

DISABILITY MINISTRY TRAINING





TALK AMONG YOUR GROUP

AND BE PREPARED TO SHARE →

Name one thing that brings you excitement



Name one thing that brings you nerves



Name one question you hope to get answered



LANGUAGE

DISABILITY

Most individuals with a disability prefer the term 'disability' over special needs, differently abled, handicapable, etc.

[Video 1](#)
[Video 2](#)

PERSON-FIRST

Most individuals prefer person first such as "person with disability" over "disabled person."

Two key exceptions are autistic people and deaf individuals.





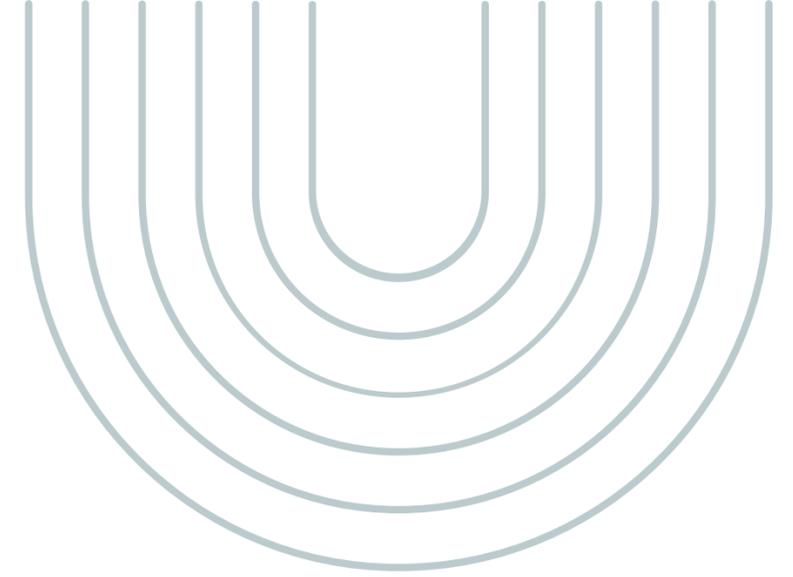
MY STORY





THE WHY





01. THE HARVEST IS LARGE
Statistics

02. THE WORKERS ARE FEW
Statistics

03. JESUS COMMANDS THIS MINISTRY
Scriptures

04. WHAT DOES THIS MEAN?
The disabled community is...

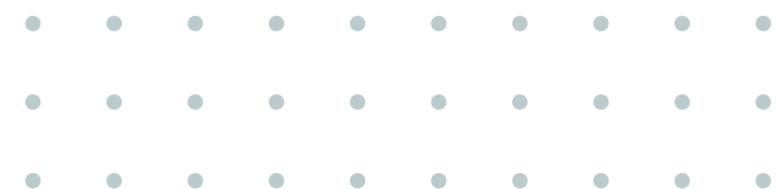
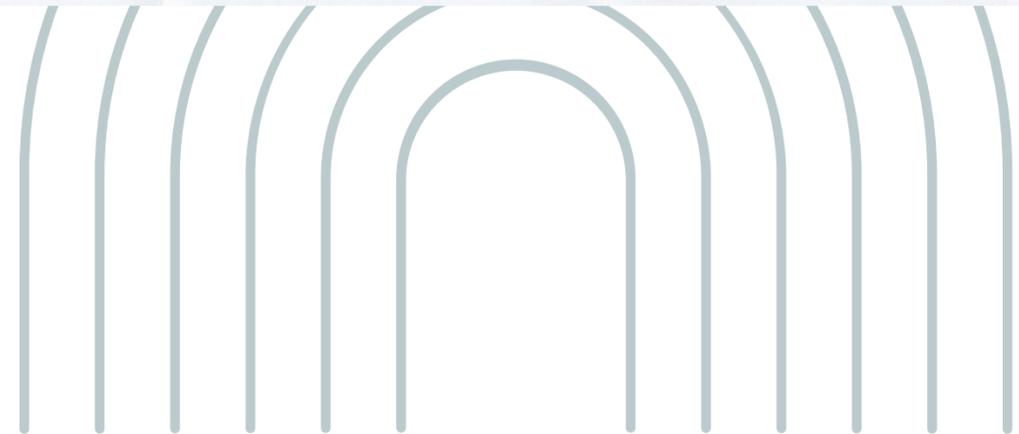


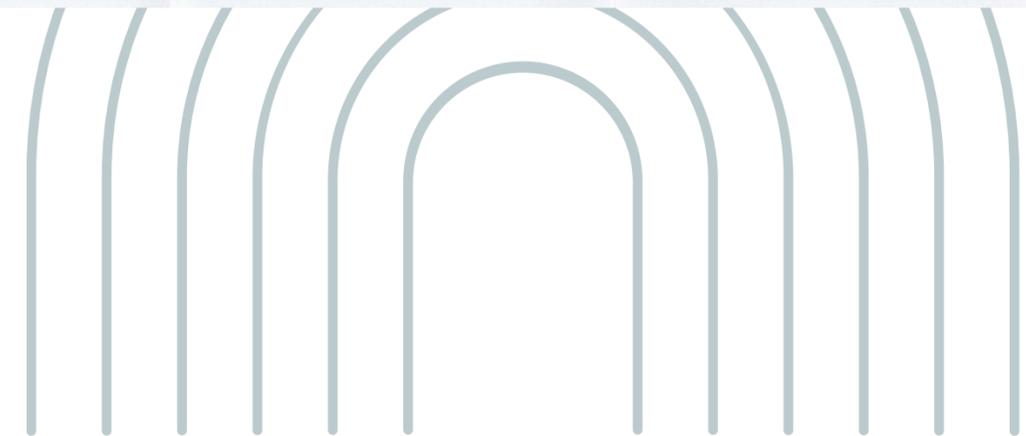
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PEOPLE IN THE WORLD



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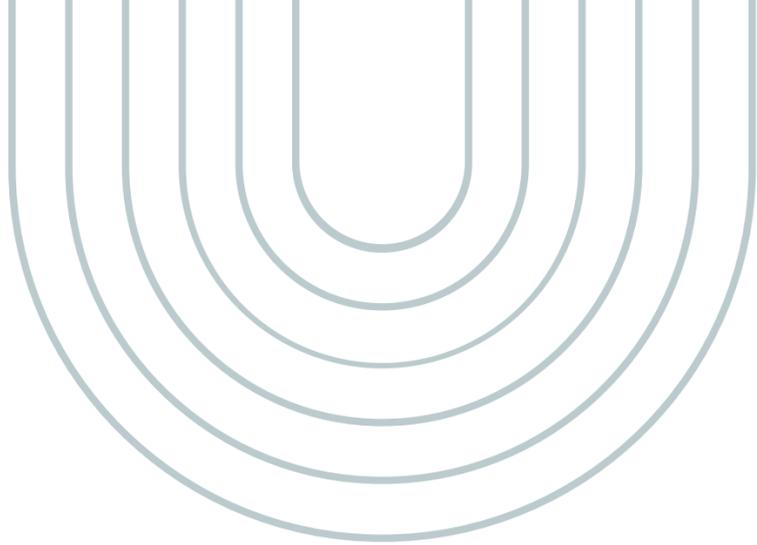
1-1.5 Billion People



PEOPLE IN THE WORLD

1.3 Billion Have a Disability



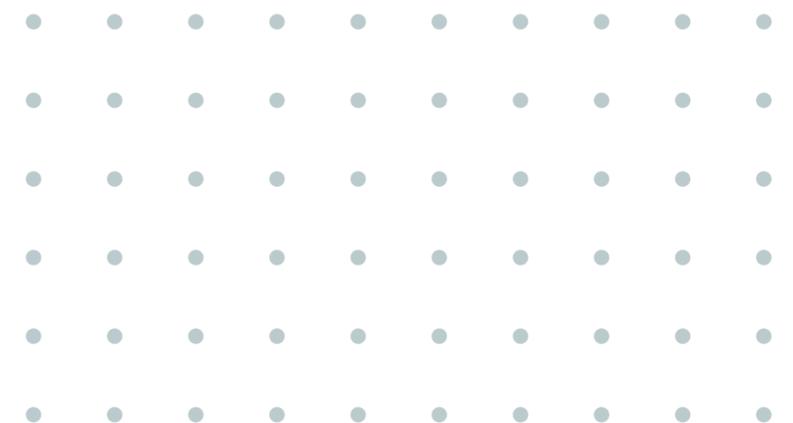


VIRGINIA

6,583,985 People Under the Age of 65 Reported Having a Disability in the 2020 Census

