

# Intellectual Disability Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Below, give examples of each category listed.
  - d. Conceptual skills:
  
  - e. Social skills:
  
  - f. Practical skills:
  
2. Some people who have an intellectual disability may have other conditions as well. List some of these conditions.
  
3. Intellectual disability is present in all countries, \_\_\_\_\_, races and social classes.
  
4. Having an intellectual disability does not mean you have to live in an \_\_\_\_\_.
  
5. Today, more and more people with intellectual disabilities are developing \_\_\_\_\_, dating, and even getting married.
  
6. When interacting with people with intellectual disabilities, you should treat and interact with them just like you would anyone else. Below, describe ways you can make this happen.
  
7. All too often, people with intellectual disabilities are the target of \_\_\_\_\_, not welcome in \_\_\_\_\_, and they are portrayed as less worthy than others.
  
8. One of the greatest challenges people with intellectual disabilities face is overcoming barriers to \_\_\_\_\_ in society.

# Teaching Skill Card

## DALE'S CONE OF EXPERIENCE

How Training Methods Impact Learning and Retention

People generally remember:

90% of what they do

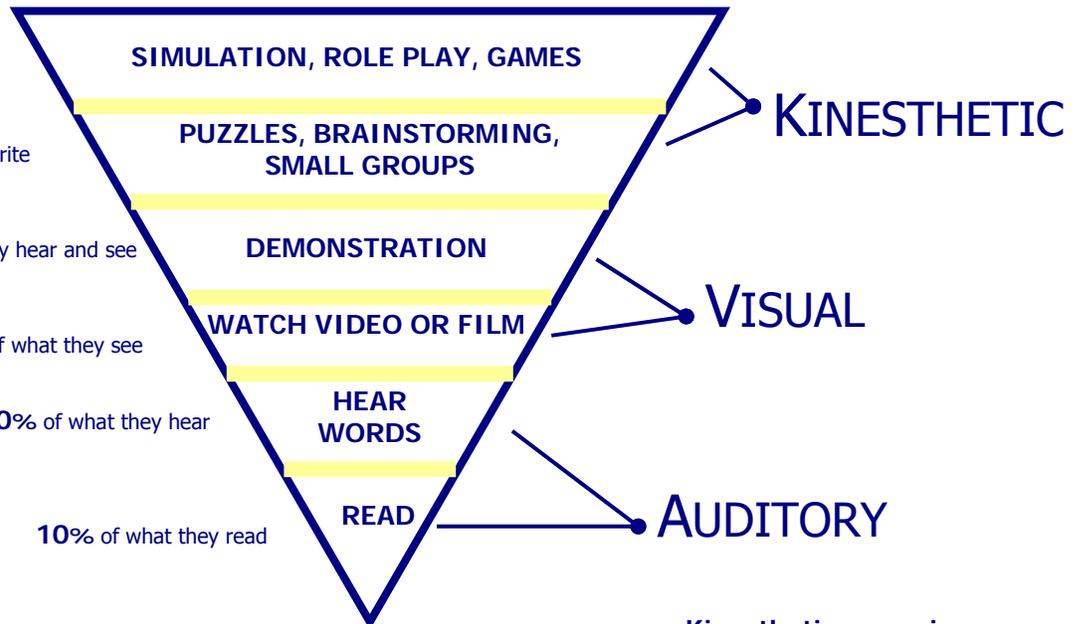
70% of what they say or write

50% of what they hear and see

30% of what they see

20% of what they hear

10% of what they read



Auditory = hearing



Visual = seeing



Kinesthetic = moving



Dale's Cone of Experience teaches us that we need to **actively engage participants** in training to **maximize learning**.

## KEYS TO MAKING YOUR TRAINING A SUCCESS!

1. Set up your environment.	Make sure you have a space that is free from distractions like loud noises and interruptions.
2. Plan ahead.	Have materials ready; be sure audiovisual equipment is working.
3. Use multiple modes of training.	If possible, use auditory, visual <i>and</i> kinesthetic ways of presenting your material.
4. Develop good observation skills.	Watch for signs of comprehension like people nodding their heads.
5. Make it difficult enough to be interesting.	But don't make it so difficult that it is frustrating.
6. Make the task relate to real life situations.	The skill needs to be useful to the person.
7. Motivate the participant.	Give frequent positive feedback; create opportunities for participants to be successful; create an atmosphere that is open and positive.
8. Have <i>FUN!</i>	The training will be remembered if the participants enjoyed themselves.

## TEACHING METHODS

### Role Play

A visual expression of a scene which the participants can observe and comment in real life time.

