, and I Peter 4) of the body. All of the original gifts remain available to the church today and should be exercised in accordance with biblical guidelines. The Holy Spirit guides believers in understanding and applying the Scripture. His power and control are appropriated by faith, making it possible for the believer to lead a life of Christ-like character to bear fruit to the glory of the Father.

**We believe** that death seals the eternal destiny of each person. (Heb. 9:27) For all mankind, there will be a resurrection of the body into the spiritual world, and a judgment that will determine the fate of each individual. Unbelievers will be separated from God into condemnation. (Matt. 8:12, 13:42; Luke 13:28) God's judgment will reveal His justice in consigning them to perpetuate in eternal retribution their own rejection of God. Believers will be received into eternal communion with God and will be rewarded for works done in this life. (2 Cor. 5:10)

**We believe** that the corollary of union with Jesus Christ is that all believers become members of His body, the church. There is one true church universal, comprised of all those who acknowledge Jesus Christ as Savior and Lord. The Scripture commands believers to gather together to devote themselves to worship, prayer, teaching of the Word, (Acts 2:42) observance of baptism and communions as the ordinances established by Jesus Christ, fellowship, service to the body through the development and use of talents and gifts, and outreach to the world. (Matt. 28:19-20) Wherever God's people meet regularly in obedience to this command, there is the local expression of the church. Under the watch care of elders and other supportive leadership, its members are to work together in love and unity, intent on the one ultimate purpose of glorifying Christ. (Phil. 2:1-11)

**SPECIAL NEEDS  
MINISTRY  
VALUES &  
PHILOSOPHIES**



Turn the page to read about our  
Ministries' Values & Philosophy

# OUR VISION

Break down barriers that keep children with disabilities and their families from being able to participate in the community of Highland.

## OUR MISSION

To give families of children with special needs a break so that they can participate in the Gathering service knowing that their child will be safe, cared for and happy.

## OUR CORE VALUES

- ◆ To show families of children with special needs that we believe that each child is a unique creation of God.
- ◆ To nurture each child's individual skills and abilities while learning about the Christian faith.
- ◆ To provide an opportunity for children with special needs to learn about God's love in a way that is accessible to them.

## SPECIAL NEEDS BUDDY REQUIREMENTS

- ◆ Must have attended Highland Baptist Church for at least six months.
- ◆ Must have a personal relationship with Jesus Christ.
- ◆ Must have a lifestyle that reflects integrity and conforms to the Word of God.
- ◆ Must attend one worship service per week in addition to serving in ministry.
- ◆ Must fill out all paperwork and submit to a background check every two years.

# **SPECIAL NEEDS BUDDY VOLUNTEER APPLICATION PROCESS**

## **Director Interview**

All applicants will be interviewed by the Special Needs Ministry Director or the Kid's Minister to discuss placement in our Special Needs Ministry after all of the steps listed below have been completed.

## **Paperwork**

All potential SNB volunteers must complete the Statement of Acknowledgement, Summary of Your Testimony and any other forms the director may require.

## **Background Check**

All potential and current SNB volunteers must submit to a background check every two years looking for possible criminal history and/or registered sex offender information.

Individuals who have been arrested for, charged with, are on deferred adjudication or regular probation for, or have been convicted of sexually oriented or sex related crimes, whether misdemeanor or felony, cannot serve in any area of our Children's Ministries.

Additionally, potential SNB volunteers must submit a signed Background Check Authorization Form authorizing HBC to conduct a thorough background check.

## **Special Needs Ministry Training**

All potential and current Special Needs Ministry Buddies must complete Special Needs Ministry Training.

## **Policy & Procedures**

Before any SNB volunteer can begin volunteering, they must submit the signed and completed acknowledgement form in the back of this manual.

# **SPECIAL NEEDS BUDDY VOLUNTEER EXPECTATIONS**

## **Our Expectations of You:**

**A commitment to Jesus Christ that is reflected in a lifestyle that displays the following but not limited to:**

- Abstaining from: viewing pornography, having sex outside of marriage, an extra-marital relationship, or a same-sex/alternative lifestyle or relationship.
- Highland's SNB volunteers shall not abuse children, youths, or adults including the following behavior:
  - \* Any direct observations or evidence of sexual misconduct in the presence of or in association with a child, youth, or adult;
  - \* Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a child or youth;
  - \* Sexual advances or sexual activity of any kind between any person and a child or youth;
  - \* Infliction of physically abusive behavior or bodily injury to a child, youth, or adult;
  - \* Physical neglect of a child or youth, including failure to provide adequate supervision in relation to the activities of Highland Baptist Church;
  - \* Mental or emotional injury to a child, youth, or adult;
  - \* The presence or possession of obscene or pornographic materials at any function of Highland Baptist Church.
  - \* The presence, possession, or being under the influence of any illegal drugs;
  - \* Or the consumption of or being under the influence of alcohol while leading or participating in a function at Highland Baptist Church.
- Highland's SNB volunteers must treat children, youth, and adults of all races, religions, and cultures with respect and consideration.
- Highland's SNB volunteers shall not use or tolerate profanity in the presence of children and youths.



- Highland's SNB volunteers must be free of physical and psychological conditions that might adversely affect a child's, youth's or adult's health, including, but not limited to, contagious diseases.
- Highland's SNB volunteers will portray a positive role model for youths and children by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
- Highland's SNB volunteers will be expected to act and react with Christian love and understanding in all situations.
- Highland's SNB volunteers will do everything in their power to avoid being put in a situation where they are alone with a child or youth other than their own.
- Texas state law requires that all citizens report any suspected abuse or neglect of a child or a youth to age 18.

**A commitment to Special Needs Ministry** exemplified through a minimum of a 1-year commitment and consistent attendance at weekly services. Consistent involvement in the various children's ministry programs and faithfully following the various children's ministries' policies are also expected.

**A commitment to being a contributing member of a dynamic team** exemplified through encouraging and praying for the other members of your ministry team.

**A commitment to excellence** exemplified by being in meeting spot on time, prepared for service and letting Special Needs Coordinator know when you will be absent.

**A commitment to spiritual growth** exemplified by attending at least one service per week.

**A commitment to being a role model of appropriate conduct and appearance** exemplified through behaving and dressing modestly.