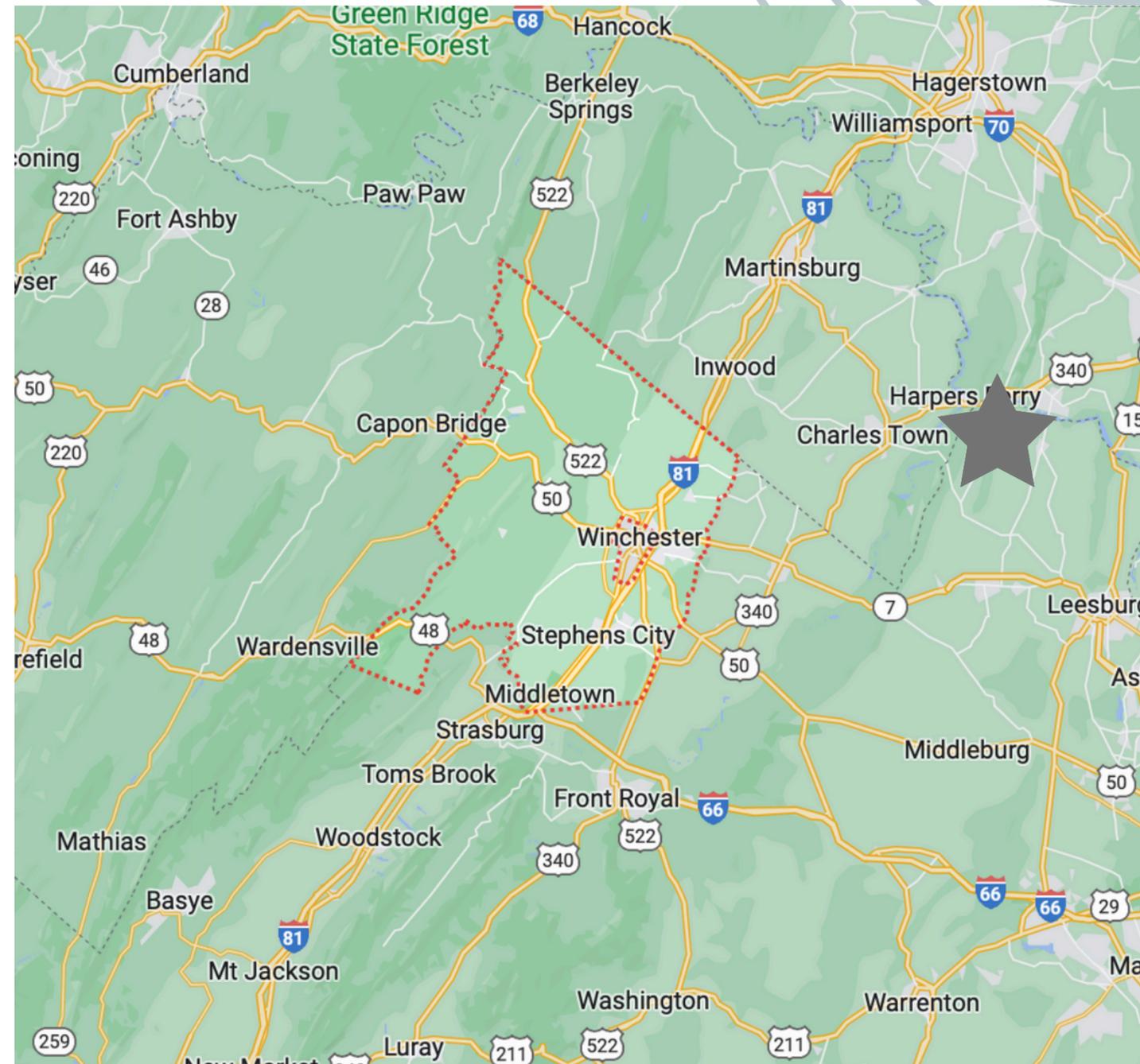
WEST VIRGINIA

132,808 People Under the Age of 65 Reported Having a Disability in the 2020 Census



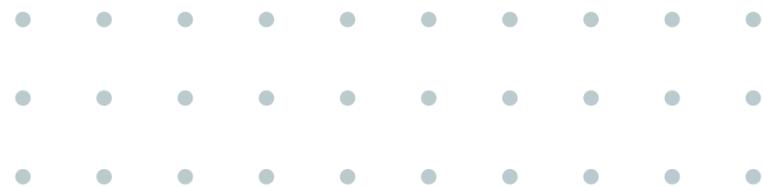
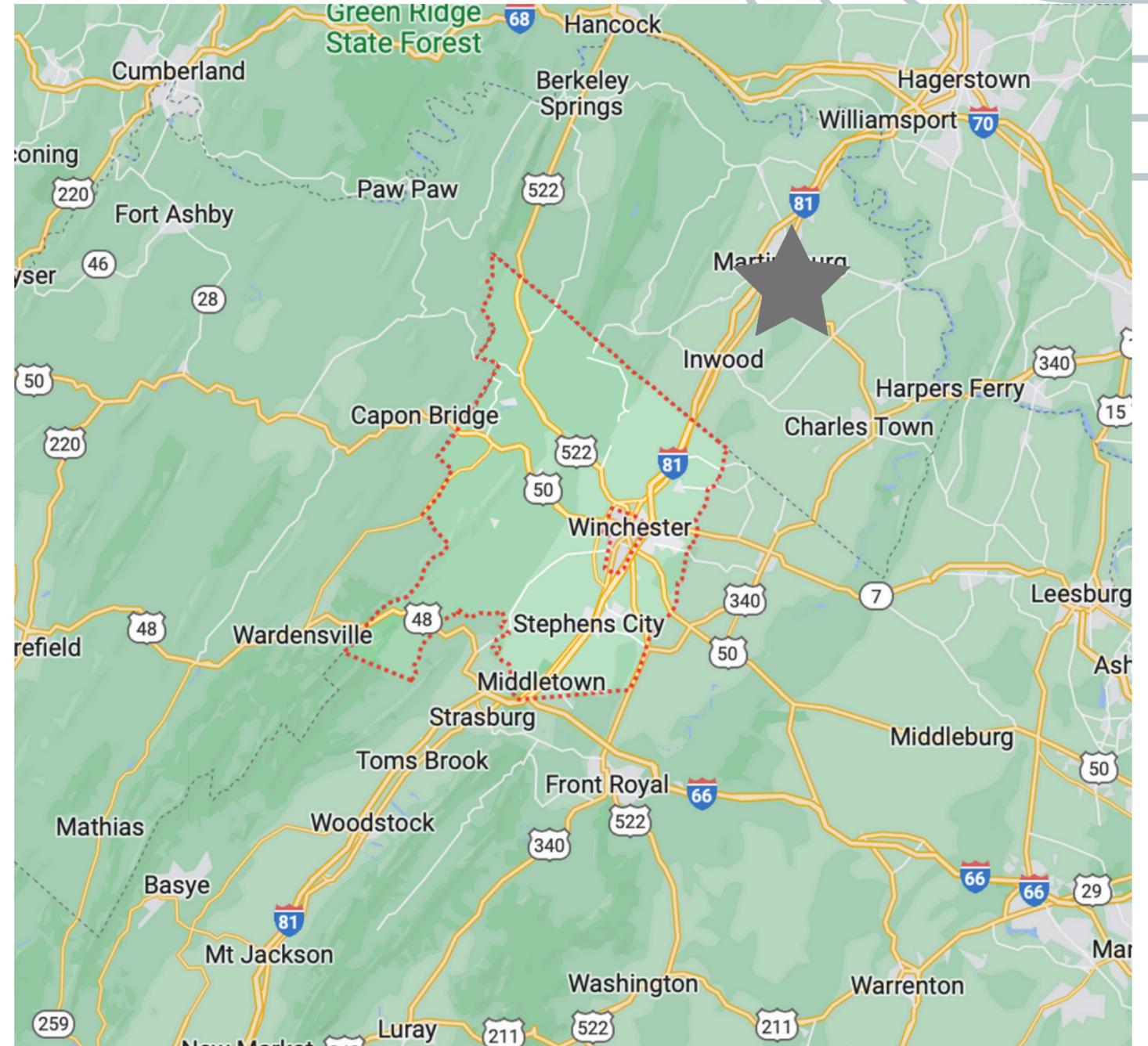
JEFFERSON COUNTY