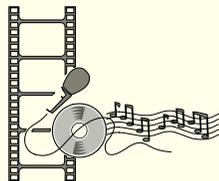


### Brainstorming

Ideas are generated and discussed spontaneously. Brainstorming may be part of small group discussion.

### Debate

Two sides of an issue are presented. This helps participants develop critical thinking skills.



### Audiovisual Presentation

Where ideas are presented via sight and sounds to enhance learning.

### Demonstration

#### Step One-*Imitation*

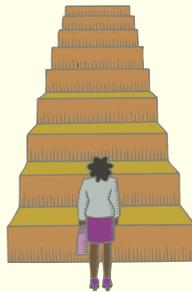
The instructor performs the task and the learner repeats it.

#### Step Two-*Practice*

The learner repeats the task to gain experience to build upon.

#### Step Three-*Habit*

The learner can repeat the task without thinking about how to actually perform the task.



### Lecture

One of the most common ways of teaching is lecturing – use sparingly, especially with adult learners.

## Task Analysis

Task analysis is used to break down the process of a task into steps to make it easily attainable. This can be used for teaching any task. For example, try using these steps to make a sandwich!



### How do you make a peanut butter and jelly sandwich?

#### Step one



Gather all necessary materials to make the sandwich. One jar of peanut butter (creamy or chunky), one jar of jelly (grape or strawberry), a loaf of bread (white, wheat or rye), and a butter knife and a teaspoon.



#### Step two



- ✓ Open the bag of bread. (Remember where you place the fastener to put it back on)
- ✓ Take out 2 pieces of bread. Lay the two pieces of bread on a clean surface, one beside the other.
- ✓ Replace the fastener onto the bag of bread.

#### Step three



- ✓ Pick up the jar of peanut butter. Open the jar using a counter clockwise motion. Place the cover to the side to put it back on later.
- ✓ Place the butter knife into the jar and scoop out a portion of peanut butter. Spread the peanut butter onto one slice of bread. If the peanut butter does not cover the surface repeat the process again until the surface is covered.
- ✓ Replace cover on jar.

#### Step four



- ✓ Pick up the jar of jelly. Open the jar using a counter clockwise motion. Place the cover to the side to put it back on later.
- ✓ Insert the spoon into the jelly and scoop out approximately one teaspoon full of jelly. Place the jelly on to the second slice of bread. Spread the jelly over the surface of the second slice of bread with the back of the spoon.
- ✓ Replace cover onto jar.

#### Step five



- ✓ Pick up the bread with the peanut butter and place it onto the slice of bread making sure that the edges of the bread line up.
- ✓ With the butter knife, slice the sandwich in half, starting from the center of the top crust and continuing downwards.
- ✓ You are now ready to enjoy your sandwich.

# Types of Intervention/Prompts

**Natural:** **This is teaching that is tied in directly to natural cues in the environment.**

Example: using the buzzer on the dryer, as a teaching tool to show the person it is time to check the laundry. The alarm clock going off tells us to get out of bed.

**Gestural:** **Using gestures or cues to assist the person in knowing what comes next.**

Example: Pointing to the washer to let the person know to check the laundry.

**Modeling:** **You do the task while the person watches or works along side you mimicking your actions. Remember that you do this every moment by your actions, words and behaviors.**

Example: You may do this for a particular task like teaching how to use the washing machine

**Verbal:** **Using words to assist the person in knowing what comes next.**

Example: Indirect verbal prompt such as "What comes next?" to a direct verbal prompt such as "Take the clothes out of the washer and put them into the dryer please."

**Hand over Hand:** **You put your hand over the persons you're supporting's hand to assist them to perform the task. May do this when it is too difficult to understand just by watching or due to physical limitations.**

Example: Knitting, brushing teeth, using a knife, learning to swing a bat.

If you are implementing an assistive tool or accommodation, be sure to clearly document how the person is to use the tool and what you did to assist them to use the assistive tool. The 'tool' may be as simple as a checklist for cooking, a reminder sheet with pictures to help in sorting laundry or and actual 'jig' that is used to perform part of the task. An assistive device may also be as complex as a machine that dispenses medication of a timer that tells the person its time to do something.

## Good Enough For Me

In my better moments, before I do anything with or for someone I support, I ask myself, "Is this good enough for me?"

