WATERLOO REGION TRACK 3 SKI SCHOOL

Instructor Training Manual

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Waterloo Region Track 3 Ski School
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Our History

Waterloo Region Track 3 Ski School

The history of Track 3 began in 1972 when medical doctors began to feel that individuals who had lost a leg in an accident or disease, might benefit by exploring a new and exciting activity. This would help them rediscover their own strength and rebuild their self-esteem and confidence. The individuals that were first approached happened to be skiers in their past, so this was a natural choice.

The name Track 3 came from the three tracks left in the snow by one ski and two outriggers. Since this time, the program has expanded to reach out to all children with all disabilities. The Waterloo Region Track 3 program was developed in 1989, when the Chicopee Ski Club in Kitchener was approached by Bob Gilmour to establish a pilot project.

Our program started with 6 students and 8 volunteer instructors, and enjoyed tremendous success from the beginning. Each year since inception, the program has almost doubled in size and a waiting list of students wishing to enter the program continues to grow. In 1993, the Waterloo Region Track 3 Ski School was incorporated and registered as a charitable organization. Both the Kitchener and Waterloo Sports Associations also recognize the ski school.

The Track 3 philosophy has spread to many other parts of the province. Similar programs are operating at Georgian Peaks Ski Club, Alpine Ski Club and Craigleith Ski Club in the Collingwood area, the London Ski Club and Horseshoe Valley Ski Club in Barrie. Locally, the Waterloo Region Track 3 Ski School provides programs for approximately 75 students with the help of nearly 200 trained and certified volunteer instructors.

In addition, we have a fully equipped ski shop (for repair and maintenance of adaptive equipment) to support volunteers to meet the needs of the students on the hill.

Guiding Principles

Our Philosophy

Young people with disabilities should not be denied the chance to experience the joy and exhilaration of skiing/snowboarding. We believe that everyone should have access to high-quality instruction and the specialized adaptive equipment to enjoy this sport to the fullest.

We do our best to make smiles and dreams come true. When we focus on ability – not disability – skiing provides the opportunity for these children to discover their own strengths. In addition to the satisfaction of mastering the technical skills of skiing, many students enjoy social benefits, from the interaction with fellow students and instructors, to a sense of independence. More important, the added confidence and boost to their self-esteem makes a positive difference in their lives off the slopes all year round.

Mission Statement

Waterloo Track 3 Ski School provides children and youth with disabilities the opportunity to safely experience the pleasure of downhill skiing as a leisure activity.

Vision Statement

Waterloo Region Track 3 Ski School will be a successful, financially self-sustained, charitable, responsive community of well-trained volunteer instructors, and well-informed parents and students.

Values

- ✓ Accessibility and Inclusion
- ✓ Opportunity
- ✓ Friendship/Partnership
- ✓ Self-Esteem
- ✓ Safety
- ✓ Participation
- ✓ Fun
- ✓ Innovation

What Our Program Involves

Instructors

The instructor-training program emphasizes safety and awareness of each student's special needs so that we can encourage the highest level of achievement in the safest of conditions. Each student is matched with at least one specifically trained ski instructor. Depending on the student's specific needs, the instructor may have an assistant.

The training is given entirely free to our volunteers; all we ask of them is enthusiasm and commitment. The instructors are also given the opportunity to attend ski lessons given by the Chicopee Ski School purely for their own advancement and enjoyment. There are many other perks as an instructor, besides the immense satisfaction:

- Free skiing for the remainder of the evening at Chicopee after you've finished teaching.
- Free use of cool ski jackets with Waterloo Region Track 3 Logo.
- Social events and ski trips.
- Instructor Appreciation Day
- Excellent resume material.
- And most importantly...

FUN! FUN! FUN! FUN! FUN! FUN! FUN! FUN! FUN! FUN!

Dryland Training

Dryland training is a requirement for all new instructors. It usually takes place in November or December and is a day of presentations, information and focus groups. It is intended as an introduction to the program and covers the following topics.

- General welcome and introduction to the program
- Common disabilities
- Roles and responsibilities
- Safe lifting/handling techniques
- Introduction to the adaptive equipment
- Ski/snowboard progression
- Troubleshooting common scenarios

On-Hill Training

All New Instructors will complete on hill training. Having completed a season as a you may specialize in a particular piece of equipment or disability. This includes Sitski, Blind and 2/4.

Level 1

- Progressive skiing (As taught by the PSIC)
- Instructive techniques
- Use of adaptive equipment
- Instructor appraisal

Level 2

Specialized techniques and equipment

Regular Program

Our regular program runs for seven weeks (conditions permitting), beginning in January. We ski three nights a week, Monday - Wednesday. Most Instructors teach on just one night but many have such a great time they come out for two or even all three nights.

Instructor Appreciation Day

Having completed training, turned out each night in the freezing rain, blizzards, etc. our instructors (and of course ALL our volunteers) deserve a lot of thanks. This is a day towards the end of the season where we are invited to Caledon Ski Club at a reduced rate. We meet many new people during the ski season, and as we are all busy with our students we don't always have the time to get to know each other. This day is the perfect opportunity to just ski with old and new friends. There is an on hill barbeque it is a great time for us to appreciate YOU!

Board of Directors

The Waterloo Region Track 3 Ski Program is a registered charitable organization. We are affiliated with the Kitchener Sports Association and supported by the Cities of Cambridge, Kitchener and Waterloo.

The affairs of our organization are managed by a Board of 10 Directors. Each Director is elected for a 2 year term at our Annual General

Meeting. One half of the board shall be retired at each annual meeting and are eligible for re-election.

The Board's job is to govern the affairs of the organization. The Board of Directors, representative of the Organization's membership and the community, is the legally incorporated entity with the authority and responsibility for:

* Safeguarding the organizational mission and ensuring the stability of the Organization.

* Establishing its direction and objectives;

* Ensuring that it has adequate information to monitor major areas of corporate performance;

* Ensuring the proper and prudent management of the Organization;

* Ensuring the achievement of the Organization's mission;

* Securing input of key stakeholders to strategic direction;

* Accounting to its members and other key stakeholders for the performance of the Organization; and,

* Ensuring linkage with other organizations engaged in the pursuit of similar or related objectives, and with the community at large.

The board consists of varying positions and sub-committees:

President, Vice President, Treasurer, Fundraising Chair, Training/Student Development Chair, Special Events Chair, Risk Management Committee.

For interest in the Board of Directors please contact your Night Coordinator.

Instructor Code of Practice

General:

An instructor is the front line representative of the Track 3 Ski School in dealing with an assigned student and the student's parents or guardians regarding the student and the personal training program. In this capacity, the instructor exhibits appropriate professional conduct in keeping with these prime responsibilities to the student. The instructor will maintain up to date Track 3 Instructor Training, consistent with the student disabilities and equipment being used. The instructor has personal responsibility to monitor the needs of the student and the instructor's personal ability to respond to the student's requirements; if the instructor detects a mismatch or is uncomfortable with the situation, this must be brought to the attention of the appropriate Night Coordinator or the Director of Student/Instructor Development.

Confidentiality:

A student's disability, abilities and achievements in the ski training program are personal matters between the student, guardians, and the instructor. An instructor shall not divulge privileged student information to any other third parties except to an authorized Track 3 coworker in accordance with the need to develop and operate appropriate training program for the student.

Priorities:

These are the key priorities, in order of importance, to guide the activities of all Track 3 Instructors:

1. A students program and activities are to be organized with **SAFETY** as the top priority.

2. The students training program must ensure that the student has **FUN**. Learning advanced technique must take second place to the fun aspect of the Track 3 Experience.

3. A training program must emphasize, primarily through actual skiing experience, an orderly development of the key aspects (as adjusted for the disability) of the CSIA progression.

4. The training program, where possible, should lead a student to developing personal responsibility for their development to independent safe skiing. This may involve the instructor in training and assisting parents, guardians or friends provide necessary support.