3,981 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



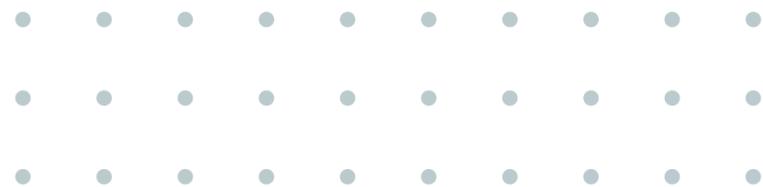
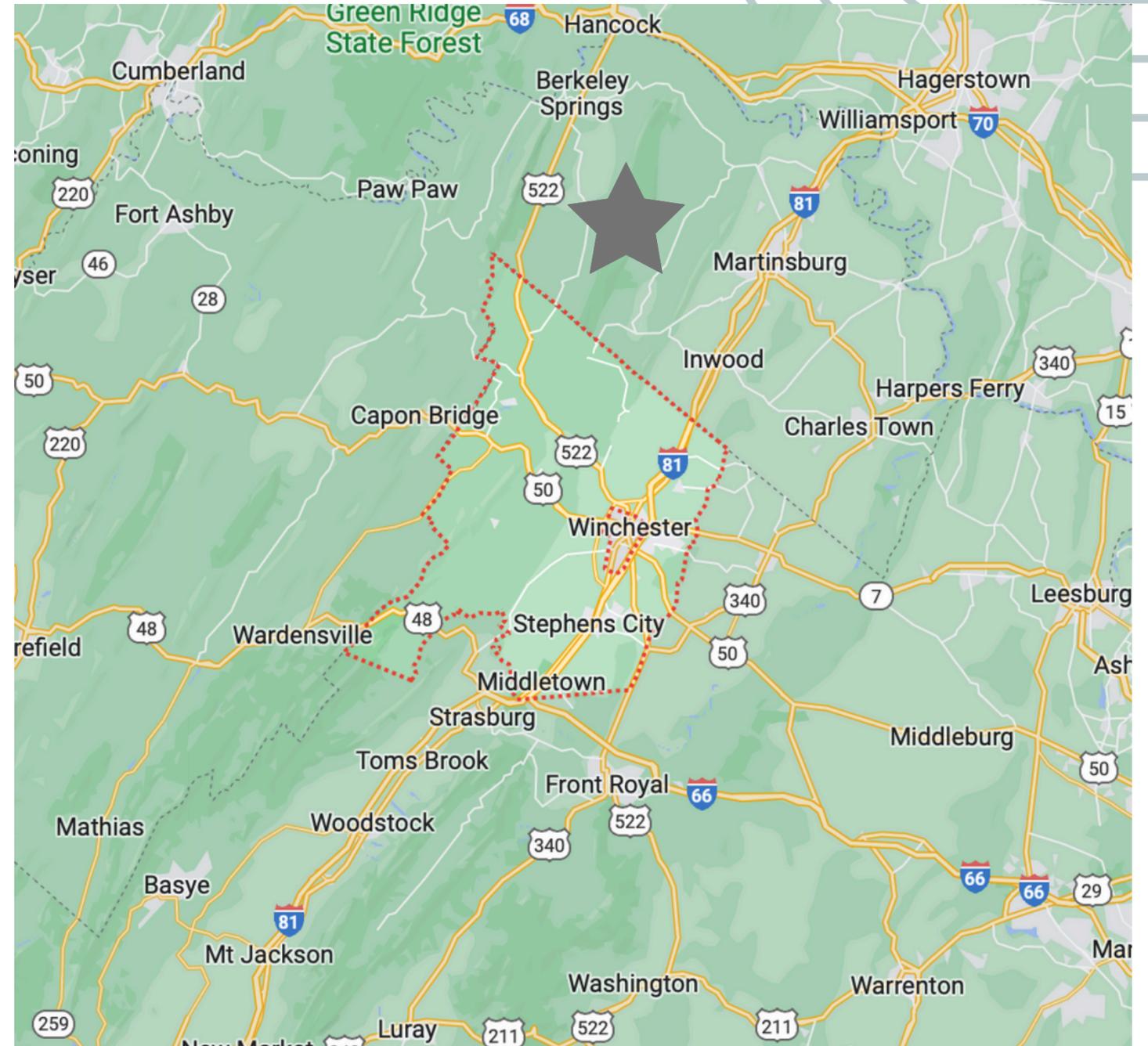
BERKELEY COUNTY