- **Please do not wear the following:**
  - \* Clothing that shows cleavage, tube-tops, spaghetti straps, halter tops or midriff bearing tops or sheer clothing for women.
  - \* Dresses and skirts that are several inches above the knee or shorts that are shorter than mid-thigh
  - \* Extremely tight or form fitting clothing
  - \* Clothing with derogatory language or scary images

- \* Additionally, all tattoos portraying nudity, sexually suggestive images, vulgar language and/or scary images must be covered.
- \* Saggy pants or shorts

### **Our Commitments to You:**

- To seek out individuals who are committed to serving Christ by ministering to children.
- To provide adequate facilities, materials and curriculum and to keep them in good order.
- To educate every leader on our ministries' philosophy and expectations and to encourage them to grow as leaders.
- To support each leader in prayer and by providing adequate supervision and assistance.

# **SPECIAL NEEDS BUDDY VOLUNTEER TERMINATION POLICY**

A SNB volunteer may be asked to step down from serving in the Special Needs Ministry at Highland for any of the following reasons:

1. Conducting himself or herself in a manner that does not promote the interest of Highland's Special Needs Ministry or HBC as a whole.
2. Conducting himself or herself in a manner that does not comply with the policies established by the Special Needs Ministry Leadership and/or does not express Christ-like behavior and character defined by Biblical principles.

Examples of adverse behavior include, but are not limited to:

- Lack of integrity
- Actions that cause conflict and division
- Not working in harmony with others
- Violation of Statement of Faith
- Lack of commitment and faithfulness to the ministry
- Misrepresentation of ministry goals and objectives
- Failure to follow procedures and policies

# **SAFETY and SECURITY**



Turn the page to read how we keep our  
Children and Volunteers Safe

# **General SAFETY RULES**

## **General Safety Requirements**

One of the main goals of our Special Needs Ministry is to provide a safe and secure environment for children. In an effort to accomplish this, we have set several security measures for our children and their families. For the safety of all, the following will be strictly enforced:

1. Adults serving in the Special Needs Ministry are required to wear a identification badge or Ministry shirt at ALL times. Tags warn should be clipped on or on a break-away chain. You may not serve in any classroom without a nametag or ministry shirt.
2. Special Needs Buddy volunteers may never be alone with a child in a room with the door shut or without a window in the door.
3. Visitors are not permitted to wander in or around the WIN/AWANA/Kid's Collective/Preschool/Kid's rooms during meeting times. Anyone wandering around the WIN/AWANA/Kid's Collective/Preschool/Kid's Ministry rooms should be immediately reported to any HBC Security Team or Ministry staff.
4. Children 6th grade and younger and all Special Needs children are not allowed to wander around campus without an adult. Once they are checked into a classroom, they may only leave with an adult.
5. If you see a child who is out of class without an adult, please stop them and kindly ask them which class they belong to and assist them in returning to the appropriate room.
6. The following rules apply to parents wishing to enter a classroom for the purpose of acclimating a child:
  - Only one parent at a time.
  - There must be an adult volunteer in the room with the parent at all times.
  - The parent may only stay for 10 minutes.
  - After 10 minutes, kindly ask the parent to step out of the room. If a parent would like to stay for the remainder of the service, they must obtain a "Visitor" lanyard from the Ministry Director.

# **SPECIAL NEEDS BUDDY** **VOLUNTEER PERSONAL** **SAFETY RULES**

Working with special needs children can be extremely rewarding, but can also be a very intense experience. With proper techniques and interventions, as well as behavior management strategies, aggressive behaviors from students can be minimized, but they may still occur. Here are some tips, **NOT REQUIREMENTS**, to help you avoid injury when faced with aggressive behaviors.

## **1. Dress for Success**

- Wear clothing that does not have strings or other items hanging off them.
- Do not wear excessively baggy clothing to avoid them being grabbed and pulled.
- Wear tops that can be tucked into pants or skirts and tuck them in.
- Wear tops with long sleeves and long pants whenever possible, so if bitten or scratched there will be less likelihood of skin being broken.
- Do not wear necklaces or ties. If you chose to wear one of these, tuck them in to prevent them from being grabbed.
- Avoid wearing rings, especially ones with stones that are higher than the ring surface. If you must wear a ring with one or more stones, turn the stones of the ring inward to avoid scratching others are getting caught on something.
- Do not wear dangling or hoop earrings to avoid them being grabbed.
- Tie back long hair, although be aware that a ponytail may be grabbed as well.
- Wear comfortable, sturdy, stable, closed-toe shoes with non-slip soles so that toes are protected if stepped on. There will be less likelihood of tripping if you need to pursue a child. Flip-flops and sandals are not appropriate footwear.

## **2. Stand and Deliver**

- Be aware of your stance at all times, including when sitting. Make sure that when standing, your feet are spread apart slightly for stability and that your knees are not locked.

- Do not sit on the edge of chairs or lean the chairs forward or back. Make sure all four legs of the chair are firmly on the ground and that you sit squarely in the middle of the chair.
- Be aware of your body position relative to a special needs child. Try not to stand toe-to-toe or eye-to-eye with the child. If possible, stand one leg length away and at an angle off to the side, or 1 1/2 to 3 feet from the child, so as not to encroach on their personal space, particularly when they are acting out.

### **3. We never stand so tall as when we stoop to help a child . . . watch your back!**

Back injuries can come from improper lifting. Whether you are helping a child up who has dropped to the floor or are lifting a box, always:

- Stretch before you volunteer.
- Bend at the knees, not the back
- Limit forward bending as much as possible. Alternatives include squatting down to the level of the child, putting one knee on the floor, or sitting in a small chair at eye level with the child.
- Lift with your legs and don't try to lift more than you can safely handle
- Get help if needed.

### **4. Safety is in Your Hands.**

SNB Volunteers will find that they sometimes get colds when they have been volunteering. This is due to the fact that they are working with children. Practice good personal hygiene and respiratory etiquette to help prevent the spread of germs.

- Wash your hands frequently and thoroughly.
- Cover your nose and mouth with the crook of your elbow when sneezing and coughing
- Encourage your special needs child to do this as well.

## CHECK-IN

1. The child will be checked into Planning Center at one of the four check-in stations on the 2<sup>nd</sup> and 3<sup>rd</sup> floors of the Education Building.
2. Two tags will be printed when the child is checked in. Child's tag is placed on the child's back and the other will be used as a claim check **REQUIRED** for pick-up.
3. Parents are asked to give their child's belongings to the SNB Volunteer.
4. Parents must have the claim check when picking up the child.
5. Parents will receive a text message during the service if their child becomes ill, injured or is having a "melt down".
6. Text messages sent to parents will be sent by the SN Buddy after talking with the Ministry Director.
7. If there is a **Security Alert** or **Medical Alert/Food Allergy** it will be noted on the check-in tag placed on the child's back.
8. If a parent is dropping off an *Epi-Pen* for their child, send them to the Ministry director to fill out an *Epi-Pen* release form. Write EP in the bottom corner of the child's name tag.