Ski School Operations:
Each instructor will ensure that they are present for each of their scheduled instruction nights beginning at 6:15pm (15 minutes early to allow time to get dressed). An instructor may arrange to meet a student at the hill earlier in the evening if this is mutually agreed by all parties. All lessons will end with the student and equipment returned to the Track 3 Equipment Room by 8:30pm. All instructors will attend a brief instructors meeting that takes place at 8:40pm on the first night of instruction in the Track 3 Room.

Driving and Off Hill Activity:
Instructor activity is limited to on-hill events. Instructor responsibility (and corresponding insurance coverage) begins and ends at the ski hill. Instructors are not to drive students in their personal vehicles. This would put their personal car insurance liable in the event of an accident.

Student Comfort:
Ensuring students are adequately dressed.

Checking periodically for coldness, concern or tiredness.

Break periods – consult with student, parent, guardian and schedule appropriate breaks.

Toileting – students are expected to be able to take themselves to the toilet after they are assisted to use their mobility aids, and/or parents/guardians. In no circumstance will a Track 3 instructor attend to the personal hygiene a student unless coordinated with the Night Coordinator and in the presence of another Track 3 instructor.

Instructor Responsibilities

- Remember that an individual with a disability is like anyone else with their own interests, likes/dislikes, personality, and skills. Be aware of the things that make us all unique.
- Ensure that both yourself and the student are properly dressed for the weather; helmets are mandatory for the students and instructors.
- For new skiers, explain the operation of the equipment by having them examine it, feel it and then by trying on the equipment. Caution the student on the sharp edges of the skis or snowboard.
- Remember, when working with your student, use words of dignity and appropriate vocabulary that promotes empowerment and self-worth. The Active Living Alliance for Canadian's with a Disability states that: "People with a disability should be described in words and expressions that portray them with dignity". As an instructor it is important to remember the following key points:

    - Describe the person first, not the disability (An individual with ……., not a …….. Individual).
    - Refer to a person's disability only when it is relevant.
    - Avoid images designed to evoke pity or guilt.
- Do not speak for a student if he or she is capable of communication on their behalf.
- Be patient.
- Have open lines of communication; the more you talk to your student, the more you will learn about them and the more comfortable you will feel with each other.
- When speaking to your student; make sure you have their attention, as many may have difficulty hearing or be easily distracted; have them repeat what you have said to ensure that they have understood the instruction.
- Inform the student when you are about to introduce a new skill and provide encouragement that you feel they are ready for this next step.
- When instructing the following methods can be helpful:
    - Model the task you wish the child to complete
    - Use repetition
    - Physically assist the child in an appropriate fashion
    - Break the skill down into steps and teach one step at a time; making the task as simple as possible
    - Use plenty of positive reinforcement; praise, praise, praise
- Allow your skier to make personal choices but be sure you are comfortable with the decision they arrived at. When safety is a consideration the instructor must make the final decision.
- Allow the skier to be as independent as possible while being sure to offer assistance when needed.
- At the end of each lesson, talk with your student to discuss what went well and what parts the student disliked or would like some more practice on. Go over areas of improvement and try to prepare them for what you will be working on next week. Be sure to record your intentions and refer back to these before heading out the following week.
- Take breaks when needed. Skiing can be physically and mentally exhausting.
- The relationship between Instructor and student is based on trust. We give out trust to those in whom we have confidence and to our friends. Keep in mind; trust is a fragile thing that can be easily shaken.

8 General Considerations for Skiing Enjoyment

1. **Motor Function:** Motor function is dependent upon flexibility, muscle strength, endurance, efficiency of movement and balance. As the children exercise, their muscle action and cardiovascular fitness improve. This is especially important for children with disabilities, as they tend to have fewer opportunities to be active.
2. **Sensory Capabilities:** The ability to know where your hand or foot is at any given time is a necessary ingredient in muscle action of that area. Decreased tactile sensation whether to pain or pressure must be carefully monitored. It sensation is decreased; the skier may not know when problems begin to develop.
3. **Capacity to Organize Perceptions:** There are many different ways to learn. If the skier learns auditorily, verbal instructions may be sufficient. Most children learn by demonstration and hands on assistance. Learning may require many repetitions and returning to basic steps. Remember this simple equation as you teach your student the skill of downhill skiing: People generally remember:

   10% of what they read

   20% of what they hear

   30% of what they see

   50% of what they hear and see

   70% of what they say or write

   90% of what they do; the more your student does, the greater chance they will remember the skill from week to week.

4. **Past learning:** It is helpful to talk to your student's caregivers about previous successes they might have had. They may give you insights into how best to organize your lessons, and make skiing a successful experience
5. **Socialization:** Skiing with Track 3 is an excellent opportunity for your student to socialize with other students and instructors. Introducing your skier to others and playing up the party atmosphere of the night should emphasize this social aspect of skiing.
6. **General Level of Adjustment:** Every child will learn and adjust to the new environment at a different pace. Praise every slight improvement!!!
7. **Anxiety:** There are many things that may make a student anxious. If your student becomes anxious, attempt to find out what provoked the anxiety in order to reduce it. Developing a good rapport with your skier should help to alleviate anxiety.

8. **Frustration:** All athletes experience frustration. Ensuring that your skier understands this will go a long way to alleviate frustration.

Equipment

SKIS & BOOTS

Every student is outfitted with skis & boots before the start of the season. Size, binding and boot adjustments can be made by the Equipment Room Manager or staff.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.
***Indicators for use*:** inability to control speed, unpredictable movements, beginning learners, suitable for every student until instructors are comfortable, and for general safety.

SKI BRA

Metal brace that stabilizes ski tips, attaches to the tips of skis.
Indicators for use: frequent crossing of ski tips, inability to keep a snow plow position, inconsistent focus, weaker leg strength

WIGGLY WORM

Elastic brace for ski tips. It is a progression out of the ski bra, provides a little stability, can be easily removed, and may work as an incentive for focus

HULA HOOP

Hula hoops provide some stability for students with trouble staying on task/focusing. It can also work as a progression to not needing any support. A hula hoop can be used in front, held by your hands, or around the student for more support.

OUTRIGGERS

Arm crutches adapted with small skis. Shifts balance, control and stability to arms in cases where leg strength may be lower.
***Indicators for use*:** limited lower leg strength/good upper body strength, loss of balance, easily fatigued without equipment, inconsistent gait

SIT SKI

A sled mounted on one or two skis, using with tethers or outriggers. Allows students with little to no lower leg mobility to ski. Sit Ski training is available upon request.

Resource Bin

PEC SYMBOLS

Picture Exchange Communication (PEC) symbols are a means of communication when words are hard to find, organize or are unavailable. A student can point, pick, look or hand you a picture of their request. There are strips of PEC symbols available to keep in your pocket to use with your student. Large versions of the PEC symbols are also displayed in the wall in the Track 3 room. All PEC symbols are customizable to work for you and your student.

FIDGET TOYS

A variety of small toys to hold/play with that can provide entertainment when riding the chairlift or waiting in line They may also work as incentive to stay focused (for safety) and relieve anxiety.

STICKERS/COLOURED TAPE

Stickers and coloured tape can be used for a wide variety of things when skiing. It can be placed on a student's boots, knees, or mitts to help indicate which way to turn, which side to shift weight or where to focus. Stickers can be used as incentive and celebration for accomplishments!

ADDITIONAL RESOURCES

The resource bin is full of ideas and resources to help you and your student. If you come up with an idea or item that works for your student please share it with the Night Coordinator so we can add it to the resource bin. Our volunteer feedback is our biggest source of learning new information.