- To sit in my wheelchair with crayons and paper in front of me for an hour?
- To be dressed in the same clothes I wore yesterday?
- That my hair is a mess, my face is unclean and my nails are ragged?
- Never to be allowed to prepare a snack? Try to eat my food myself? Pour my own drink?
- To wait...and wait...and wait?
- To have my Depends changed and never be allowed to do it myself with support?
- To be told to go, stop, hurry up, sit down, stand up, come here, and go there without being asked what I would like to do?
- Never to have the opportunity to make a contribution to my community?
- To use only play money and make pretend purchases?
- That I don't get to earn my own money?
- When I never take part in a whole project from beginning to end, but only one or two steps of it?
- Never to be allowed to serve my own food, make a mess, clean up my own mess, and take the time I need to finish something?
- That people believe that I cannot learn, grow, make friends and have a good life?
- That no one listens to what I want, what I value, what's important to me?

More and more I see myself not as a person to take care of others, but to care about others. My job is to support and assist people, not to do everything for them. If it were me, that is what I would want.

So put on your Good Enough for Me glasses and join me in asking over and over and over again,

**Is this good enough for me?**

Julie Eby-McKenzie, Director, Quality and Staff Development

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## Alphabet Soup- Common Acronyms at Link

<b>ABC</b>	<b>Antecedent, Behavior, Consequence</b>
<b>ADD/ADHD</b>	<b>Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder</b>
<b>ADL</b>	<b>Activities of Daily Living</b>
<b>BIP</b>	<b>Behavior Intervention Plan</b>
<b>CARF</b>	<b>Commission on Accreditation of Rehabilitation Facilities</b>
<b>CCSP</b>	<b>Comprehensive Consumer Service Plan</b>
<b>CM</b>	<b>Case Manager/ Management</b>
<b>CMI</b>	<b>Chronic Mental Illness</b>
<b>CP</b>	<b>Cerebral Palsy</b>
<b>CPR</b>	<b>Cardiopulmonary Resuscitation</b>
<b>Day Hab</b>	<b>Day Habilitation- Work on Daily Living skills- Not necessarily work related</b>
<b>DHS</b>	<b>Department of Human Services</b>
<b>DIA</b>	<b>Department of Inspection and Appeals</b>
<b>DSP</b>	<b>Direct Support Professional</b>
<b>ELT</b>	<b>Emergency Leave time</b>
<b>EDoc</b>	<b>Electronic Documentation</b>
<b>FMLA</b>	<b>Family Medical Leave Act</b>
<b>HCBS/ID</b>	<b>Home and Community Based Services/ Intellectual Disabilities (Waiver Services)</b>
<b>HCBS/SCL</b>	<b>Home and Community Based Services/ Supported Community Living</b>
<b>HHA</b>	<b>Home Health Aid</b>
<b>HIPAA</b>	<b>Health Insurance Portability and Accountability Act (Confidentiality of info)</b>
<b>IACP</b>	<b>Iowa Association of Community Providers- State association of providers</b>
<b>ICF</b>	<b>Intermediate Care Facility</b>
<b>ID</b>	<b>Intellectual Disability</b>
<b>ISAC</b>	<b>Iowa Association of Counties</b>
<b>IR</b>	<b>Incident Report</b>
<b>LP</b>	<b>Life Plan</b>
<b>MAR</b>	<b>Medication Administration Record</b>
<b>MH/ID/DD/BI</b>	<b>Mental Health/ Intellectual Disability/Developmental Disability/ Brain Injury</b>
<b>MM</b>	<b>Medication Manager</b>
<b>NOD</b>	<b>Notice of Decision (Notice of funding for services)</b>
<b>OCD</b>	<b>Obsessive Compulsive Disorder</b>
<b>OC-Med</b>	<b>Occupational Medicine (Workman Compensation)</b>
<b>OSHA</b>	<b>Occupational Safety and Health Act</b>
<b>OT/PT/ ST</b>	<b>Occupational Therapy/ Physical Therapy/ Speech Therapy</b>
<b>OTC</b>	<b>Over the counter medication (Aspirin, cold medicine)</b>
<b>P &amp; A</b>	<b>Protection and Advocacy</b>
<b>PBS</b>	<b>Positive Behavior Support</b>
<b>PCHS</b>	<b>Polk County Health Services</b>
<b>PM</b>	<b>Program Manager</b>
<b>Pre Voc</b>	<b>Pre-Vocational - Work on learning skills to get a job or to volunteer</b>
<b>PRN</b>	<b>Given as needed (Medication)</b>
<b>PRO</b>	<b>Patient Report and Order Form</b>
<b>PTO</b>	<b>Paid Time Off</b>
<b>QA</b>	<b>Quality Assurance</b>
<b>RCF/ID</b>	<b>Residential Care Facility for people with Intellectual Disability</b>
<b>ROM</b>	<b>Range of Motion</b>
<b>RX</b>	<b>Medication</b>
<b>SC</b>	<b>Service Coordination</b>
<b>SE</b>	<b>Supported Employment</b>
<b>TB</b>	<b>Tuberculosis</b>
<b>TTY</b>	<b>Telecommunication Device for people that are hearing impaired</b>
<b>UW</b>	<b>United Way</b>
<b>Waiver</b>	<b>HCBS Services- Medicaid Waiver Funding of services</b>

## What is an Intellectual Disability?

*Intellectual disability* is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child.