## CHECK-OUT

1. Only a parent or adult with a claim check may pick up the child.
2. A child **CANNOT** be released without a claim check.
3. Should the claim check become lost, alert the Ministry Director and give them the name of the child.
4. The director will verify the parents' names, whether or not there is a Security Alert, and the Ministry Director will come to check the parent's photo ID.
5. If a child has a Security Alert, they may only be picked up by the same person who dropped them off, with a claim check.

# **RESTROOM SAFETY**

**Please Note: Classroom restrooms are for child use  
ONLY!**

## **Nursery**

- Male SNB Volunteers may not change diapers.
- Parents will be responsible for changing the diaper of a special need child with any medical condition that will make changing a diaper a challenge or would be dangerous for the child.
- After the age of 4, parents or legal guardians will change all special needs children.
- Please see the Diaper Changing Policy in the Nursery section of this manual for more information on changing diapers.

## **Preschool**

- Special Needs children should receive assistance as necessary.
- Male SNB Volunteers may not help children in the restroom.
- Female SNB Volunteers must prop the restroom door open if they need to enter to help a child.
- Step outside the restroom area while the child uses the toilet.
- Once the child is finished using the toilet, remain clearly visible to other volunteers as you assist the special needs child to clean up and replace their clothing.
- If a child has an accident during service, alert the Ministry Director to contact the child's parent.

## **Elementary**

- Special Needs children should receive assistance as necessary.
- Male SNB Volunteers may not help children in the restroom.
- Female SNB Volunteers must prop the restroom door open if they need to enter to help a child.
- Step outside the restroom area while the child uses the toilet.
- Once the child is finished using the toilet, remain clearly visible to other volunteers as you assist the special needs child to clean up and replace their clothing.
- If a child has an accident during service, alert the Ministry Director to contact the child's parent.



# **PHYSICAL CONTACT**

## **HUG/HIGH-FIVE/HOLD**

Not only is safety and security our number one value for our children, but it is for our volunteers as well. Our Special Needs Ministry has implemented the following guidelines regarding physical touch between leaders and children to promote a positive and nurturing environment while still protecting children and leaders.

As a general rule, physical touch should not be applied in any way beyond what is appropriate for a typically developing child. Here are a few guidelines to ensure safety for our children and leaders while providing ways for our leaders to show affection to our children without compromising their integrity. Every leader must carefully and fully adhere to the following policies:

**Hug/Hold:** Hugging a special needs child is a natural response when a child seeks affection.

- Side hugs are most appropriate. Instead of a body to body front hug, a side hug will not be misunderstood and be just as effective.
- Some children benefit from deep pressure and hugs to meet their unique sensory needs. In these instances, volunteers would receive specific training for this and parental approval will be obtained before clearance is given for a volunteer's use.

**High-Five:** High-fives are a great way to show encouragement to a child and fellow leader.

- It is a great expression to say, "Way to go!"
- Children as young as 12 months can learn how to high five.

**Hold:** There is a difference between picking up and holding an infant under the age of two years and holding an older child. Infants will need more attention.

- Lap sitting for children over 18-months-old is not allowed in general. If a child needs to be held to help with their unique needs, then parental approval will be obtained before clearance is given for SNB volunteer use.

# **TOUCH AND TERRITORY**

Touch	
Appropriate	Not Appropriate
<ul style="list-style-type: none"> <li>• Handshake</li> <li>• Short congratulatory hugs</li> <li>• Quick arm around the shoulders, a greeting</li> <li>• High-Five</li> </ul>	<ul style="list-style-type: none"> <li>• Piggyback rides</li> <li>• Backrubs, tickling, massages, etc.</li> <li>• Touching of private parts or any area above the knee</li> <li>• Touching a child in anger, disgust or frustration</li> <li>• Frontal hugs with the opposite sex</li> <li>• Sexual embraces</li> <li>• Kissing (regardless of age or intent)</li> <li>• Intimate wrestling or tickling</li> <li>• Sustained touch</li> </ul>
Territory	
Appropriate	Not Appropriate
<ul style="list-style-type: none"> <li>• Public one-on-one interaction</li> <li>• Group or public environments</li> </ul>	<ul style="list-style-type: none"> <li>• Private one-on-one interaction</li> <li>• Being anywhere alone with a child without a clear view from others.</li> </ul>

# **SUSPECTED CHILD ABUSE**

## **Reporting Suspicious or Inappropriate Behaviors:**

Highland Baptist Church has a **ZERO TOLERANCE** policy for abuse in ministry programs and ministry activities. It is the responsibility of every Staff Members and Ministry Leaders at HBC to act in the best interest of all children in the program.

Because HBC is committed to providing a safe and secure environment for children and their families, any report of inappropriate behavior or suspicions of abuse will be taken seriously.

Any person serving as a SNB volunteer in WIN/AWANA/Kid's Collective/Preschool/Kid's Ministries accused of committing a prohibited act or any act considered by the church to be harmful to a child will be immediately suspended from participation in the Ministry Program they are volunteering in.

## **Reporting Suspicions of Abuse:**

If a child should divulge alarming information or show physical signs of abuse, you should:

- Contact the Ministry Director immediately, but not in front of the child or anyone else.
- Do not further question the child unless directed by the Ministry Director.
- NEVER, NEVER, lift or remove clothing, make the child a spectacle, or question the parents.
- The Ministry Director and/or a Pastor will oversee the situation with you from this point on. You will need to report concerns to a state or local law enforcement agency within 48 hours per current state law.