Ski Progression

Goal of the Program

Achieve Independent safe skiing through:

1. SAFTEY
2. FUN
3. CSIA Progression

Be a Positive Role Model

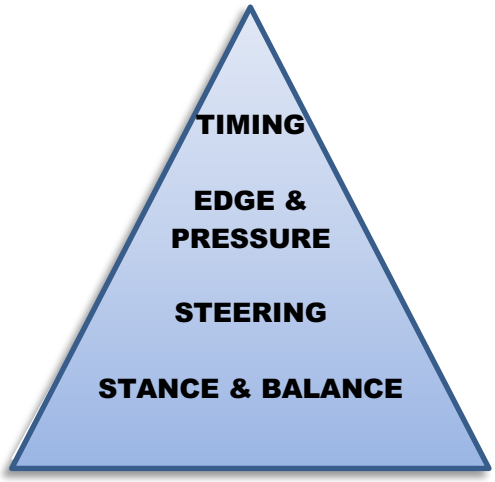
- ✓ Attitude, tone of voice, appropriate body language, good communication (short and simple)
- ✓ Empathetic
- ✓ Set the student up for success
- ✓ Fun to be with
- ✓ Organized
- ✓ Promote positive peer interaction
- ✓ Good listener
- ✓ Use positive reinforcement

Teaching Principles

- ✓ Ensure a safe environment, don't stop over a hill or under a chairlift
- ✓ Keep student motivated
- ✓ Keep lesson active
- ✓ Minimize waiting and talking
- ✓ Use fun and challenging activities
- ✓ Choose exercises and games suitable to students ability
- ✓ Repetition and variety
- ✓ Be aware of weather and snow conditions before the lesson, performance from student will differ due to different conditions

Basic Skills

Analysis of ski techniques has produced a clear and simple way of understanding ski improvement at all levels. Think of building a pyramid with the skills making up the building blocks. Each block or skill sits on top the other. Without having a solid base to work from the advanced skills become even more difficult to build. Let's build our skiing pyramid from the base up…



Stance and Balance

Athletic stance with: joints flexed, waist slightly bent, weight over arches, feet comfortably apart, centered on skis (fore & aft), eyes forward, arms and hands apart and forward.

Steering

Turning of the ski by twisting the leg and foot. Transfer weight to downhill ski, upper body separation (counter rotation).

Edging & Pressure Control

Involves ankle, knee, and hip joints. Pressure on inside of foot in boot. Knee & hip move inward, pressure through up & down movement and edging.

Timing & Co-ordination

Fluid movements, correct pole plant. Rhythmical linked turns.

The Teaching Progression

In the Beginning – On Level Ground

Introduce yourself
Find out your student's name, background and interests
Warm up and stretch
Check for warm clothing and ski equipment for safety
Show student how to walk in boots, put on skis
Demonstrate cleaning snow from boots/bindings

Introduce Mobility – On Level Ground

Without skis – walk in a square pattern using poles for balance and rhythm
On a gentle hill - "duck walk" up the hill
Hop across the hill
Pigeon toe down the hill
With one ski on – glide across the bottom of the hill, switch ski to the other foot
Put on both skis – slide, climb, play, etc.

Stance and Balance – On a Gentle Hill

Straight running down the hill. Demonstrate proper stance
Snowplow down the hill
Turn one foot (demonstrate direction change)
Suggest hands on knees
Link small turns
Ski faster – max speed on minimum terrain
Match skis at end of turn
Match earlier to intro parallel skiing

Introduction to Parallel Skiing – On a Smooth Hill

Diagonal side slip
Up Hill Christie
Wide Track stance
Movement and Motion – pressure control
Work on matching the ski at end of turn and then progress to matching skis throughout turn
Tap uphill ski
Body position – face down the hill, head up
Pole plant – intro to timing and co-ordination
Do linked turns and ski faster

For More Useful Tips

Free sessions each Track 3 night at Chicopee, provided by the Chicopee Ski & Snowboard School, Monday, Tuesday & Wednesday 5:30pm-6:15pm.

Games That Promote Skills

Carry the Tray
Pretend to carry a tray of glasses. Must keep upper body quiet so not to spill the water.

Airplane
Stretch their arms out to the side. Tip to the outside of the turn.

Picking up the Flowers
Students reach on the downhill side while turning. Variations include strawberries, pet a kitten.

Simon Says
Students copy the action of the leader. Student could be the leader.

Bunny Hops
Hop up and down on straight running (easy terrain).

Squishing Bug
Squishing the bug by pushing down on the turning ski.

Under/Over
Pretend to pass a hoop over the head & a cube between legs.

Peanut Butter & Jam
Skis become knives; hill becomes the bread. Students spread sticky peanut butter and jam when turning.

The 3 A's

The 3 A's are a mnemonic to help instructors remember the process for determining a student's abilities and designing a teaching plan. It also helps troubleshoot and solve new situations that may arise.

The first A stands for ASSESS. We can assess: previous skiing experience/ability, gross motor abilities, cognitive abilities, communication systems, interests, comfort, attitude and enjoyment. Assessing a student gives us the most information to provide an enjoyable and beneficial experience.

The second A stands for ACTION. Action is taken when we use our assessments and determine which path to take based on the information gathered. Action plans can help keep the student informed of plans, and fellow instructors as well as give some direction to a lesson. Action plans are also used in circumstances of challenge. Night Coordinators and Board member are always available for advice when planning student lessons, don't hesitate to inquire!

The third A stands for ADVOCATE. Advocate simply means support, believe, and encourage. To achieve this, instructors use the student's communication book, to ensure accomplishments and progress are properly recorded to assist in assessment. We also encourage open communication with Night Coordinators, Board Members and Student/Instructor Development Program Leaders. Ensuring instructor and students needs are meet is the main focus of our program. Open communication keeps us running effectively.

Safety Procedures

The primary concern of the Waterloo Region Track 3 Ski School is **SAFETY**- safety for our students and instructors. To ensure that our program emphasizes safety first, we have initiated a numbers of procedures that will help better our understanding of why accidents happen and what remedial action can be taken to prevent future situations that may cause accidents.

Incidents (Ski Patrol not involved)

When an incident occurs (slip on the hill, etc.), the instructor

1. will ensure injured person is safe
2. will secure the area from intrusion by other skiers
3. will assess the situation to determine whether or not Ski Patrol should be notified
4. Parents must be notified of all incidents no matter how minor.

Accidents (Ski Patrol called)

When an accident occurs, the instructors

1. will ensure injured person is safe
2. will ensure the area from intrusion by other skiers
3. will ensure that one instructor stays with the injured person at all times
4. will notify Ski Patrol
5. will help Ski Patrol as required
6. will notify Night Supervisor who will have parents / guardians notified
7. stay with injured person and instructor will accompany the injured person to hospital if parents / guardians are not available
8. fill out appropriate Report Forms

Reporting of Accidents

1. All accident / incidents **must** be reported to the Night Supervisor. This includes minor incidents where Ski Patrol has not been notified.
2. Parents must be notified of all accidents.
3. The instructors involved **must** fill out an accident / incident report form immediately after each occurrence. These forms must be given to the Night Supervisor who will also sign the report form.
4. The Night Supervisor must give a copy of the Accident / Incident report Form to the Executive Assistant who will ensure
    A) a follow report is completed
    B) keep records of all accident /incident reports
    C) report to the Track 3 Board of Directors

Parents must be notified of all accidents and/or incidents on the hill no matter how minor. Injuries do not necessarily present at the time of incident.

Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficient Disorder (ADD)



What is it?

Children with these disorders tend to be inattentive, overly impulsive, and in the instance of ADHD, hyperactive. Both of these disorders interfere with the learning process in such a way as to reduce the child's ability to pay attention.

ADHD is recognized as a chronic condition affecting a child's ability to focus and control impulses. The two main symptoms are a short attention span and/or hyperactivity/impulsivity.

What characteristics or behaviours might I expect to see?