8,179 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



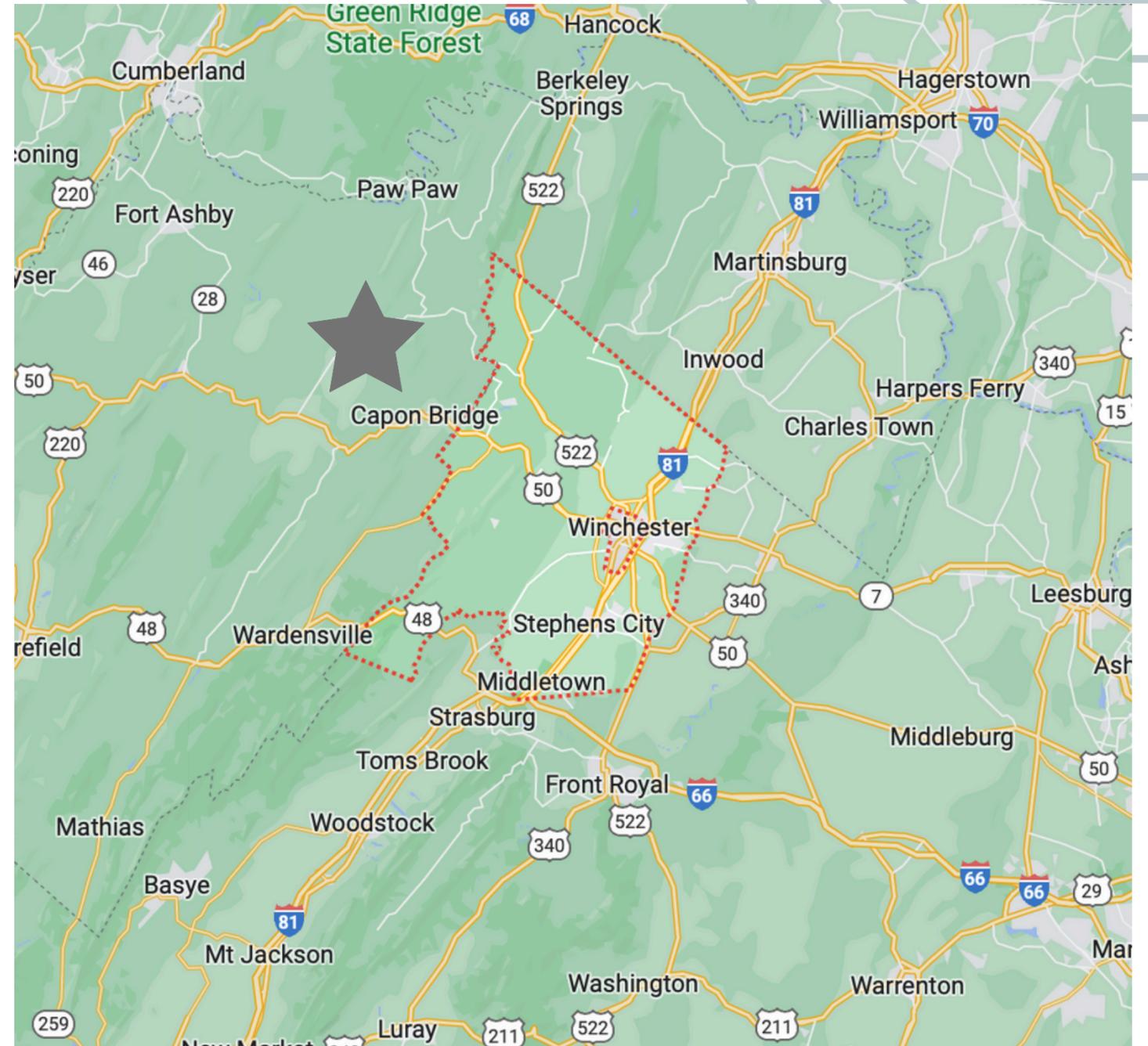
MORGAN COUNTY

1,945 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



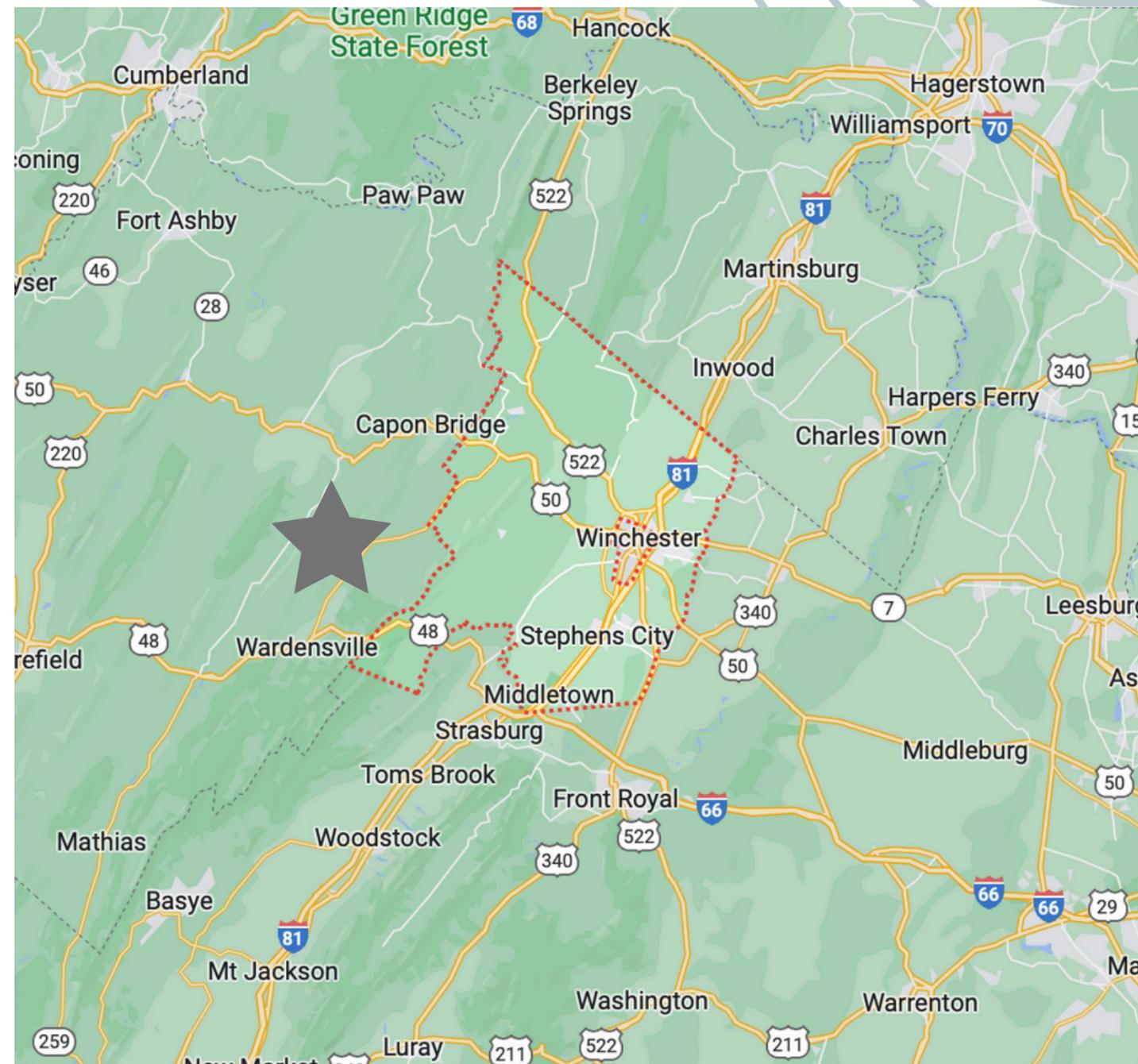
HAMPSHIRE COUNTY

1,893 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



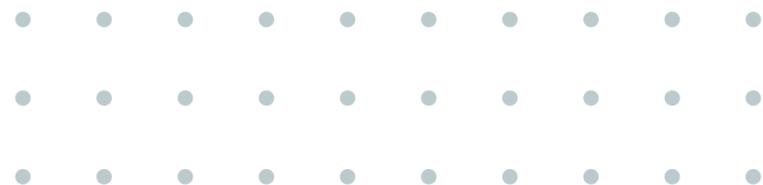
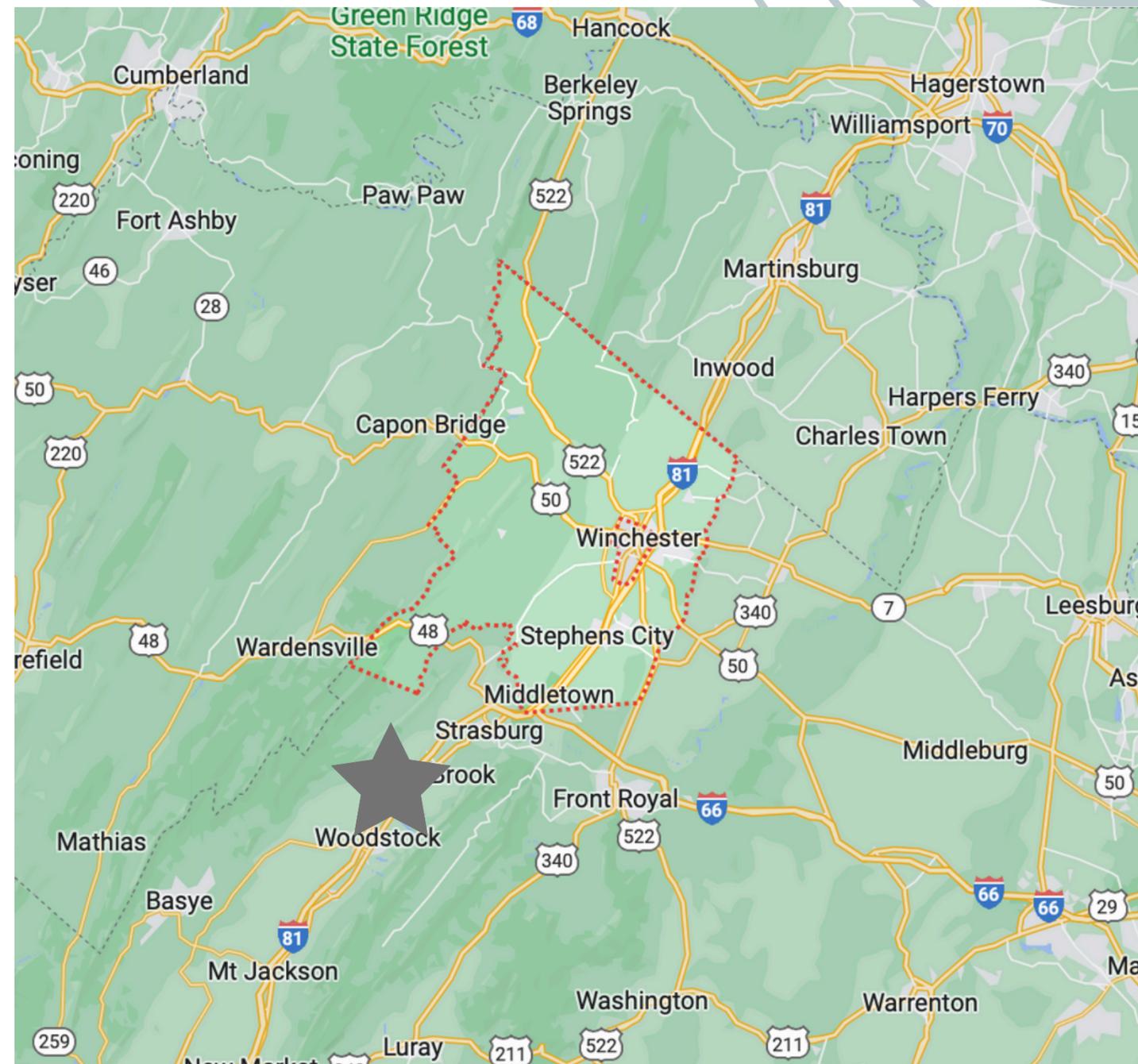
HARDY COUNTY