### **Warning signs of physical abuse:**

- Frequent injuries such as bruises, cuts, black eyes or burns, especially when the child cannot adequately explain their causes
- Burns or bruises in an unusual pattern that may indicate the use of an instrument or a human bite, cigarette burns on any part of the body
- Frequent complaints of pain without obvious injury
- Aggressive, disruptive and destructive behavior
- Lack of reaction to pain
- Passive, withdrawn, emotionless behavior
- Fear of going home or seeing parents
- Injuries that appear after the child has not been seen for several days
- Unseasonable cloths that may hide injuries to arms or legs

### **Warning signs of neglect:**

- Obvious malnourishment
- Lack of personal cleanliness
- Torn and/or dirty clothes
- Obvious fatigue and listlessness
- A child unattended for long periods of time
- Need for glasses, dental care or other medical attention
- Stealing or begging for food
- Frequent absence or tardiness from church

### **Warning signs of sexual abuse:**

- Physical signs of sexually-transmitted diseases
- Evidence of injury to the genital area
- Difficulty in sitting or walking
- Frequent expressions of sexual activity between adults and children
- Pregnancy in a young girl
- Extreme fear of being alone with adults, especially of a particular gender
- Sexually suggestive, inappropriate or promiscuous behavior
- Knowledge about sexual relations beyond what is appropriate for the child's age
- Sexual victimization of other children

## **General Verbal Interaction Policy:**

Verbal interactions between Special Need Buddy volunteers and children should always be positive and uplifting. SNB volunteers should strive to keep verbal interactions encouraging, constructive and mindful of their mission of letting each child know they are a unique creation of God

To this end, SNB volunteers should not talk to children in a way that is or could be construed by any reasonable observer as crude, harsh, threatening, intimidating, shaming, derogatory, demeaning or humiliating. In addition, SNB volunteers are expected to refrain from swearing or using crude language in front of children.

## **Sexually Oriented Conversations:**

Special Need Buddy volunteers are prohibited from engaging in any sexually oriented conversations with children, and are not permitted to discuss any inappropriate or explicit information about their own personal relationships, dating or sexual activities with or in front of any child in the ministry.

Talk	
Appropriate	Not Appropriate
<ul style="list-style-type: none"> <li>• Verbal praise for achievement or behavior</li> <li>• Verbal encouragement</li> <li>• Scripturally based teaching (non-sexual)</li> </ul>	<ul style="list-style-type: none"> <li>• Compliments or questions relating to physical features, physique or body development</li> <li>• Sexual/homosexual jokes or innuendos or restroom humor</li> <li>• Discussion of movies rated PG-13 or above</li> <li>• Verbal harassment or abuse</li> <li>• Individual secrets or special gifts</li> <li>• Sexual coaching or conversation</li> </ul>

# **SOCIAL MEDIA INTERACTIONS**

Social media interactions between Special Needs Buddy volunteers and children are strictly prohibited. SNB volunteers should never have contact or interaction with children through any social media platform. This includes, but is not limited to:

- Being friends on Facebook with children who are in our Special Needs Ministry.
- Following children on Twitter, Instagram or any other social media platform.
- Sending emails, text messages, Facebook messages or any other social media messages to children.
- Receiving text messages, emails or Facebook messages from children.

This policy is to ensure that contact is never made between SNB volunteers and children without parental knowledge. It also ensures that all volunteer and child interactions maintain integrity and are above reproach.

## **Social Networking Policy:**

Highland Baptist Church Special Needs Ministry respects your individual online social networking and personal Internet use. However, your online presence may affect HBC. Your words, images, posts or comments can reflect on HBC and our Special Needs Ministry. As a result, we have established the following guidelines for Special Needs Buddy volunteers:

- Volunteers should not post any content or commentary that includes vulgar, foul, crude, harassing, or defamatory language.
- Volunteers should not post any content, images or videos that are inappropriate, provocative or sexually explicit.
- Volunteers should not post any pictures or video of themselves engaging in compromising behaviors.

# **PHOTOGRAPHS**

Special Needs Buddy volunteers are not permitted to take photographs of children without permission from Ministry Director of AWANA/WIN/Kid's Collective/Preschool/Kid's Ministry.

If you are granted approval to take pictures of children for a special event or craft, they can only be used for the agreed purpose. The pictures are never to be sold, printed, disseminated, posted online or shared through any social media platform.

# **BASIC DISABILITY ETIQUETTE**

- In meeting a child with a disability or speaking with a family member, remember that we are all made in God's image and our abilities are secondary to who we are as people. Let your words and actions emphasize the person's worth and abilities, not the disabling condition.
- Always put the person before the disability
  - ⇒ Child with special needs, not special needs child;
  - ⇒ child with autism, not autistic
- Acknowledge the presence of a child with a disability just as you would any other child.
  - ⇒ If they are unable to shake your hand, just touching or clasping their hand is fine.
  - ⇒ If you say hello and they don't respond, don't worry. A warm smile and friendly greeting is appreciated by every child.
- Always speak directly to the child who is disabled at eye level, even if a companion or family member is needed for interpretation.
- If a child is in a wheelchair, either sit, squat or go on one knee to be on the child's level to talk with the child.
- If you feel a child may not be able to reply fully to a question, ask questions that allow for "yes/no" answers.
- Always ask before reaching out to provide assistance. Don't assume a child needs help and take action.
- Children with a disability might need extra time to get things said or done. Let the child set the pace in walking or talking.
- If a child is in a wheelchair, do not lean on it. It is not furniture. It is considered part of their body.
- Never start to push a wheelchair without first asking the child if you may do so.
- Use the same tone of voice, choice of words and non-verbal language as you normally would. Changing the way you interact with a child having a disability can come across as demeaning.
- Keep in mind that some children may be sensitive to touch and sound. Remember this as you approach them.
- Some disabilities are not physically observable.
- Children with disabilities want your acceptance, not your pity.

# COMMUNICATION TECHNIQUES

When talking with a child with special needs, keep in mind that just because the child may not communicate the way other children do, doesn't mean they do not understand what you are saying. Remember that when a child does not communicate in the traditional way, they are trapped in their bodies and do the best they can to express themselves.

## **Most Common Ways Non-Verbal children initiate interaction:**

- ◆ Smiling, vocalizing or fussing
- ◆ Looking at the person or an object
- ◆ Reaching for an object
- ◆ Holding up an object
- ◆ Pulling on you or handing you an object
- ◆ Requesting an object or an action by using gestures.
- ◆ Expressing their feelings through their behaviors

## **Be flexible in your communication techniques:**

- ◆ Respond to the child's movements, gestures or sounds as if they make sense to you or have meaning
- ◆ Acknowledge the child's attempt to communicate with you by responding with a verbal acknowledgement. An example would be if a child looks at an object you respond by saying "What do you see? I see the ball too" and point to the ball.
- ◆ Try getting the child's attention by pointing, showing an object or touching the child's face—when appropriate.
- ◆ Use simple statements and stress why you want to emphasize.
- ◆ Use gestures and/or objects to add meaning to what you are saying.
- ◆ Exaggerate your facial expressions and gestures.
- ◆ Ask questions that require yes or no answers.
- ◆ Comment if the child smiles or reacts in other ways.
- ◆ Avoid long list of instructions. Allow the child to finish one step before explaining the next.
- ◆ Repeat instructions frequently, using the same words and phrases.