- Children with ADHD have difficulty focusing their attention on one task. They are easily distracted and may not complete tasks
- Child may be fidgety or squirm in their seat, or fail to remain seated when they are expected to do so
- The child may have difficulty organizing him or herself, and may lose things easily
- Child may talk excessively or blurt out answers prematurely
- Child may have difficulty taking turns
- Child may appear to have excess energy

These behaviours can decrease their listening abilities and comprehension. Therefore patience, persuasion, or just friendship can be effective techniques above and beyond the skiing instruction.

Important Considerations

1. All instruction should be simple.
2. Modelling or demonstrating helps to clarify any details and does not force a child to admit they did not understand the verbal directions.
3. Build on an idea; give one instruction at a time, then add on the next instruction
4. Repeat the instructions and rules several times; these help the child to better process the idea and remember the concept from week to week.
5. Be patient!! Your patience will be rewarded.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements

ACTION:

- ✓ Make them want to focus. Use different games, songs, chants to go up and down the hill to keep attention and interest
- ✓ Provide reminders, cues and redirections when necessary to help the child stay on task
- ✓ Be creative in your presentation of rules or activities. Use different methods of presenting information

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with ADD/ADHD. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.

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Hula hoops provide some stability for students with trouble staying on task/focusing. It can also work as a progression to not needing any support. A hula hoop can be used in front, held by your hands, or around the student for more support.

Additional Resources



Additional Notes

www.caddra.ca www.help4adhd.org

Asperger Syndrome



Asperger syndrome (AS), also known as Asperger disorder (AD) or simply Asperger's is an autism spectrum disorder (ASD) that is characterized by significant difficulties in social interaction and nonverbal communication, alongside restricted and repetitive patterns of behavior and interests.

What is it?

What characteristics of behaviours might I expect to see?

Children with Asperger Syndrome are often interested in social interaction and are able to develop friendships; however they have difficulty maintaining those friendships because they find subtle social cues difficult to understand. For example, body language, social distance, facial expression, and abstract speech or humour often goes unrecognized or misunderstood by people with Asperger Syndrome. They often have difficulty with understanding what other people are thinking or feeling, or reciprocating in relationships.

Children with Asperger Syndrome may have above average intelligence, and are usually on target or ahead in terms of language development. However, they will struggle with abstract language and social use of language. Some people with Asperger have amazing memories, unusual creativity, and obsessive interests in particular subjects. This can lead to remarkable expertise or talent if these skills can be developed.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements

ACTION:

- ✓ ROUTINE: whenever possible, maintain the same routine. When it is not possible, provide a visual(pictorial) schedule and plenty of prompts before transitions
- ✓ TRANSITIONS: if possible, introduce the student to the program environment early (social stories). Talk to the parents about their goals for participation. Give plenty of notice when activities are going to change. For example, "two minutes left, one minute left, 30 seconds, 10, 9, 8, 7…"

- ✓ COMMUNICATION: communicate sparingly. Use simple language and avoid providing too many instructions at once. Always use literal language. Provide visual or pictorial cues whenever possible

- ✓ SENSORY ISSUES: be aware that sensory overload (noise, too much change, etc.) can cause 'melt down' or 'shut down'. Watch for warning signs that the child may be getting over stimulated. Provide a break in a calmer environment.

- ✓ MANAGING CHALLENGING BEHAVIOURS: if the child has a 'melt down' or 'shut down', remain patient and calm and wait for the tantrum to subside. It may help to encourage slow, deep breaths, or other calming techniques. Discipline does not work during melt downs. Take note of what circumstances led to the melt down, and do your best to prepare child and yourself ahead of time (transition warnings, pic schedule, etc.).

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.

- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.

- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.

- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with Asperger's. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.
Indicators for use: inability to control speed, unpredictable movements, beginning learners, suitable for every student until instructors are comfortable, and for general safety.

SKI BRA

Metal brace that stabilizes ski tips, attaches to the tips of skis.
Indicators for use: frequent crossing of ski tips, inability to keep a snow plow position, inconsistent focus, weaker leg strength

WIGGLY WORM

Elastic brace for ski tips. It is a progression out of the ski bra, provides a little stability, can be easily removed, and may work as an incentive for focus

HULA HOOP

Hula hoops provide some stability for students with trouble staying on task/focusing. It can also work as a progression to not needing any support. A hula hoop can be used in front, held by your hands, or around the student for more support.

Additional Resources



Additional Notes

www.autismspeaks.org/what-autism/asperger-syndrome

www.ninds.nih.gov

Autism (ASD)



What is it?

Autism is a complex developmental disability that usually appears during the first three years of life and affects all aspects of a person's development. Autism is a developmental disorder affecting social skills, restrictive or repetitive behaviours, and communication. Autism Spectrum Disorder (ASD) refers to the wide spectrum of neurodevelopmental disorders that includes Autism, Asperger's, Fragile X Syndrome, Landau-Kleffner Syndrome, Rett Syndrome, and Williams Syndrome and Pervasive Development Disorder (PDD).

What characteristics or behaviours might I expect to see?

1. Disturbances in the rate of appearance of physical, social and language skills. Individuals with Autism/Pervasive Developmental Disorder (PDD) often show different and deficient socialization with others, and may spend more time alone than usual. They may be unresponsive to eye contact and may not relate to peers, preferring the company of adults.
2. Abnormal responses to sensations. Any one or a combination of senses or responses is affected: sight, hearing, touch, pain, balance, smell, taste, and the way a child holds his body. May also exhibit acute reaction to stressful situations or changes that the general population would accommodate.
3. Speech and language are absent or delayed.
4. Abnormal ways of relating to people, objects and events. There is often a lack of spontaneous or imaginative play, as well as an inability to imitate others. Repeated, ritualistic actions, such as spinning objects or repeated rocking or a restricted pattern of interests and an adherence to routines may occur. (www.autismsocietycanada.ca)

Important Considerations

1. **Individuals with Autism have trouble with organizational skills.** They may need frequent reminders regarding equipment needed etc. Attempt to train them in organizational skills using small, specific steps.

2. **People with Autism have problems with abstract and conceptual thinking**. When abstract concepts must be used, use visual cues, such as drawings or written words, to augment the

abstract idea. Be as concrete as possible in all your interactions with these students.

3. **An increase in unusual or difficult behaviours probably indicates an increase in stress.** Sometimes stress is caused by feeling a loss of control. Many times the stress will only be alleviated when the student physically removes himself from the stressful event or situation.

4. **Do not take misbehaviour personally.** Usually misbehaviour is the result of efforts to survive experiences, which may be confusing, disorienting, or frightening. People with autism are, by virtue of their disability, egocentric. Most have extreme difficulty reading the reactions of others.

5. **Most high-functioning people with autism use and interpret speech literally.** Until you know the capabilities of the individual, you should avoid:
    - idioms (e.g., save your breath, jump the gun, second thoughts);
    - double meanings (most jokes have double meanings);
    - sarcasm (e.g., saying, "Great!" after he has just spilled a bottle of ketchup on the table);
    - nicknames; and
    - "cute" names (e.g., Pal, Buddy, Wise Guy).
6. **Remember that facial expressions and other social cues may not work.** Most individuals with Autism have difficulty reading facial expressions and interpreting "body language."

7. If the student does not seem to be learning a task, break it down into smaller steps or present the task in several ways (e.g., visually, verbally, physically).

8. **Avoid verbal overload.** Be clear. Use shorter sentences if you perceive that the student does not fully understand you.

9. **Prepare the student for all environmental and/or changes in routine.** Use a written or visual schedule to prepare him for change.