1,532 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



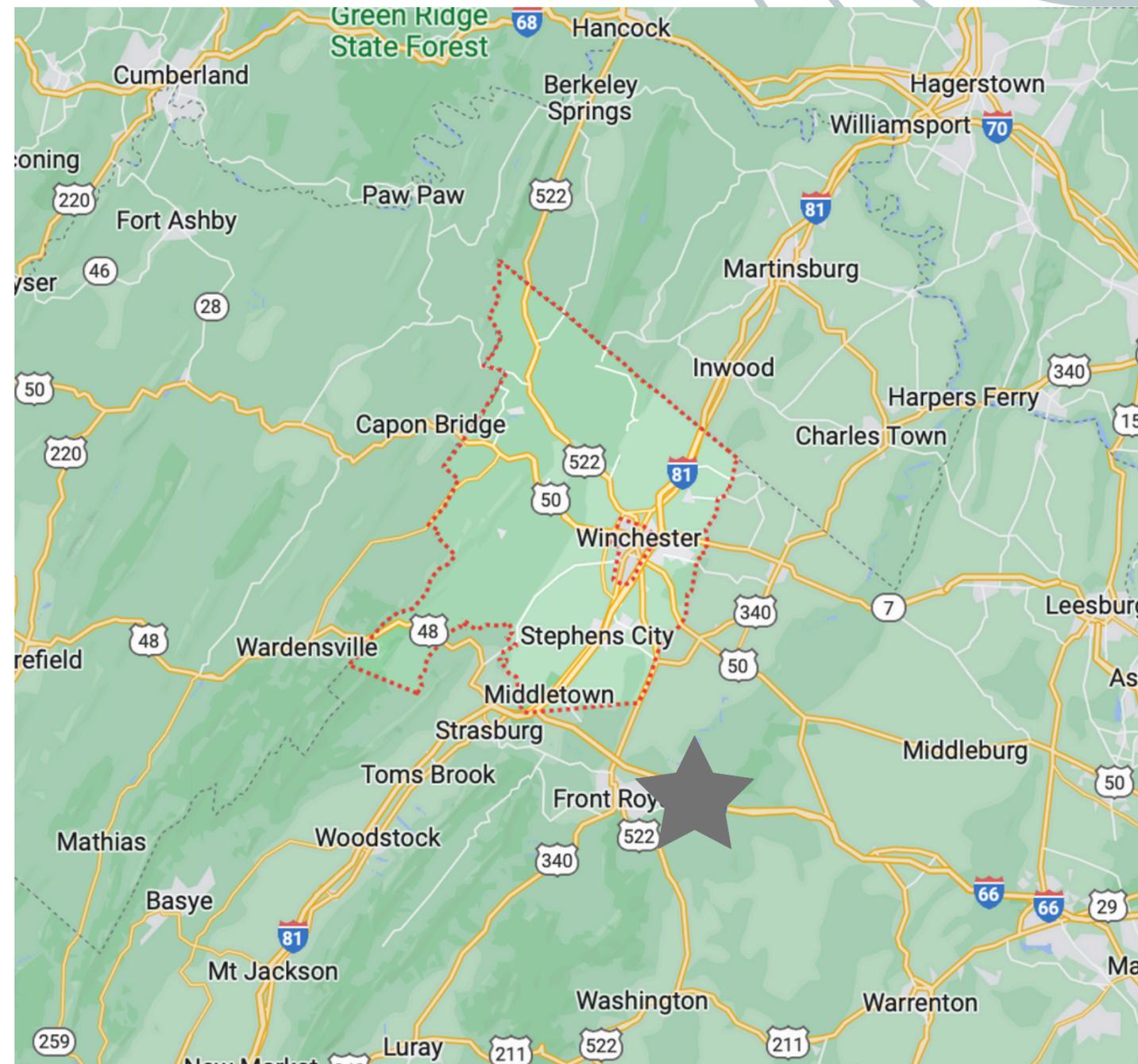
SHENANDOAH COUNTY

4,197 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



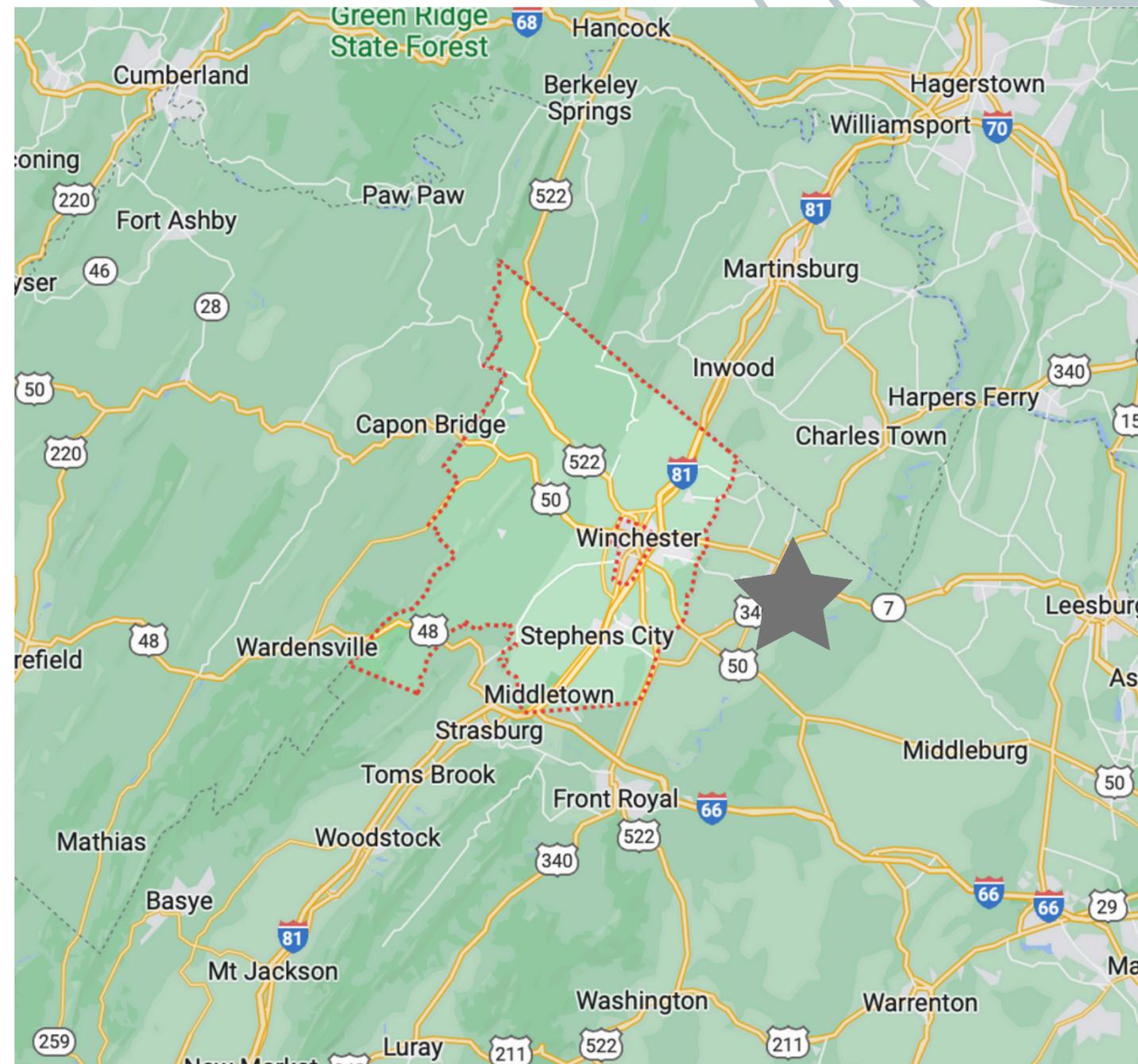
WARREN COUNTY

3,706 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



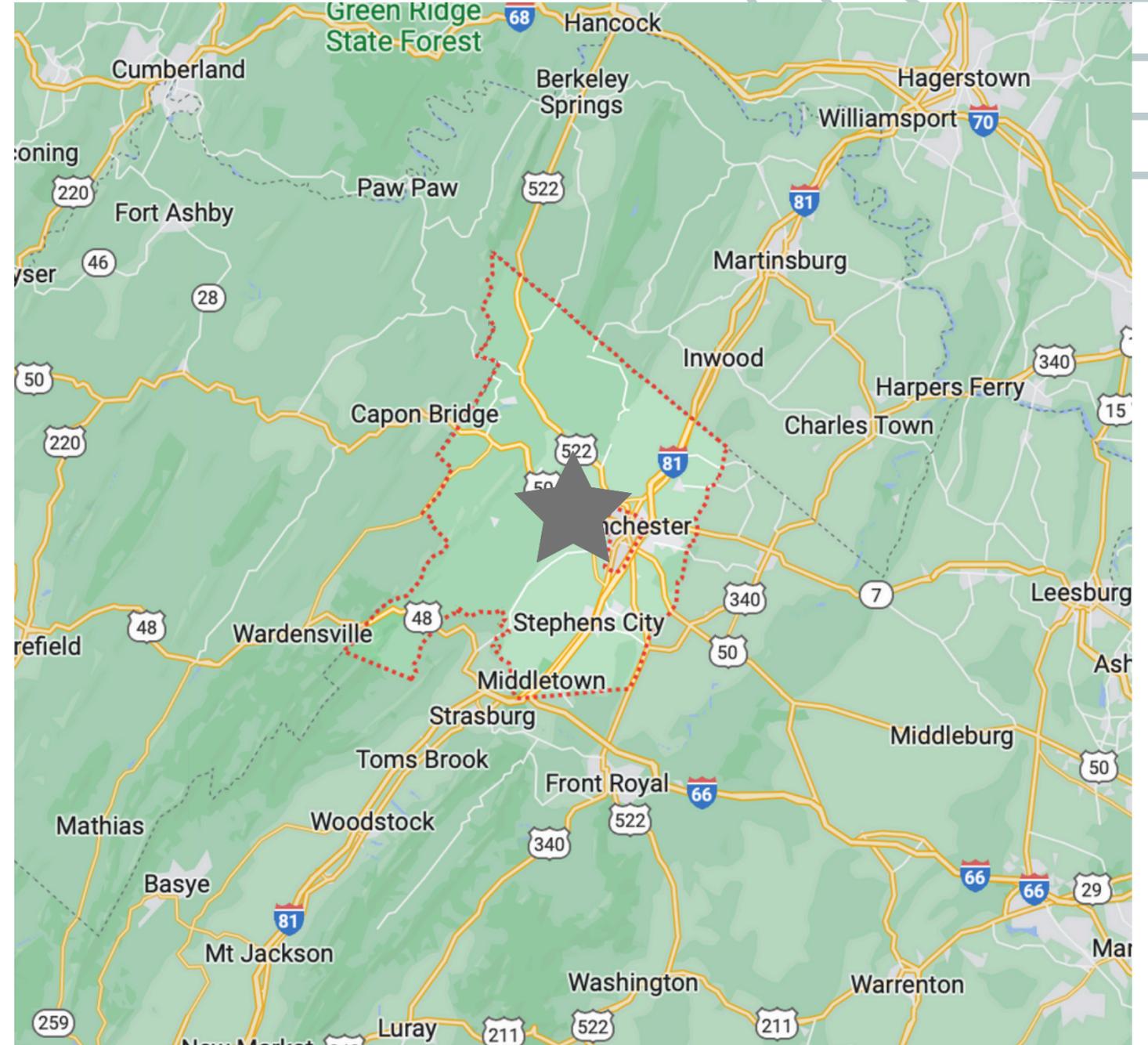
CLARKE COUNTY

1,138 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



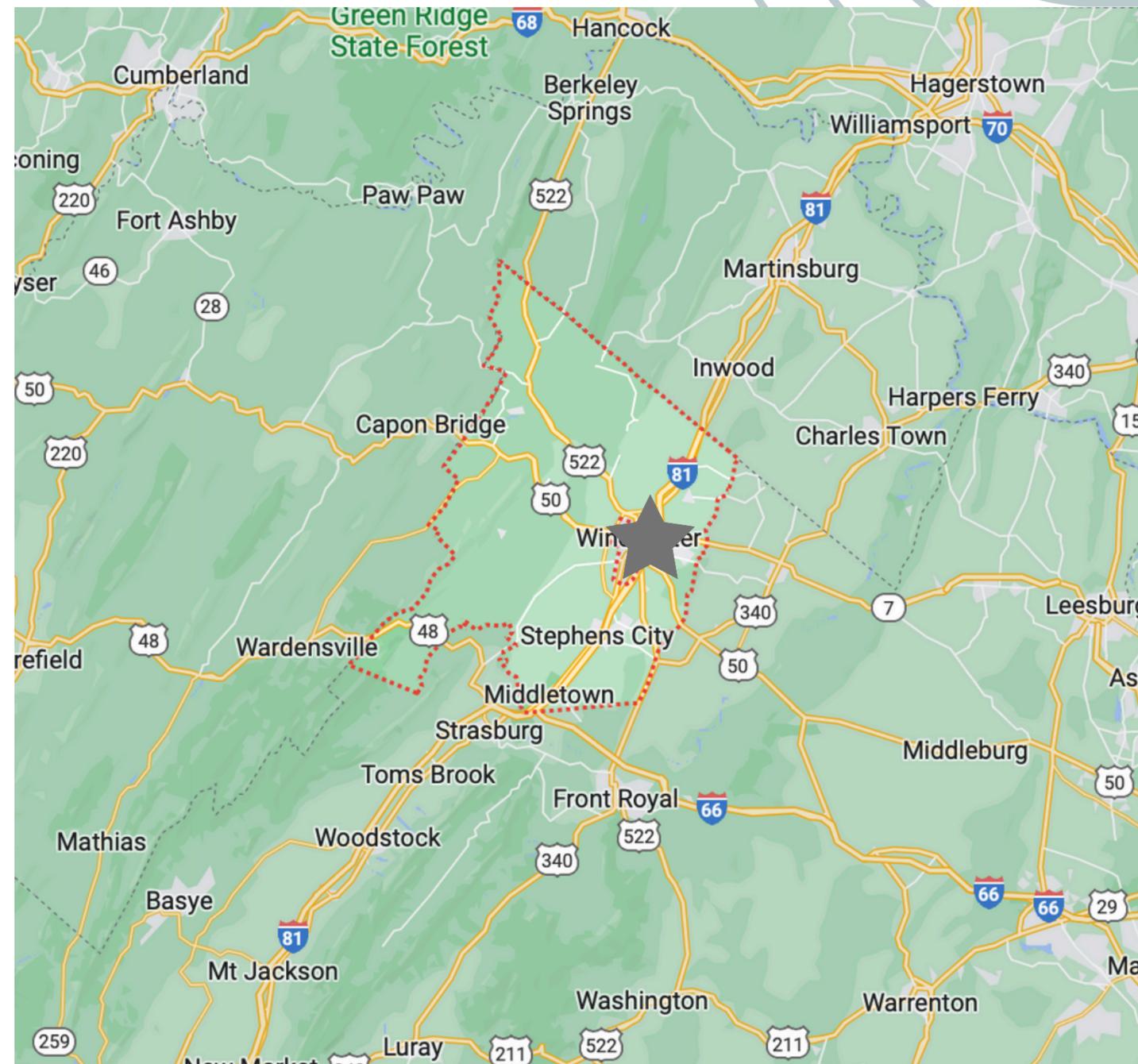
FREDERICK COUNTY

8,136 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



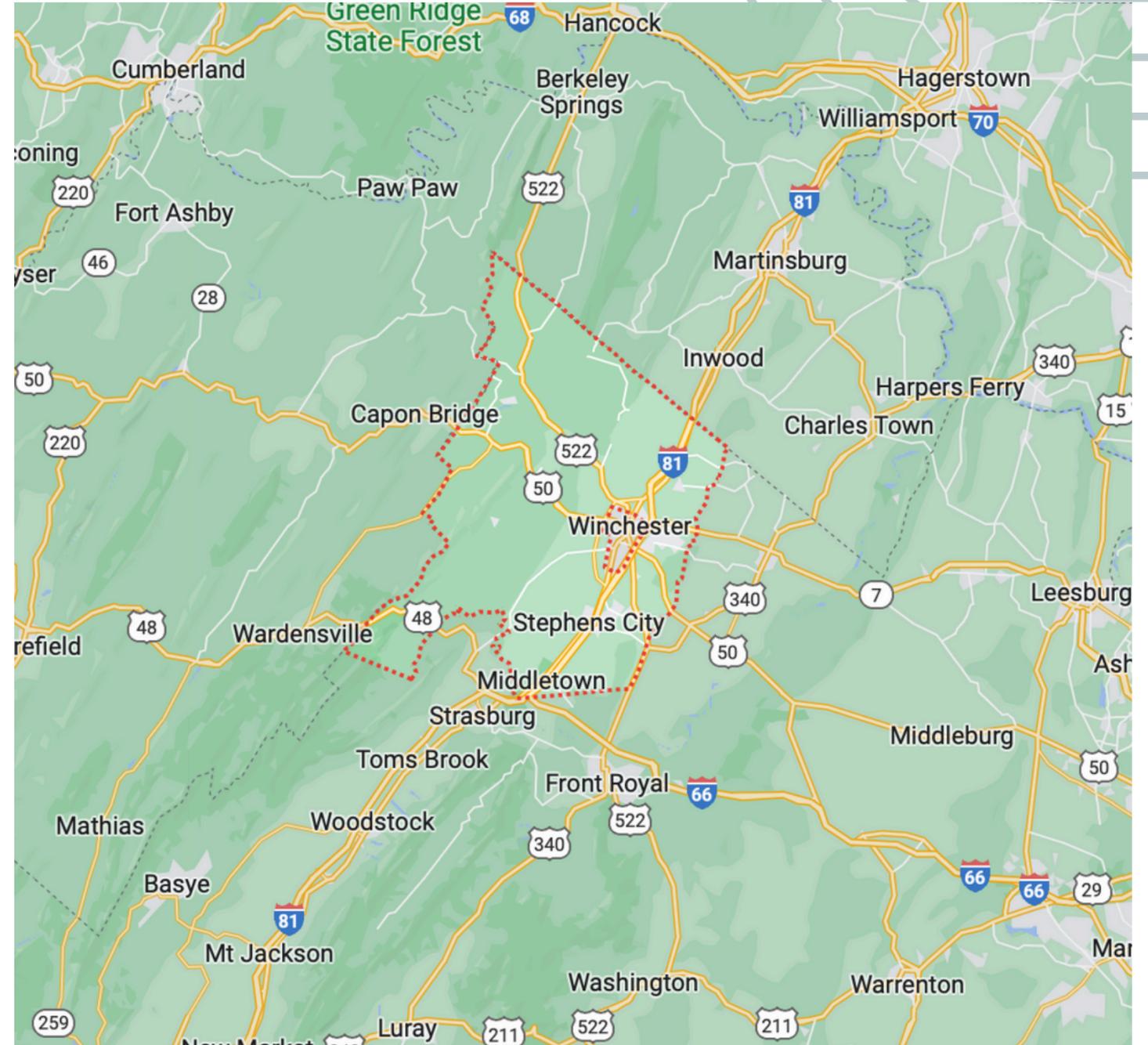
WINCHESTER CITY

2,980 PEOPLE UNDER THE AGE OF 65 REPORTED HAVING A DISABILITY IN THE 2020 CENSUS



THAT IS A LOT OF PEOPLE

34,707 PEOPLE WITH
DISABILITIES IN FREDERICK
COUNTY AND THOSE
SURROUNDING US





BUT I DON'T SEE PEOPLE WITH DISABILITIES...