## **Be observant and responsive to the child:**

- ◆ Observe the child's facial movements, where they focus their eye gaze, vocal sounds and/or words and gestures.
- ◆ Repeat sound and movement and use appropriate words with the movement and gestures.



# **BEHAVIOR management POLICY**



Turn the page to read about our  
Behavior Management Policy

# WHAT IS BEHAVIOR management

While children need and deserve clear boundaries, discipline at church is unique. We discipline children because we love them. Our Heavenly Father disciplines us for that very same reason according to Proverbs 3:11-12. The goal of all discipline is stated clearly in Hebrews 12:9-11 *“that we might respect God, share in His holiness, and partake in the peaceful fruit of righteousness.”*

## Types of Discipline:

**Negative:** If discipline is administered or received wrong, the negative result will be increased anger on the part of the child. This anger may drive the child to increased problems. (Ephesians 6:4)

**Positive:** If discipline is administered correctly, and/or received with a repentant heart, the result will be a change of attitude, action or speech. The goal of discipline, as mentioned before, will be seen when discipline is done according to the Lord’s guidelines. (Hebrews 12:9-11)

**NO VOLUNTEER WILL, UNDER ANY CIRCUMSTANCES,  
SPANK, YANK, PULL, BELITTLE OR YELL AT A CHILD!**

## Purpose For Positive Discipline:

1. Discipline is training that corrects, molds, or perfects
2. Discipline is an ongoing process.
3. Discipline leads to self-discipline, as the child grows older
4. Discipline is rooted in love.
5. Discipline gives order. Children like order. It gives them boundaries, which in turn gives them more security and therefore allows them more freedom.

# **SPECIAL NEEDS MINISTRY BEHAVIOR MANAGEMENT POLICY**

**HBC Special Needs Ministry uses the Four R's of Behavior Management:**

- ◆ **Redirect**
- ◆ **Remove**
- ◆ **Request**
- ◆ **Responsibility**

## **It is important to avoid handling any child physically**

- Physical restraint is to be avoided at all cost. If any volunteers sees signs that a child's behavior is headed in an undesirable direction, every effort should be made to contain the situation before physical force is required. Parents may need to be texted for their immediate attention and help so the need for physical restraint can be avoided.
- Physical force is an absolute last resort and used only to prevent or minimize imminent physical harm to the child or others. Physical restraint is used only by certified staff/volunteers.

## **Redirect**

Redirect the child's attention to something other than the unwanted behavior.

- Ignore conversation that is not going in the direction you are heading and simply restate what we are going to do.
- Ask the child a question on an unrelated subject to break the focus or the conflict.
- Provide the child an alternative such as a toy
- Ask the child to help with a task in another part of the room.

## **Remove**

Remove any obstacles that may be causing an unwanted behavior.

- Clearly understand the underlying cause of misbehavior
- If the child is tired, suggest a chill-out time
- If a certain toy is causing constant conflict, remove the toy from the room or put it out of eyesight for everyone.

**Request**

Let the child know that you are the SNB volunteer and set CLEAR limits or boundaries

- Be consistent each week.
- Speak in a low, pleasant, but firm voice. NEVER use sarcasm
- Ask a child to stop disruptive or harmful behavior.
- Remain in control. If necessary, gently place your hands on the child’s shoulders to keep their attention.

**Responsibility**

Allow the child to make choices, giving them responsibilities for their actions.

- When you see the child following directions, compliment them for it.
- Never forget the value of each child.
- Be sure that the child understands that you love them but you disagree with their behavior.
- Restate the rule and inform the of the unwanted behavior and the consequence for it.
- Remember Grace. Extend to everyone the same Grace that God extends to you. In order for these children and their parents to feel a desire to be part of God’s family, they must experience love and grace above all else.

Behavior Management	
Appropriate	Inappropriate
<ul style="list-style-type: none"><li>• Remind the child of proper behavior</li><li>• Redirect the child by moving the child on to another activity or by separating the child from other children</li><li>• Request assistance from Ministry Director</li></ul>	<ul style="list-style-type: none"><li>• Physical punishment of any kind will NOT be tolerated</li><li>• Verbal abuse or humiliation</li><li>• Isolating a child in an unsupervised area</li><li>• Making a child face the corner or wall</li><li>• Verbal harassment or abuse</li><li>• Punishing a child for restroom accident</li></ul>

# **evacuation INJURIES & ILLNESSES**



Turn the page to read about how we deal  
with illnesses, injuries an evacuations



# **EVACUATION POLICIES**

Protection of our children is of great concern during all ministry activities, and we continually pray that these emergencies will not be an issue. However, preparedness may make a difference between life and death in a disaster.

## **Fire:**

- Evacuate immediately according to the evacuation plan posted next to the room exit.
- If the alarm is not yet sounding, activate the pull station as you exit your room.
- Infants and toddlers will be evacuated using the evacuation cribs.
- Take the attendance sheets/check-in cards/computer with you and take roll outside to account for any missing children.
- Try to discourage parents from picking up children while you are evacuating. Instead, encourage them to wait until all children are accounted for in the designated evacuation location.

## **Tornado:**

- Go to the lowest level of the building into a center room.
- Stay away from the windows and heavy objects that may fall down or open during the tornado.
- When the tornado has passed, evaluate the condition of the building. If the building is sound structurally, return to your classrooms, if the building is unsafe, evacuate according to evacuation plan posted next to the closet exit.
- Infants and toddlers will be evacuated using the evacuation cribs.
- Take the attendance sheets/check-in cards/computer with you and take roll outside to account for any missing children.
- Try to discourage parents from picking up children while you are evacuating. Instead, encourage them to wait until all children are accounted for in the designated evacuation location.

## **Lock Down:**

If a director indicates there is a lock down in the building, lock your classroom down, turn out the light and move all children to the corner of the room which cannot be seen from the door. Preschool classrooms will put all children in the bathroom between classrooms. Remain there until the Ministry Director lets you know the lock down has been lifted.