10. Consistent treatment and expectations from everyone is vital.

11. Be aware that the student can perceive normal levels of auditory and visual input as too much or too little.

12. **Assume nothing when assessing skills.** Uneven skills development is a hallmark of autism.
13. Children with Autism can learn the skills they need to make friends and form relationships, but they will need assistance to learn these skills.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements

ACTION:

- ✓ ROUTINE: whenever possible, maintain the same routine. When it is not possible, provide a visual(pictorial) schedule and plenty of prompts before transitions
- ✓ TRANSITIONS: if possible, introduce the student to the program environment early (social stories). Talk to the parents about their goals for participation. Give plenty of notice when activities are going to change. For example, "two minutes left, one minute left, 30 seconds, 10, 9, 8, 7…"
- ✓ COMMUNICATION: communicate sparingly. Use simple language and avoid providing too many instructions at once. Always use literal language. Provide visual or pictorial cues whenever possible
- ✓ SENSORY ISSUES: be aware that sensory overload (noise, too much change, etc.) can cause 'melt down' or 'shut down'. Watch for warning signs that the child may be getting over stimulated. Provide a break in a calmer environment.
- ✓ MANAGING CHALLENGING BEHAVIOURS: if the child has a 'melt down' or 'shut down', remain patient and calm and wait for the tantrum to subside. It may help to encourage slow, deep breaths, or other calming techniques. Discipline does not work during melt downs. Take note of what circumstances led to the melt down, and do your best to prepare child and yourself ahead of time (transition warnings, pic schedule, etc.).

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with ASD. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.

Indicators for use: inability to control speed, unpredictable movements, beginning learners, suitable for every student until instructors are comfortable, and for general safety.

SKI BRA

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Additional Resources

www.autismsocietycanada.ca

www.autismcanada.org

Additional Notes

Cerebral Palsy (CP)



What is it?

Cerebral Palsy (CP) is a term used to describe a group of disorders that affect body movement and muscle coordination. The term Cerebral means “of the brain” and Palsy means “lack of muscle control”. The medical definition of CP is a “non-progressive but not unchanging disorder of movement and/or posture, due to an insult or anomaly of the developing brain”. The brain starts to develop half way through pregnancy and continues to develop until about the end of the third year of life. Damage to the brain such as infection, lack of oxygen, or chemical imbalances during this time may result in CP. This damage interferes with messages from the brain to the body, and from the body to the brain.

What characteristics or behaviours might I expect to see?

CP can range in severity from barely detectable (child may appear awkward or clumsy), to quite severe (child has profound difficulty with movement and speech). If the brain damage has affected more than the motor control centre of the brain, learning disabilities and intellectual disabilities may also be present.

Some general characteristics of CP include:

- Muscle tightness or spasms, affecting one, two, three or all four limbs
- Involuntary movement
- Difficulty with gross motor skills (walking, running) including abnormal gaits and the use of mobility devices (braces, crutches, walkers, or wheelchairs)
- Problems with perception and sensation, including balance and coordination, and slower reaction time to fast moving objects

Some of these effects will cause associated problems such as difficulties in feeding, poor bladder and bowel control, breathing problems, and pressure sores. Due to the brain damage that caused the CP, other conditions may also occur such as seizures, learning disabilities, hearing impairment, and vision problems.

As we ski, it is especially important to remember that limbs affected by CP are not paralysed and can feel pain, heat, cold and pressure. Also, although an individual with CP may have difficulty communicating, it does

not mean they have nothing to say. The degree of physical disability experienced by a person with CP is not an indication of his level of intelligence. It is also important to remember that damage to the brain is a one-time event and does not continue. Damaged brain cells cannot be repaired, but undamaged brain cells will continue to develop and mature.

There are several different types of Cerebral Palsy, which can be classified by either the type of movement disorder or by the limbs affected. Classification by type of movement disorder is as follows:

Spastic Cerebral Palsy:

Spastic CP is the most common type with approximately 75% of all children having this type of CP. It is caused by damage to the motor cortex. Instead of having normal tone, spastic muscles are tight and stiff, which limit movement. Spasticity may be very mild and affect only a few movements, or very severe and affect the whole body. The amount of spasticity usually changes over time.

Choreo-Athetoid Cerebral Palsy;

Choreo-Athetoid CP results from damage to the Basal Ganglia or Cerebellum and leads to difficulty in controlling and coordinating movement. Children may have involuntary movements (which frequently cease while they sleep), or have difficulty with skills that require coordinated movements such as speech or reaching and grasping objects smoothly.

Mixed – Type Cerebral Palsy:

When areas of the brain affecting both muscle tone and voluntary movement are affected, a diagnosis of "Mixed - Type CP" may be given. Usually the spasticity is more obvious at first, with involuntary movement increasing as the child develops.

Important Considerations

Involuntary Reflexes: Everyone has certain reflexes that serve to protect us from harm and assist in everyday activities. Some of these reflexes may persist in a child with CP, which may interfere with intentional voluntary movements.

Co-ordination and Balance: Due to the brain damage and poor motor control associated with CP, many individuals will experience impaired co-ordination and balance which may affect their ability to ski.

Speech, Hearing, and Vision: The brain damage acquired may affect the areas of the brain concerned with speech, language, hearing, and vision. The uncoordinated muscle movement may result in difficulty in

speaking, feeding, swallowing, or in the case of vision, “lazy”, or crossed eyes.

Poor Muscle Control: A lack of control of the muscles of the throat, mouth and tongue sometimes leads to drooling. Drooling can cause severe skin irritation and, because it is socially unacceptable, can lead to further isolation of affected children from their peers

Perception: An individual may have difficultly organizing and interpreting information received through the senses. Social perception may also be affected if the person misinterprets what people say or facial expressions.

Communication: The more extensive the brain damage, the greater the likelihood of communication problems. Delay in language development may be the result of hearing impairment or poor control over the muscles of the mouth.

Thinking or Cognitive Skills: The level of cognitive ability can vary greatly in individuals with CP. Some may have uneven general intellectual functioning, resulting in specific learning disabilities. These may include a short attention span, difficulty with language comprehension, and delayed pre-reading skills.

Seizures: Individuals with CP will often have scarred brain tissue, which in turn can lead to seizures. The intensity of these seizures can vary from mild staring spells to a loss of consciousness. Please see the “How to Recognize and Epileptic Seizure” section to know how to deal with this consideration appropriately.

The 3 A’s



What do I need to do to help this student successfully participate?

ASSESS:

Remember that CP may or may not affect their ability to learn. A child could be profoundly affected physically, and have difficulty communicating due to a lack of facial muscle control but be of average or above average intelligence.

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements

ACTION:

CP does not get better or worse, but the effects of CP on the person may change slightly over time. For example, with practice and therapy, motor

control may improve, or over time, tight muscles can cause extra wear and tear on the joints leading to decreased mobility.

- ✓ Determine equipment necessary: ensure size is appropriate (student may have grown since last season)
- ✓ Watch for changes in movements or skills, reassess equipment effectiveness

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment:



What types of equipment can help?

Our adaptive equipment is useful for a student with CP. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.
Indicators for use: inability to control speed, unpredictable movements, beginning learners, suitable for every student until instructors are comfortable, and for general safety.

SKI BRA

Metal brace that stabilizes ski tips, attaches to the tips of skis.
Indicators for use: frequent crossing of ski tips, inability to keep a snow plow position, inconsistent focus, weaker leg strength

WIGGLY WORM

Elastic brace for ski tips. It is a progression out of the ski bra, provides a little stability, can be easily removed, and may work as an incentive for focus

HULA HOOP

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OUTRIGGERS

Arm crutches adapted with small skis. Shifts balance, control and stability to arms in cases where leg strength may be lower.
Indicators for use: limited lower leg strength/good upper body strength, loss of balance, easily fatigued without equipment, inconsistent gait

SIT SKI

A sled mounted on one or two skis, using with tethers or outriggers. Allows students with little to no lower leg mobility to ski. A student can outgrow the EZ Ski and find more interaction with the hill by using a Sit Ski

SPECIALIZED EQUIPMENT

Our equipment managers are able and willing to design, create or adapt equipment to meet the specific needs of a student. Adjustments can be made to all equipment, be sure to communicate with night supervisors, equipment managers or board members anything you may need.