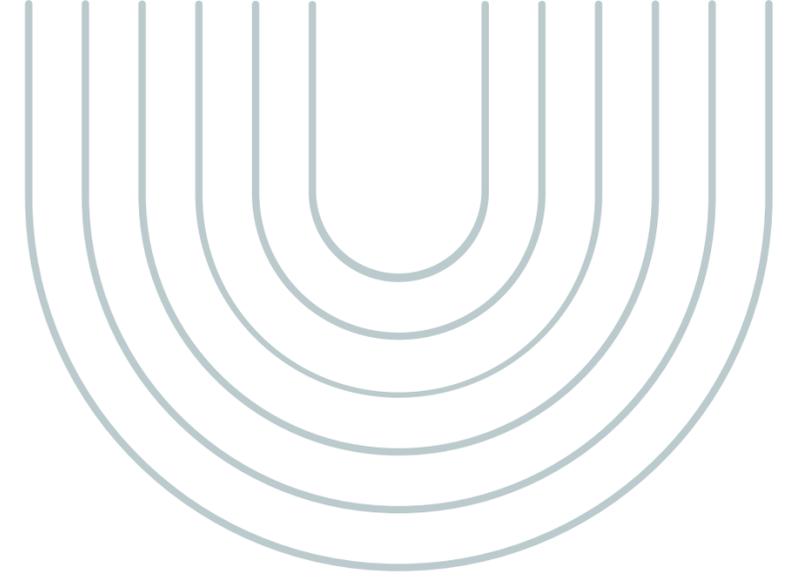
THE CDC ESTIMATES 1/4 (26%) OF ADULTS LIVE
WITH A DISABILITY

BUT 80% OF THESE CAN NOT BE SEEN WITH A
NAKED EYE

THAT MEANS OF OUR 2,500+ MEMBERS, WE
COULD HAVE 625+ PEOPLE WITH DISABILITIES



We must realize it is not that they
do not exist, it is that we do not
notice them.



01. THE HARVEST IS LARGE
Statistics

02. THE WORKERS ARE FEW
Statistics

03. JESUS COMMANDS THIS MINISTRY
Scriptures

04. WHAT DOES THIS MEAN?
The disabled community is...

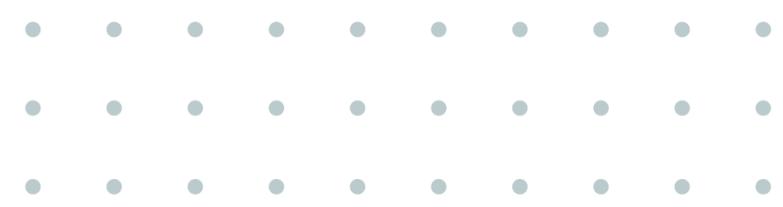


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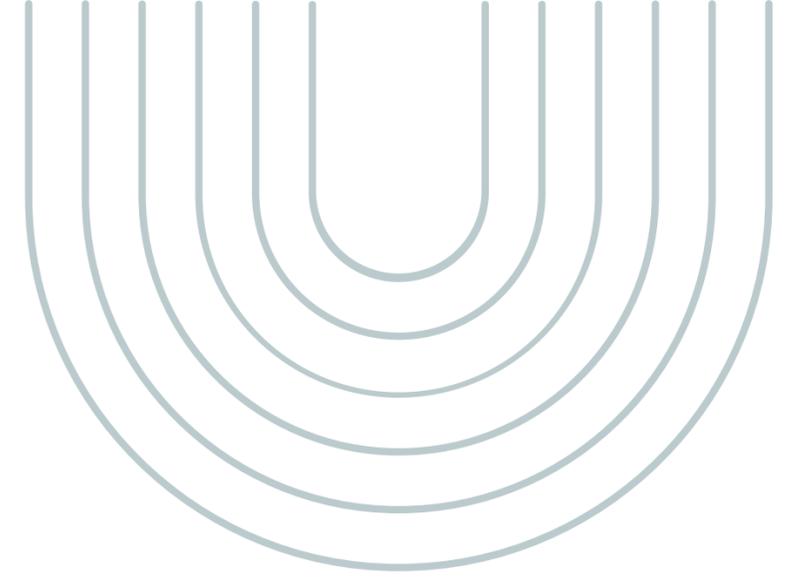
LESS THAN 10% OF CHURCHES HAVE ANY FORM OF OUTREACH FOR PEOPLE WITH DISABILITIES

WITHIN 30 MILES OF THE CHURCH THERE ARE NO CHURCHES OFFERING DISABILITY MINISTRY

WITHIN 60 MILES OF THE CHURCH THERE ARE 3 CHURCHES OFFERING DISABILITY MINISTRY