Children with intellectual disabilities (sometimes called *cognitive disabilities* or *mental retardation*) may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They *will* learn, but it will take them longer. There may be some things they cannot learn.

[Back to top](#)

## What Causes an Intellectual Disability?

Doctors have found many causes of intellectual disabilities. The most common are:

- **Genetic conditions.** Sometimes an intellectual disability is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. Examples of genetic conditions are Down syndrome, fragile X syndrome, and phenylketonuria (PKU).
- **Problems during pregnancy.** An intellectual disability can result when the baby does not develop inside the mother properly. For example, there may be a problem with the way the baby's cells divide as it grows. A woman who drinks alcohol or gets an infection like rubella during pregnancy may also have a baby with an intellectual disability.
- **Problems at birth.** If a baby has problems during labor and birth, such as not getting enough oxygen, he or she may have an intellectual disability.
- **Health problems.** Diseases like whooping cough, the measles, or meningitis can cause intellectual disabilities. They can also be caused by extreme malnutrition (not eating right), not getting enough medical care, or by being exposed to poisons like lead or mercury.

An intellectual disability is not a disease. You can't catch an intellectual disability from anyone. It's also not a type of mental illness, like depression. There is no cure for intellectual disabilities. However, most children with an intellectual disability can learn to do many things. It just takes them more time and effort than other children.

[Back to top](#)

## How Common are Intellectual Disabilities?

Intellectual disability is the most common developmental disability. (1) Approximately 6.5 million people in the United States have an intellectual disability. (2) More than 545,000 children (ages 6-21) have some level of intellectual disability and receive special education services in public school under this category in IDEA, the nation's special education law. (3) In fact, 1 in every 10 children who need special education have some form of intellectual disability. (4)

[Back to top](#)

## What are the Signs of Intellectual Disability?

There are many signs of an intellectual disability. For example, children with an intellectual disability may:

- sit up, crawl, or walk later than other children;
- learn to talk later, or have trouble speaking,
- find it hard to remember things,
- not understand how to pay for things,
- have trouble understanding social rules,
- have trouble seeing the consequences of their actions,
- have trouble solving problems, and/or
- have trouble thinking logically.

[Back to top](#)

## How are Intellectual Disabilities Diagnosed?

Intellectual disabilities are diagnosed by looking at two main things. These are:

- the ability of a person's brain to learn, think, solve problems, and make sense of the world (called *IQ* or *intellectual functioning*); and
- whether the person has the skills he or she needs to live independently (called *adaptive behavior*, or *adaptive functioning*).

**Intellectual functioning**, or IQ, is usually measured by a test called an IQ test. The average score is 100. People scoring below 70 to 75 are thought to have an intellectual disability. To measure **adaptive behavior**, professionals look at what a child can do in comparison to other children of his or her age. Certain skills are important to adaptive behavior. These are:

- daily living skills, such as getting dressed, going to the bathroom,

- and feeding one's self;
- communication skills, such as understanding what is said and being able to answer;
- social skills with peers, family members, adults, and others.

To diagnose an intellectual disability, professionals look at the person's mental abilities (IQ) and his or her adaptive skills. Both of these are highlighted in the definition of this disability within our nation's special education law, the Individuals with Disabilities Education Act (IDEA). IDEA is the federal law that guides how early intervention and special education services are provided to infants, toddlers, children, and youth with disabilities. In IDEA, "intellectual disability" is defined as follows:

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### **Definition of "Intellectual Disability" under IDEA**

Until Rosa's Law was signed into law by President Obama in October 2010, IDEA used the term "mental retardation" instead of "intellectual disability." Rosa's Law changed the term to be used in future to "intellectual disability." The definition itself, however, did not change. Accordingly, "intellectual disability" is defined as...

"...significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance." [34 CFR §300.8(c)(6)]

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Providing services to help individuals with intellectual disabilities has led to a new understanding of how we define the term. After the initial diagnosis is made, we look at a person's strengths and weaknesses. We also look at how much support or help the person needs to get along at home, in school, and in the community. This approach gives a realistic picture of each individual. It also recognizes that the "picture" can change. As the person grows and learns, his or her ability to get along in the world grows as well.