Additional Resources

www.ofcp.on.ca www.cerebralpalsy.org

Additional Notes

Developmental Delay/Cognitive Disabilities



What is it?

Developmental delay/cognitive disabilities are characterized by the delayed achievement of one or more developmental milestones. This may affect the child's speech and language, gross and/or fine motor skills, self-care, social skills, and their cognitive functioning. A child may be developing normally or near normally, but at a slower pace. The child may or may not reach full adult cognitive functioning. If they do not 'catch up' they may be diagnosed with a developmental delay or cognitive disability. Children with cognitive disabilities are capable of learning most skills, given an adequate amount of time. There are several common causes of development delay/cognitive disabilities. They are:

Genetic conditions: Cognitive disabilities can be caused by abnormal genes inherited from parents or as a result of the combination of genes.

Problems during pregnancy: Cognitive disabilities can result when the baby does not develop properly inside the mother.

Problems at birth: If a baby has problems during labour and birth, such as not getting enough oxygen, he or she may acquire a cognitive disability.

Health problems: Cognitive disabilities can be caused by diseases such as the measles or meningitis or from extreme malnutrition, or being exposed to poisons.

What characteristics or behaviours might I expect to see?

Cognitive functioning: a child may have poor language skills or use non-verbal communication. They may have problems with memory, concentration, calculation, sequencing, or information processing.

Physical functioning: a child may have difficulty with gross and/or fine motor skills, balance, and coordination. Learning new physical skills will take longer.

Social functioning: a child may have difficulty learning social skills or understanding social cues. Skills such as turn taking may need to be taught and practiced.

Emotional functioning: a child may be emotionally immature due to differences between their physical and developmental ages.

Important Considerations

When teaching students with developmental delay/cognitive disabilities the following tips can be helpful:

- Find out what the student's strengths and interests are, and emphasize them. Create opportunities for success.
- Be as concrete as possible. Demonstrate what you mean rather than just giving verbal directions.
- Break longer, new tasks into small steps.
- Give the student immediate feedback.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements
- ✓ Inquire about specialized equipment

ACTION:

- ✓ Consider physical and cognitive level of functioning and adapt lessons and methods of communication accordingly
- ✓ Determine which equipment is appropriate, consider modifications to existing equipment
- ✓ Watch for changes in movements or skills, reassess equipment effectiveness

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.

- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with developmental delay/cognitive disabilities. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.
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Additional Resources

www.mychildwithoutlimits.org

Additional Notes

Down Syndrome

Down syndrome is caused by a chromosomal abnormality, resulting in an extra chromosome. This affects the development of the brain and the body.



What is it?

What characteristics or behaviours might I expect to see?

Common physical characteristics of children with Down Syndrome include poor muscle tone, a short stature and short limbs, almond shaped slanting eyes, hyper extension in the joints, a short neck and small head, and a small oral cavity.

Cognitive functioning in children with Down Syndrome varies from mild impairment to moderate impairment. Physical functioning also varies from mild impairment to moderate impairment. This may mean that the child has poor coordination, poor balance, and poor muscle tone.

Children with Down Syndrome have an increase chance of having heart conditions, hearing loss, and vision problems. They may also have poor immune systems leaving them more susceptible to infections.

Children with Down Syndrome are often very social, and love to make new friends. Many young children often have a very determined personality!

Important Considerations

Congenital Heart Disease: More than 40 per cent of children born with Down Syndrome have a congenital heart malformation

Hypothyroidism: This is more common in children with Down syndrome, which is often controlled through the use of medication.

Hearing loss: This is most often due to frequent ear infections and affects a high percentage of children with Down Syndrome.

Vision problems: These are also fairly common in many children with Down syndrome.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements

ACTION:

- ✓ Determine which equipment is appropriate, consider modifications to existing equipment.
- ✓ Watch for changes in movements or skills, reassess equipment effectiveness. Remember that their joints may be hyper flexible, which may mean they are more susceptible to injury.
- ✓ Use simple, literal language
- ✓ Children with Down Syndrome are prone to atlantoaxial instability, which means they may be susceptible to neck injury. Be extra cautious of obstacles and hazards.
- ✓ They also may be more susceptible to respiratory infections. Pay attention for signs such as difficulty breathing.

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with Down Syndrome. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.

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Additional Resources



Additional Notes

www.cdss.ca www.nads.org

Epilepsy



What is it?

Epilepsy is a medical condition, which is a disorder of the nervous system. It may result in reoccurring attacks called Epileptic Seizures. In most cases, this condition is controlled by medication. A seizure can range from mild blackouts, which to others seem like daydreaming, to sudden and uncontrolled shaking with unconsciousness lasting several minutes. A seizure may come on suddenly and as an instructor entrusted with the care of your student, you must be prepared. Any or all of the following signs or symptoms will help you to identify and epileptic seizure:

- Fainting
- Sudden loss of consciousness
- Frothing from the mouth
- Grinding of the teeth
- Convulsions (uncontrolled muscle spasms)

In addition to this, the student may complain of a familiar sensation that a seizure is about to occur or the urgent need to get to safety.

What behaviours or characteristics might I expect to see?

Although a seizure may look scary, you can easily help a person by following the necessary steps. In the event of an epileptic seizure, the Canadian Red Cross recommends the following procedure:

1. Move away nearby objects that might cause injury. If possible this may include the removal of skis.
2. Protect the person's head by placing a cushion, such as your ski jacket beneath it. The snow may be protection enough so use your best judgement.
3. If there is saliva, blood, or vomit in the student's mouth, move him or her onto their side so that it is able to drain from the mouth.
4. Don't try to place anything between the person's teeth; biting the tongue or check hard enough to cause much bleeding is rare.

Once the student has regained consciousness they will be unaware of recent events and be confused. Provide emotional support and reassurance for the student and monitor their breathing. At this point it would be best to notify the parents or the Night monitor of the incident.

Fetal Alcohol Syndrome (FAS)



What is it?

FAS is a permanent brain damage caused by the consumption of alcohol while the baby was in the womb. There is no cure, but with proper teaching strategies and patience, child and adults with FAS can experience fulfilling, successful lives. Similar conditions include Partial Fetal Alcohol Syndrome (pFAS or FAE) and Alcohol Related Neurodevelopmental Disorder (ARND).

What characteristic or behaviours might I expect to see?

A child with FAS or ARND may exhibit the following characteristics:

- Developmental delays including cognitive impairments (poor language, memory, and auditory processing skills) and physical impairments (poor coordination and poor fine motor skills.)
- Attention, impulsivity and sensory difficulties (often diagnosed with ADD or ADHD). A child with FAS may either melt down or shut down if over stimulated. There may be a difference between what the child's body is doing and what they are saying.
- Poor higher level thinking (cause and effect reasoning, abstract concepts and language, retrieval of information).
- Poor social skills, including difficulty with personal boundaries and the concept of ownership.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements

ACTION

- ✓ Keep supervision constant, poor judgment skills can lead to difficult situations
- ✓ Use simple literal language, limit distractions and make eye contact. Break requests into simple tasks, and remind them of your requests. Give them time to process your request
- ✓ Consistency and routine are very important. Give advanced warning of transitions and talk through new situations before they happen. Can use picture stories or PECS to help

- ✓ Actively teach appropriate boundaries (for safety and social skills). Remind them that the rules stay the same, even if the situation changes.

- ✓ Use rules, not reason when establishing behavioral expectations. Children with FAS have difficulty with cause and effect reasoning, and won't necessarily learn from their mistakes. Tell them what you want them to do, not what you don't want them to do.

- ✓ Use calming strategies when necessary. Deep breathing, time outs, deep pressure hugs, and quiet places all help.

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.

- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.

- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.

- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with FAS. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

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Additional Resources

www.faslink.org www.fasstar.com

Additional Notes

Hearing Impairment



What is it?