*Ability Ministry



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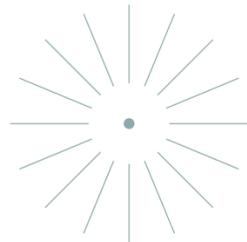
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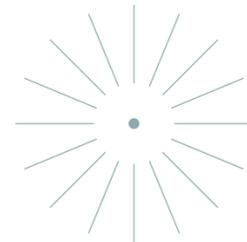


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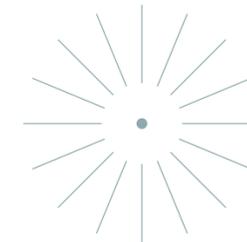
**IN YOUR GROUP, PLEASE READ THE FOLLOWING
PASSAGES AND DISCUSS HOW THEY RELATE TO
DISABILITY MINISTRY**



**GENESIS 1:27
PSALMS 139:14**



**2 CORINTHIANS 12:9-10
JOHN 9:1-5**



LUKE 14:12-23

Genesis 1:27; Psalms 139:14



Before we were known to our parents, Jesus knit us together

He intricately made us all fearfully and wonderfully and He made each of us in His image (Genesis 1:27)

God did not only design some of us or chose some of us, rather He loves us all and wants us all to accept Him as our Lord and Savior.