# INJURIES

## Minor Injuries:

- A small First Aid kit is available in each classroom or backpack.
- If you don't find what you need, a full size First Aid kit is located in the Preschool and Children's Resource Room on the 2<sup>nd</sup> and 3<sup>rd</sup> floors.
- If on the playground, escort the child to a bench and send another adult to get the first aid kit located in the shed.
- If in the LifeCenter, have the child sit on the side lines and send another adult to get the first aid kit from the laundry room.
- If the child is bleeding, **ALWAYS** use a pair of gloves.
- If the injury is a busted lip or goose-egg to the head, immediately get ice or pop ice from the kitchen and apply to the bruise in 20 minute intervals until bleeding stops or a parent can be reached.
- We are not authorized to dispense any over the counter or prescription medications of any kind.
- In the event a child needs more attention than you can provide, notify your Ministry Director so they can call the parent, or move the child to the closest Resource room, if appropriate.
- In the Preschool department, please treat the child and fill out an "Incident Report." Please give the parent one copy and give the other to the Ministry Director. Please make sure that you let the parent know how the injury happened.

## Serious Injuries (Broken bones, convulsions, fainting, unconsciousness or other bodily injury):

- Keep calm and keep children and the injured person as calm as possible.
- Do not move the injured child and do not leave them.
- **DO NOT** attempt to set the bone or brace the injury.
- Notify church staff that you need a First Responder in your classroom.
- If needed, a First Responder will call 911. The staff will notify the parents and advise them of the child's situation and procedure being followed.
- If the child needs to be transported to the hospital and the parents cannot be located, a Staff Member will accompany the child to the hospital.
- **If it is life-threatening**, call 911 immediately from any phone, then dial the Director's cell phone to notify the Director.



# FOOD ALLERGIES and SNACKS

We do not give snacks in our Elementary classes except on special occasions. Many children have allergies to different types of food and it is in the best interest for our ministry to avoid this potential danger. This “No Snack” policy will be strictly enforced in all of our rooms.

Any food that is approved by your Ministry Director will also need to be written as a sign and posted for parents to see at check-in.



## EPI-PEN PROCEDURES FOR ALLERGY EMERGENCIES

Please follow the procedures below in the event a child, required to carry an *Epi-Pen*, checks into a classroom:

- Every child requiring an *Epi-Pen* must have this information, along with their specific allergy, recorded on the check-in sheet or on Planning Center. Please encourage each parent to update this information regularly.
- When a child checks into a room with their *Epi-Pen*, the parent must sign a Release and Waiver form. These forms can be obtained from the Ministry Director.
- After check-in, the child must wear the nametag stating such allergies and that an *Epi-Pen* is necessary.
- The *Epi-Pen* will be stored by the Ministry Director in a designated area and returned to the parent upon check out.
- In the event the child has an allergic reaction and it is necessary to administer an *Epi-Pen*, the Ministry Director or a Staff Member or will immediately call 911 followed by finding a First Responder or Healthcare Provider to come to your room.
- A First Responder or licensed Healthcare Provider will administer the *Epi-Pen*.
- If, based on the information available to Highland Baptist Church at the time, **it appears there is insufficient time to wait for emergency services** or a trained Healthcare Provider, then the Release and Waiver form signed by the parent or guardian would authorize church Staff Members or Ministry Directors to administer the *Epi-Pen* to the child.



# **HEALTHY CLASSROOM CHECKLIST**

Children with symptoms common to contagious illnesses will not be admitted to church functions as long as such symptoms persist. Such symptoms could include, but are not limited to:

- ◇ congested cough
- ◇ skin rashes
- ◇ vomiting
- ◇ fever
- ◇ diarrhea
- ◇ lice

- ⇒ Do not accept sick children into the room. If you feel a child is sick, alert your Ministry Director so they can determine if the child is allowed in the room.
- ⇒ If symptoms are discovered once a child has been admitted, please isolate the child and contact your Ministry Director. The Ministry Director will then contact the parents if necessary.
- ⇒ In the event children are exposed to serious viruses (chicken pox, measles, mumps, etc.), an effort will be undertaken to contact the parents of those who were exposed.
- ⇒ Never give medication of any kind to any child. This includes, but is not limited to pain relievers, throat lozenges, antacids, etc.

# RECOGNIZING ILLNESSES

**ALLERGIES:** (not contagious) Red, swollen, watery eyes, sneezing, headaches, spasmodic coughing, hives, rash, gas pains, vomiting, diarrhea, eczema, nose rubbing.

**CHICKEN POX:** (extremely contagious) Fever may appear one day prior to observance of skin lesion. Lesions are small, clear blisters about the size of a match head. Usually starts in warm, dark places like the underarms and, often, behind ears and neck. Blisters are easily broken and quickly form itchy crusts or scabs. Contagious until all lesions no longer ooze and are crusted over.

**COLDS:** (contagious) Sneezing, running or stuffy nose, flushed cheeks, dull looking eyes, little appetite, may have slight fever or cough.

**CONJUNCTIVITIS (Pink Eye):** (Contagious) Sore, red eyes, with yellow discharge.

**DIAPER RASH:** (some are contagious) Small, red pimples or patches of rough, shiny, itchy red skin. Pimples may develop white heads or become raw. Diapers have ammonia smell.

**EAR INFECTION:** (not contagious) Infants become irritable, fussy, sleep short intervals, awake crying, act hungry, may pull at ears.

**RINGWORM:** (very contagious) Circular lesions, outer part slightly raised, intense itching and smarting. Lesions may ooze, become secondarily infected.

**ROSEOLA (baby measles):** (contagious) Onset is abrupt—usually high fever for 3 days, restlessness, fretfulness, irritability, poor appetite. Does not appear contagious or seriously ill and may be playful. On the fourth day, the fever drops to normal. Blotchy red rash appears on head and trunk. Lasts 3 days.

**SCARLET FEVER:** (contagious) Sore throat, fever, lethargy, loss of appetite, possible vomiting, and fine pinpoint rash appears within 24 to 48 hours. Most noticeable under arms, abdomen and thighs, face usually flushed, pale around mouth and tongue has strawberry-like appearance.

**THRUSH:** (contagious) Small white sores in mouth or on bottom.

# **autism**



Turn the page to find some  
tips on working with Autistic children



# **SOME FACTS ABOUT AUTISM**

According to Autism Speaks, the nation's largest science and advocacy group for the disorder, one in 110 children are diagnosed with Autism. The group further estimates in the United States alone, there are 1.5 million people with Autistic Spectrum Disorder and tens of millions worldwide are impacted by the disability.

ASD is a group of developmental brain disorders, which includes the following:

- Autism (sometimes called Classic Autism)
- Asperger's Syndrome
- Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)
- Childhood Disintegrative Disorder (CDD)
- Rett Syndrome

Because Autism is a spectrum disorder, it affects each person differently from very mild cases to very profound. For example, persons with ASD may have intellectual abilities that range from cognitive delay to brilliant.