A hearing impairment refers to any number of conditions that affect a person's hearing. A person may have difficulty hearing quiet sounds, difficulty filtering out background noise; difficulty hearing high pitched and/or low pitched sounds, or may not hear at all. Many people who are deaf (have no hearing or no functional hearing) consider their condition a way of life, not a disability.

For this reason we will refer to individuals with auditory impairments as Deaf. The term Deaf refers to those who are unable to hear well enough to rely on their hearing as a primary form of processing information. The most common causes of hearing loss are:

- Childhood illnesses (Spinal Meningitis and Rubella/German measles)
- Pregnancy-related illnesses (Rubella/German Measles or dependence on drugs/alcohol);
- Injury (severe blow to the head);
- Excessive or prolonged exposure to noise;
- Heredity
- Aging (www.nad.org)

Important Considerations

Skiers who are Deaf may use a variety of ways to compensate for their hearing loss. Some of the skiers may have hearing aids or cochlear implants to help improve their ability to hear. The degree to which the speech and language characteristics will be affected is determined by the degree and type of hearing loss. Individuals who are Deaf may be non-verbal or may speak fluently. The majority of individuals who you may work with at Track 3 will not use sign language but instead rely on verbal communication, context, facial expressions, and lip reading. When communicating with an individual who is Deaf, the following tips can be helpful.

1. Gain the skiers attention- touching is better than yelling.
2. Establish and maintain eye contact while talking.
3. Speak slowly and clearly using visual prompts, demonstrations, or signing when possible.
4. If the skier is not following your direction, periodically ask them to restate what it is you want them to do. This will allow you to know whether or not they understand what you are saying or are having difficulty with the task. Your student may be

embarrassed to admit that they have not understood what you have said. Look for other indications of understanding such as performing the task as requested.

5. Ask your student and/or their parent what the best way to communicate with them is.
6. Remember that it may be easier for your student to understand what you are saying in areas where there is less background noise. Also, remember do not yell as this changes the shape of your mouth and can make it difficult for your student to lip read.
7. Good lighting will help your student to see your lips, facial expressions and body language, which will help with communication.
8. Individuals who are Deaf frequently have problems with balance and therefore may require extra spotting during activities requiring balance.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements
- ✓ Inquire about specialized equipment

ACTION:

- ✓ Understand and accommodate how they student receives information.
- ✓ Learn basic ASL signs
- ✓ Adapt so that there are visual cues as well as auditory ones (flag waved or colour coded signals)

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.

- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.

- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with hearing impairment. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.
Indicators for use: inability to control speed, unpredictable movements, beginning learners, suitable for every student until instructors are comfortable, and for general safety.

SKI BRA

Metal brace that stabilizes ski tips, attaches to the tips of skiis.
Indicators for use: frequent crossing of ski tips, inability to keep a snow plow position, inconsistent focus, weaker leg strength

WIGGLY WORM

Elastic brace for ski tips. It is a progression out of the ski bra, provides a little stability, can be easily removed, and may work as an incentive for focus

HULA HOOP

Hula hoops provide some stability for students with trouble staying on task/focusing. It can also work as a progression to not needing any support. A hula hoop can be used in front, held by your hands, or around the student for more support.

Additional Resources



www.cad.ca www.chs.ca

Additional Notes

Muscular Dystrophy



What is it?

Muscular Dystrophy (MD) is a progressive, degenerative disease that attacks the muscles. It is characterized by progressive weakness and wasting of the voluntary muscles that control body movement. As muscle tissue weakens and wastes away, fatty and connective tissue replace it. The disease usually affects the centre muscles first, progressively working its way through the body until practically all voluntary muscles are affected. MD is more prevalent in males than females and begins between the ages of 3-10. Children with MD that participate in the Track 3 program will be in the early stages of the disease.

What characteristics or behaviours might I expect to see?

Symptoms range from minor to significant depending on the specific form of Muscular Dystrophy, and the age of the child. Symptoms include:

- ✓ Low muscle tone
- ✓ Poor balance
- ✓ Difficulty walking
- ✓ Limited range of movement

Children may use mobility devices to conserve energy.

Important Considerations

1. To conserve energy, transfer the child to the hill with minimum effort (toboggan or by assisting them)
2. Take frequent breaks, as they will tire easily
3. When lifting your student, do so by holding them tightly around the ribs (or as suggested by the caregiver). Avoid lifting from under the shoulders as due to loss of muscle mass they could easily slip through your arms and dislocate a shoulder.
4. Assistance may be required to rise from a chair or off the snow because of muscle and balance difficulties.
5. Families have individual feelings about how much their children know about this disease and at what time they are ready to know more. Please respect their wishes when dealing with the degenerative nature of this disease.
6. Consult your Night Coordinator if you feel that the student's muscle weakness has progressed to the stage where they will no longer be able to ski.
7. Offer as much assistance as the child needs to get down the hill.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements
- ✓ Inquire about specialized equipment

ACTION:

- ✓ Ensure that the environment allows for easy manipulation of wheelchairs and other mobility devices
- ✓ Determine which equipment is appropriate, consider modifications to existing equipment
- ✓ Watch for changes in movements or skills, reassess equipment effectiveness
- ✓ Be prepared for breaks and rest time, activities can use a lot of energy, make sure to pace you student
- ✓ Be supportive and encouraging, Muscular Dystrophy can be a frustrating condition for a student

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



Our adaptive equipment is useful for a student with Muscular Dystrophy. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

What types of equipment can help?

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.

Indicators for use: inability to control speed, unpredictable movements, beginning learners, suitable for every student until instructors are comfortable, and for general safety.

SKI BRA

Metal brace that stabilizes ski tips, attaches to the tips of skis.

Indicators for use: frequent crossing of ski tips, inability to keep a snow plow position, inconsistent focus, weaker leg strength

WIGGLY WORM

Elastic brace for ski tips. It is a progression out of the ski bra, provides a little stability, can be easily removed, and may work as an incentive for focus

HULA HOOP

Hula hoops provide some stability for students with trouble staying on task/focusing. It can also work as a progression to not needing any support. A hula hoop can be used in front, held by your hands, or around the student for more support.

OUTRIGGERS

Arm crutches adapted with small skis. Shifts balance, control and stability to arms in cases where leg strength may be lower.

Indicators for use: limited lower leg strength/good upper body strength, loss of balance, easily fatigued without equipment, inconsistent gait

SIT SKI

A sled mounted on one or two skis, using with tethers or outriggers. Allows students with little to no lower leg mobility to ski. A student can outgrow the EZ Ski and find more interaction with the hill by using a Sit Ski

SPECIALIZED EQUIPMENT

Our equipment managers are able and willing to design, create or adapt equipment to meet the specific needs of a student. Adjustments can be made to all equipment, be sure to communicate with night supervisors, equipment managers or board members anything you may need.



Additional Resources

www.muscle.ca

Additional Notes

Non-Verbal



What is it?

Non-verbal refers to communication methods that do not use speech. This can result from a number of reasons, including damage to the expressive centre in the brain, or from lack of fine motor control limiting movement of the muscles required to articulate speech.

What characteristics or behaviours might I expect to see?

Children who are non-verbal may communicate with signs, sign language, picture boards, spelling boards or an IPAD. Children who are non-verbal often understand spoken language and may be able to read and write. Getting to know the individual is critical.

The 3 A's



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements
- ✓ Inquire about method and /or specialized equipment for communication

ACTION:

- ✓ Establishing a 'yes' and 'no' is always a good starting point!
- ✓ Use story strips or PECS to help the student express preferences, and ask questions
- ✓ Adapt method of communication to meet your needs, ask the night supervisor/equipment manager if new resources need to be created

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.

- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student who is Non-verbal. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.
Indicators for use: inability to control speed, unpredictable movements, beginning learners, suitable for every student until instructors are comfortable, and for general safety.