[Back to top](#)

### **Help for Babies and Toddlers**

When a baby is born with an intellectual disability, his or her parents should know that there's a lot of help available—and immediately. Shortly after the diagnosis of ID is confirmed, parents will want to get

in touch with the early intervention system in their community. We'll tell you how in a moment.

**Early intervention** is a system of services designed to help infants and toddlers with disabilities (until their 3rd birthday) and their families. It's mandated by IDEA. Staff work with the child's family to develop what is known as an **Individualized Family Services Plan**, or IFSP. The IFSP will describe the child's unique needs as well as the services he or she will receive to address those needs. The IFSP will also emphasize the unique needs of the family, so that parents and other family members will know how to help their young child with intellectual disability. Early intervention services may be provided on a sliding-fee basis, meaning that the costs to the family will depend upon their income.

To access early intervention services in your area, consult NICHCY's **State Resource Sheet** for your state. It's available online at: <http://www.nichcy.org/state-organization-search-by-state>

There, you'll find a listing for early intervention under the first section, State Agencies. The agency listed will be able to put you in contact with the early intervention program in your community.

To learn more about early intervention, including how to write the IFSP, visit NICHCY at: <http://www.nichcy.org/babies/overview/>

[Back to top](#)

## Help for School-Aged Children

Just as IDEA requires that early intervention be made available to babies and toddlers with disabilities, it requires that **special education and related services** be made available free of charge to every eligible child with a disability, including preschoolers (ages 3-21). These services are specially designed to address the child's individual needs associated with the disability—in this case, an intellectual disability.

School staff will work with the child's parents to develop an **Individualized Education Program**, or IEP. The IEP is similar to an IFSP. It describes the child's unique needs and the services that have been designed to meet those needs. Special education and related services are provided at no cost to parents.

To access special education services for a school-aged child in your area, get in touch with your local public school system. Calling the

elementary school in your neighborhood is an excellent place to start.

There is a lot to know about the special education process, much of which you can learn at NICHCY, which offers a wide range of publications on the topic. Enter our special education information at: <http://www.nichcy.org/schoolage/>

[Back to top](#)

## **Educational Considerations**

A child with an intellectual disability can do well in school but is likely to need the individualized help that's available as special education and related services. The level of help and support that's needed will depend upon the degree of intellectual disability involved.

**General education.** It's important that students with intellectual disabilities be involved in, and make progress in, the general education curriculum. That's the same curriculum that's learned by those without disabilities. Be aware that IDEA does not permit a student to be removed from education in age-appropriate general education classrooms solely because he or she needs modifications to be made in the general education curriculum.

**Supplementary aids and services.** Given that intellectual disabilities affect learning, it's often crucial to provide supports to students with ID in the classroom. This includes making accommodations appropriate to the needs of the student. It also includes providing what IDEA calls "supplementary aids and services." Supplementary aids and services are supports that may include instruction, personnel, equipment, or other accommodations that enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

Thus, for families and teachers alike, it's important to know what changes and accommodations are helpful to students with intellectual disabilities. These need to be discussed by the IEP team and included in the IEP, if appropriate.

Some common changes that help students with intellectual disabilities are listed in the "Tips for Teachers" section of this fact sheet. The organizations listed at the end of this fact sheet also offer a great deal of information on ways to help children with intellectual disabilities learn and succeed in school. And you can also consult NICHCY, beginning online at:

<http://www.nichcy.org/schoolage/accommodations/>

**Adaptive skills.** Many children with intellectual disabilities need help with adaptive skills, which are skills needed to live, work, and play in the community. Teachers and parents can help a child work on these skills at both school and home. Some of these skills include:

- communicating with others;
- taking care of personal needs (dressing, bathing, going to the bathroom);
- health and safety;
- home living (helping to set the table, cleaning the house, or cooking dinner);
- social skills (manners, knowing the rules of conversation, getting along in a group, playing a game);
- reading, writing, and basic math; and
- as they get older, skills that will help them in the workplace.

**Transition planning.** It's extremely important for families and schools to begin planning early for the student's transition into the world of adulthood. Because intellectual disability affects how quickly and how well an individual learns new information and skills, the sooner transition planning begins, the more can be accomplished before the student leaves secondary school.

IDEA requires that, at the latest, transition planning for students with disabilities must begin no later than the first IEP to be in effect when they turn 16. The IEP teams of many students with intellectual disabilities feel that it's important for these students to begin earlier than that. And they do.