## **COMMON TRAITS OF A CHILD WITH AUTISM**

### **Communication Deficits**

- The child may not speak.
- The child may have limited use of language.
- The child may use repetitive phrases, or carry out a non-typical conversation.
- Abstract concepts will give the child trouble.

### **Relational Deficits**

- The child will not relate appropriately to people, events, and objects.
- Often the child will avoid eye contact.
- The child will have trouble understanding or interpreting other's feelings.
- Events and objects, unless they are something the child likes, will be equally detached from the child's attention.

### **Ritualistic Activities**

- The child will play for long periods of time with one object.

### **Rigid Adherence to Routine**

- Any change in schedule—how silverware is placed on the table, which sweater he wears—will get a reaction, often a loud one.

### **Atypical Reactions to Sensory**

- Loud noises, bright lights, textures of food, the fabric of their clothes, will all receive the child's attention with marked reaction.

### **Repetitive Movements and Behaviors**

- The child will flap their hands, flip their fingers in front of their eyes or do some similar movement. The activity probably relates to the overload from the sensory information they can't handle.

## **TIPS FOR COMMUNICATING WITH CHILDREN WITH AUTISM**

The ability to communicate with a child with Autism will develop faster if you follow these suggestions

- Use fewer words; be direct and concise in speech.
- Match a visual with the sound.
- Visual aids, calendars and schedules can enhance communication.
- Give the child time to process your question.
- Use the child's name before giving an instruction or making a request of them.
- Be sure you have the child's attention. Don't, however, say "Look at me."
- Use concrete examples. Autistic children are very literal learners. If one were to say "It's raining cats and dogs" the child will look outside and expect to see cats and dogs falling from the sky.
- Don't expect the child to look at you when communicating.

# **LEARNING DISABILITIES & ADD/ADHD**



Turn the page to find some tips on working  
with Learning Disabilities & ADD/ADHD children

# **SOME FACTS ABOUT LEARNING DISABILITIES & ADD/ADHD**

It's normal for children to occasionally forget their homework, daydream during class, act without thinking, or get fidgety at the dinner table. But inattention, impulsivity, and hyperactivity are also signs of attention deficit hyperactivity disorder (ADHD or ADD). ADHD can lead to problems at home, school and church and can affect a child's ability to learn and get along with others.

Children with ADHD may be:

- Inattentive, but not hyperactive or impulsive.
- Hyperactive and impulsive, but able to pay attention.
- Inattentive, hyperactive, and impulsive (the most common form of ADHD).

## **TIPS FOR WORKING WITH CHILDREN WITH LEARNING DISABILITIES & ADD/ADHD**

- Break instructions into short segments. If necessary, give one instruction at a time.
- Get the child's attention before talking to them.
- Expect that you will need to repeat instructions.
- Stay calm and patient. Be a safe person that they can request help from.
- Whenever possible, demonstrate instructions visually.
- Limit choices. Too many options are confusing and distracting.
- Allow for movement during activities. If possible let the child lie on the floor, sit with legs out or legs crossed, kneel, stand to do crafts, etc.
- Provide reminders about time when necessary. Give 10-minute, 5-minute, 1-minute warnings to the end of an activity.
- Aid in transitions from one activity to another.

# **Deaf/Hearing & BLIND/VISUAL IMPAIRED**



Turn the page to find some tips on  
working with Hearing & Visual Impaired children



# **SOME FACTS ABOUT BLINDNESS/VISUAL IMPAIRMENT**

**Vision is one of our five senses.** Being able to see gives us tremendous access to learning about the world around us—people’s faces and the subtleties of expression, what different things look like and how big they are, and the physical environments where we live and move, including approaching hazards.

**Much of a child’s learning typically occurs *visually*.** When vision loss goes undetected, children are delayed in developing a wide range of skills. While they can do virtually all the activities and tasks that sighted children take for granted, children who are visually impaired often need to learn to do them in a different way or use different tools or materials. Central to their learning will be touching, listening, smelling, tasting, moving, and using whatever vision they have.

**There are different degrees of blindness.** Someone can be legally blind but still see colors, shapes and varying degrees of light. In fact, **only about 10-15 percent of people who are blind see nothing at all.** You might walk by someone who is visually impaired and not know it— **fewer than 2 percent of visually impaired people use a white cane to navigate.** The rest use guide dogs or nothing at all.

## **TIPS FOR WORKING WITH CHILDREN WITH BLINDNESS/VISUAL IMPAIRMENT**

### **Always use names**

When greeting a person who has a visual impairment, be sure to identify yourself and always use the child’s first name when addressing them. This way they will know you are talking to them and not someone else. When passing in hallways instead of saying, “Hi” have people announce their name as children may not be able to recognize faces. An example, “Hi Sara, it’s Mrs. Murphy, how are you today?” Prompt fellow children to do the same because this fosters connection in the church community.

### **It's okay to use words that reference sight**

Don't avoid words like "see" and "look." Just like their sighted peers, these words should be part of a blind or visually impaired child's vocabulary to connote how they see, whether by touch, bringing things close or in normal conversation, like saying "see you later!"

### **Don't gesture, always verbalize**

Explain where things are located in the building, e.g., the sanctuary is to the left, the restrooms are in the far right corner. When writing on the board, always verbalize what you are writing so the child has access to that information and can follow along. Use positional and directional concepts like above/under, on top, behind/in front of, left/right etc. and use descriptive sentences like, "The ball is next to the door" instead of "The ball is over there." Avoid words and phrases like "here," "there," "over here," "over there," and gestures that provide direction, i.e. pointing to a location without verbalizing what is being pointed to because visually impaired children cannot see that.

### **Avoid asking if a student can see something**

Don't ask a child, "Can you see this?" They often can see it, but that does not mean that they can access it or read it. Instead ask: "Can you find X?" or "Can you identify all the words and pictures without guessing?" or "Can you see some parts of the board better than others?"

### **Correct seating is crucial**

Always favor the stronger side of the child's vision due to visual field deficits. For example, if the child only uses his left eye, he would need to sit on the right side of the room away from the windows. Seating facing a light source (sun, windows) should ideally be at their back.

### **Follow the leader**

When doing an physical activity, direct their attention to a child in front of them using color of clothing or hair and have them model/ follow what that child is doing (stopping, walking straight, turning, etc.), always moving slowly for safety.