SKI BRA

Metal brace that stabilizes ski tips, attaches to the tips of skis.
Indicators for use: frequent crossing of ski tips, inability to keep a snow plow position, inconsistent focus, weaker leg strength

WIGGLY WORM

Elastic brace for ski tips. It is a progression out of the ski bra, provides a little stability, can be easily removed, and may work as an incentive for focus

HULA HOOP

Hula hoops provide some stability for students with trouble staying on task/focusing. It can also work as a progression to not needing any support. A hula hoop can be used in front, held by your hands, or around the student for more support.



Additional Resources

www.asha.org www.aacinstitute.org

Additional Notes

Spina Bifida and Spinal Cord Injuries



What is it?

Spina Bifida (SB) is a condition that occurs when there is incomplete formation of one or more vertebrae during early pregnancy. If there is an opening in the spine, there could be damage to the spinal cord, resulting in reduced mobility and sensation below the point of damage. Sometimes the spinal cord develops in such a way that it protrudes out of the opening in the spine, resulting in more significant impairments.

Spinal cord injuries occur when there is trauma to the neck or back, injuring the spinal cord. A complete spinal cord injury means that no nerve signals can get past the point of injury, resulting in paralysis (no voluntary movement) and no sensation below that point of injury. An incomplete spinal cord injury means that some nerve messages can still get through, but there will be varying degrees of movement and sensation below the injury.

What characteristics or behaviours might I expect to see?

Children with Spina Bifida and spinal cord injuries will often use a wheelchair or other mobility devices. Depending on the location of the injury, the strength and mobility of the arms and trunk can be affected, as well as their bowel/bladder function. Children with Spina Bifida may also have a condition called hydrocephalus, where excess cerebral spinal fluid collects in the brain. A shunt may be surgically inserted to help drain the fluid to prevent pressure build up.

Important Considerations

Paralysis or decreased movement: Occurs below the level of the lesion. Movement is limited or weak causing the student to require bracing to assist with walking or standing or the use of a wheelchair depending on the extent of the paralysis.

Decreased sensation or insensitive skin: Occurs below the level of the lesion. The skin is insensitive to heat, cold, and pain, which puts it at risk for skin breakdown or damage, caused by pressure, injury, sunburn or constant wetness. Signs of skin problems include redness, swelling, fever, and blisters or sores. To avoid this, check pressure areas (buttocks, knees, ankles, heels, toes) for signs of problems periodically. Smooth out wrinkles in clothes.

Perceptual-Motor Difficulties: This includes difficulties with hand eye co-ordination, visual and auditory ground discrimination and or form discrimination, spatial perception, body scheme motor planning and attention control.

Hydrocephalus: Hydrocephalus occurs in approximately 80% of children with Spina Bifida. It is a condition where the normal Cerebral Spinal Fluid (CSF) draining patterns in and around the brain and spinal cord are interrupted. Normally the CSF drains into the abdomen and is absorbed by various organs, but when the normal draining pattern is interrupted, pressure on the brain begins to increase because CSF is continually being produced even though the normal drain is plugged. The excess pressure on the brain may result in various symptoms including dizziness, vomiting, severe pain and blurred vision. This condition is treated by placing tube called a shunt into the ventricle to drain excess fluid into the abdomen or to a chamber of the heart.

The 3 A's



What do I need to do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements
- ✓ Inquire about specialized equipment

ACTION:

- ✓ Determine which equipment is appropriate, consider modifications to existing equipment
- ✓ Watch for changes in movements or skills, reassess equipment effectiveness

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.
- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with SB or Spinal Cord Injury. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

OUTRIGGERS

Arm crutches adapted with small skis. Shifts balance, control and stability to arms in cases where leg strength may be lower.
Indicators for use: limited lower leg strength/good upper body strength, loss of balance, easily fatigued without equipment, inconsistent gait

SIT SKI

A sled mounted on one or two skis, using with tethers or outriggers. Allows students with little to no lower leg mobility to ski. A student can outgrow the EZ Ski and find more interaction with the hill by using a Sit Ski

SPECIALIZED EQUIPMENT

Our equipment managers are able and willing to design, create or adapt equipment to meet the specific needs of a student. Adjustments can be made to all equipment, be sure to communicate with night supervisors, equipment managers or board members anything you may need.

Additional Resources



www.sbhao.on.ca

www.spinabifidaassociation.org

canparaplegic.org

www.spinalcord.org

Additional Notes

Visual Impairment



What is it?

The degree of visual impairment varies greatly from individual to individual. A common misconception is that individuals with visual impairments are completely without sight. This is most often not the case. More than 80 per cent of people with changed vision retain some ability to see. This can be in the form of outlines of objects or changes in light and represents a vast grey area between normal vision and blindness. This area is referred to as low vision.

The CNIB uses the term Registered Blind to determine eligibility for income tax and other government benefits. Generally speaking, a person is said to be Registered Blind when he has a visual acuity in the better eye, after correction, of 20/200 or less. With 20/200 vision, a person can see at 20 feet what someone with perfect vision can see at 200 feet. The visual field is also considered. An individual would be diagnosed as Registered Blind if a loss of side vision results in a reduction of central vision to 20 degrees or less.

Important Considerations

1. Don't be shy to ask the extent of remaining vision. You will need to know this in order to modify your teaching approach and/or to know how much assistance to provide.

2. Only provide assistance when asked. Don't assume that the person needs your help.

3. Always introduce yourself to a person when talking to them.

4. Always say the person's name when directing conversation at them.

5. Face the individual when speaking to them and speak clearly.

6. Be descriptive when speaking. It is easier to understand detailed descriptions (paint a picture). It is important to help the person develop a mental picture of the environment.

7. Create awareness of dangerous situations.

8. Explain all the noises to the student that come from the snow guns, snowmobiles, lifts etc. and their location in reference to the fall line.

9. Individuals with visual impairments will not benefit from demonstrations or comments like “Move your hand like this”. You must be clear and concise with verbal prompting. Be ready to physically prompt when words fail.

10. Discuss the key words or commands that you will use when on the hill (slow, stop, gentle turn, hard turn). Once on the hill, give only one command at a time making it short and concise. Keep commands consistent, speak with confidence, the skier can sense hesitation and urgency in the way you say a command.
11. Do not leave the student alone at any time on the hill. It can be a very lonely and dark place.

The 3 A’s



What can I do to help this student successfully participate?

ASSESS:

- ✓ Read the snowflake form and communication book, determine students previous skill level (if applicable)
- ✓ Talk to parents, student, previous instructors
- ✓ Observe their movements
- ✓ Inquire about specialized equipment

ACTION:

- ✓ Find out what their level of vision is. Are there certain conditions that make it easier for them to see? (bright spaces, dimly lit spaces, magnification, high contrasts, etc.)
- ✓ Incorporate auditory cueing with any visual cueing and minimize obstacles that could be tripped over
- ✓ Provide a tour of the facility before the program to familiarize the student with their surroundings
- ✓ Incorporate the other senses

ADVOCATE:

- ✓ Ensure equipment needs are well documented in the communication book. If new equipment is needed, or changes are made, make sure to inform the student and parents.

- ✓ Night supervisors, board members and equipment room managers are available to help determine size, type and adjust equipment when needed.
- ✓ Keep communication open between instructors as to the effectiveness or ideas that can improve or maintain student's enjoyment and ability.
- ✓ Ensure progression to varying terrain is safe for the student and for instructors, night supervisors and board members are available for advice

Equipment



What types of equipment can help?

Our adaptive equipment is useful for a student with visual impairment. Determining the degree of assistance necessary is important, refer to the 3 A's to help. Remember equipment needs can change as a student progresses or grows.

HARNESS & TETHER

A snug fitting harness that fits a student's torso, a tether can be attached to the back. They are used for control and safety. They provide safety while on the chairlift, waiting in line, or skiing down the hill. It ensures that the instructor can control the speed of a student.
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Additional Resources

www.cnib.ca www.lighthouse.org

Additional Notes