## **Be a confident sighted guide**

If you need to be a sighted guide for a preschooler, offer two fingers or your wrist for them to hold. You are not holding them unless it is for their safety. For older children, they hold just above your elbow with their dominant hand.

## **Safety first**

Children need to understand the “rules of the road” and always use the right-hand side of hallways or the right railing. If there are changes to the room, walk the child through so they know where things are.

## **Guide Dogs**

If a child has a guide dog, ask the parent how much room is needed for seating purposes. When guide dogs are in a harness, they are at work; please make sure other children do not pet them!

# **SOME FACTS ABOUT DEAF/HEARING IMPAIRMENT**

**Hearing is one of our five senses.** Hearing gives us access to sounds in the world around us—people’s voices, their words, a car horn blown in warning or as hello!

**What is hearing loss?** Hearing loss is generally described as slight, mild, moderate, severe, or profound, depending upon how well a person can hear the intensities or frequencies most strongly associated with speech. Impairments in hearing can occur in either or both areas, and may exist in only one ear or in both ears. Generally, only children whose hearing loss is greater than 90 decibels (dB) are considered deaf.

## **Four types of Hearing loss.**

**Conductive hearing losses** are caused by diseases or obstructions in the outer or middle ear (the pathways for sound to reach the inner ear). Conductive hearing losses usually affect all frequencies of hearing evenly and do not result in severe losses. A child with a conductive hearing loss usually is able to use a hearing aid well or can be helped medically or surgically.

**Sensorineural hearing losses** result from damage to the delicate sensory hair cells of the inner ear or the nerves that supply it. These hearing losses can range from mild to profound. They often affect the person's ability to hear certain frequencies more than others. Thus, even with amplification to increase the sound level, a child with a sensorineural hearing loss may perceive distorted sounds, sometimes making the successful use of a hearing aid impossible.

A **mixed hearing loss** refers to a combination of conductive and sensorineural loss and means that a problem occurs in both the outer or middle and the inner ear.

A **central hearing loss** results from damage or impairment to the nerves or nuclei of the central nervous system, either in the pathways to the brain or in the brain itself.

## **TIPS FOR WORKING WITH CHILDREN WITH DEAFNESS/HEARING IMPAIRMENT**

**Communicate as clear as possible.** Communication happens on several levels at once (words, body language, facial expressions, etc.). Remember this in the room, and try to make your communication as clear as possible through multiple levels. Establish eye contact, and make sure the child can see your face and lips while you speak; if your back is turned, you might as well not be talking.

**Hearing aids.** If the child wears a hearing aid, speak at a natural volume. Speaking too loudly into a hearing aid can be painful.

**Speak naturally.** Many adults, upon learning of a child's hearing impairment, will overuse gestures, hand gestures and speak unnaturally. Try to avoid this. Children become very uncomfortable when they're singled out and treated differently. It can negatively impact their social relationships as well, as other children may model your behavior and treat the hearing impaired child in the same way. Inclusion is key.

**Make sure instructions are understood by everyone.** It's your job to make sure the instructions are understood by every child. Try to avoid asking "do you understand" to your hearing impaired child too often. This can be embarrassing and demoralizing. Instead, have the child repeat your instructions back to you.

**Visual aids.** Visual aids are very useful even for children with perfect hearing. Incorporate visual aids into your lessons, write down instructions on the board, and have your children take notes. Also, audio/video components (videos, slide shows, PowerPoint, etc.) are an effective way to communicate information, and should be used often. Whenever possible, emphasize the visual modality of learning.

**Reduce background noise.** Try to reduce background noise in your room as much as you can, especially if the child wears a hearing aid. Hearing aids are not selective; they simply amplify **ALL** sound. Loud background noise with a hearing aid can be just as debilitating as no hearing aid at all.

**Hearing loss does not mean low intelligence.** The child's level of hearing ability is not related to the child's level of intelligence. Treat the child naturally, and make sure he or she feels included in the group. Often, all that is needed is awareness when communicating, and slight accommodations made in teaching methods.



Turn the page to find some tips on  
working with children who have seizures

# SOME FACTS ABOUT SEIZURES

Doctors have described more than 30 different types of seizures. These are divided into two major categories—**generalized seizures** and **partial seizures** (also known as focal seizures).

**Generalized Seizures.** This type of seizure involves both sides of the brain from the beginning of the seizure.

**Grand Mal.** In a grand mal seizure, the person's arms and legs stiffen (the *tonic* phase), and then begin to jerk (the *clonic* phase). That's why the grand mal seizure is also known as a generalized tonic clonic seizure.

Grand mal seizures typically last 1-2 minutes and are followed by a period of confusion and then deep sleep. The person will not remember what happened during the seizure.

**Petit Mal.** You may also have heard of the **petit mal** seizure, which is an older term for another type of generalized seizure. It's now called an absence seizure, because during the seizure, the person stares blankly off into space and doesn't seem to be aware of his or her surroundings. The person may also blink rapidly and seem to chew.

Absence seizures typically last from 2-15 seconds and may not be noticed by others. Afterwards, the person will resume whatever he or she was doing at the time of the seizure, without any memory of the event.

**Partial Seizures.** Partial seizures are so named because they involve only one hemisphere of the brain. They may be simple partial seizures (in which the person jerks and may have odd sensations and perceptions, but doesn't lose consciousness) or complex partial seizures (in which consciousness is impaired or lost). Complex partial seizures often involve periods of "automatic behavior" and altered consciousness. This is typified by purposeful-looking behavior, such as buttoning or unbuttoning a shirt. Such behavior, however, is unconscious, may be repetitive, and is usually not remembered afterwards.

# TIPS FOR WORKING WITH CHILDREN WHO HAVE SEIZURES

- Remain *CALM*.
- Have your co-teacher call the child's parent and inform the ministry director of what is happening.
- Clear the room of other children and move any objects on which the child could hurt themselves.
- Stay with the child and start timing the seizure.
- Allow the child to remain on the floor. The child should not be moved, restrained, or held during the seizure.
- When possible, turn the child onto their side. Don't block the child's airway.
- Put something small and soft under the head.
- Don't put your fingers in the child's mouth. The child could bite and seriously injure your fingers. Tremendous strength is exerted during a seizure.
- Don't lay the child on their stomach; to do so will impair their breathing. When possible, the child should be turned on their side.
- Loosen tight clothing around the child's neck.
- Get down on the floor with the child. Do not stand up and look down at them.
- Allow the child to remain lying down for a while after they have regained consciousness.
- Talk to the child in a calm voice. Comfort the child who might be upset by the experience until a parent can arrive.