2 Corinthians 12:9–10; John 9:1–5

Some disabilities are the result of a fallen world; but many are a demonstration of God's goodness



Matthew 25:25-40

When we serve only to receive, we are truly serving ourselves, not others. When we do things until the least of these, we are serving Jesus.



Luke 14:12-23

“Go out quickly into the streets and alleys of the towns and bring in the ~~poor, the crippled, the blind, and the lame~~ (the disabled).”

God is telling people to go and get all people with disabilities and bring them to the banquet – prepare a seat for them in the church.

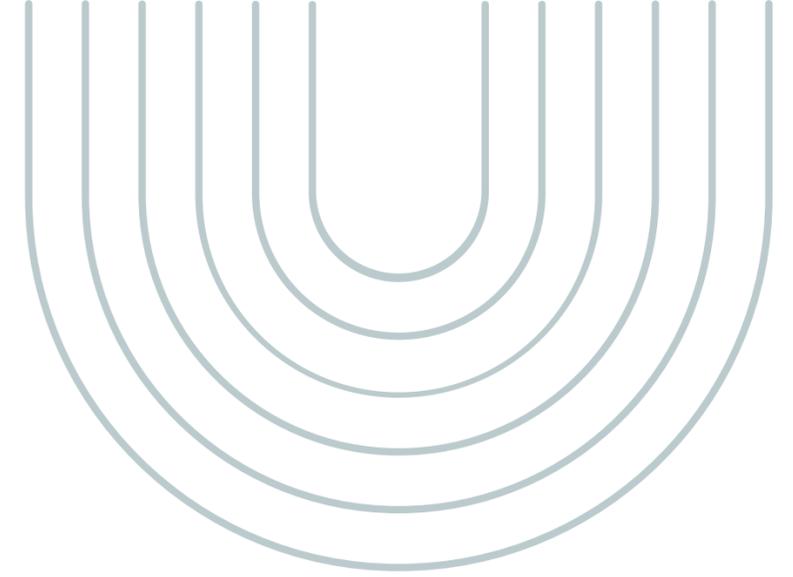
*Joni and Friends



“When we choose to exclude those that Christ chose to include, we cease being His church.”

Rising Above





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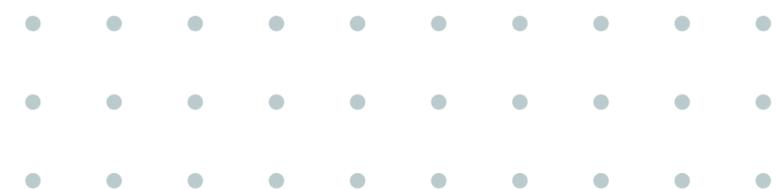
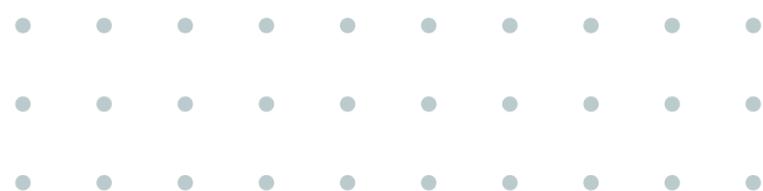


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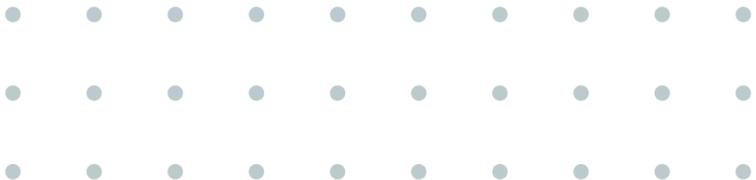
The Largest Unreached People Group in the World

- Only 2% of Deaf individuals in America are Christians.
- Worldwide, only 5%–10% of individuals with disabilities have been effectively reached with the gospel.
- In one study, over half of the families interviewed reported being excluded from church because of a child with a disability; the same study showed over half of the families stopped going to church because they were afraid their child would not be accepted.



“These are our own people. They are our neighbors. We must love them as we love ourselves. The special needs community is one of the largest unreached people groups. You don't even need a passport to serve them. Just walk across the grocery aisle or around your neighborhood.”

Rising Above





How Your Church Can Include People with Disabilities



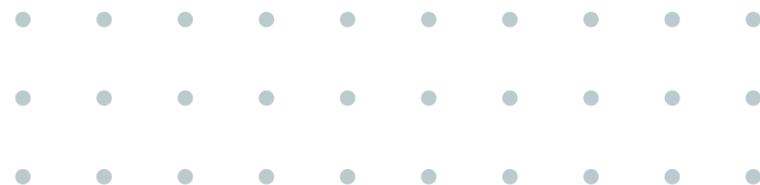
Share

What is Disability Ministry?



joni&friends

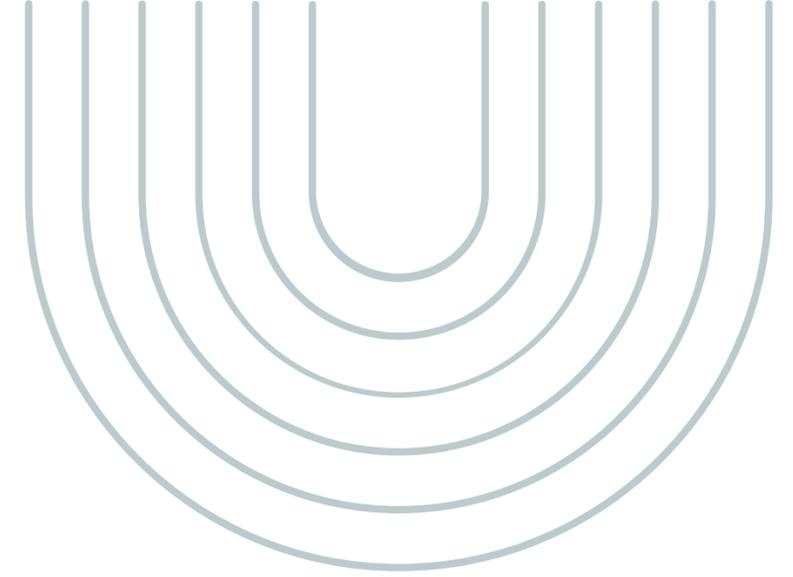
Watch on  YouTube





THE HOW





01. ROLES
Outline of Different Ways to Serve

02. EXPECTATIONS
Volunteer Expectations

03. KNOWING IS HALF THE BATTLE
Intake Form, This Is Me, Resources, Etc.

04. POLICIES AND PROCEDURES
Guidelines for a Safe and Effective Ministry



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PRIMARY WAYS TO SERVE

BUDDY

Attends WinKidz and Supports a Child Who Needs Accommodations

VOLUNTEER

Attends Beyond and Supports a Child Who Needs Accommodations

TEACHER

Lead the {Ministry Name} Classroom
Requires a Conversation with Grace

SPECIAL WAYS TO SERVE (SUNDAY)

HOST TEAM

Help Families Arrive at Our Classroom

ON CALL

Give an Extra Hand on Sundays When Needed

STUDENTS SERVE

Allow Students with Disabilities to Serve Alongside You!

INTERPRETER

If You Know ASL, We Would Love you To Help Us

NURSE

Assist with Giving Medication, Tube Feeding, and other Needs

SPECIAL WAYS TO SERVE (OTHER)

PRAYER

No Ministry Thrives Without Prayer

SPECIAL EVENTS

Help Occasionally at Special Events

DONATIONS

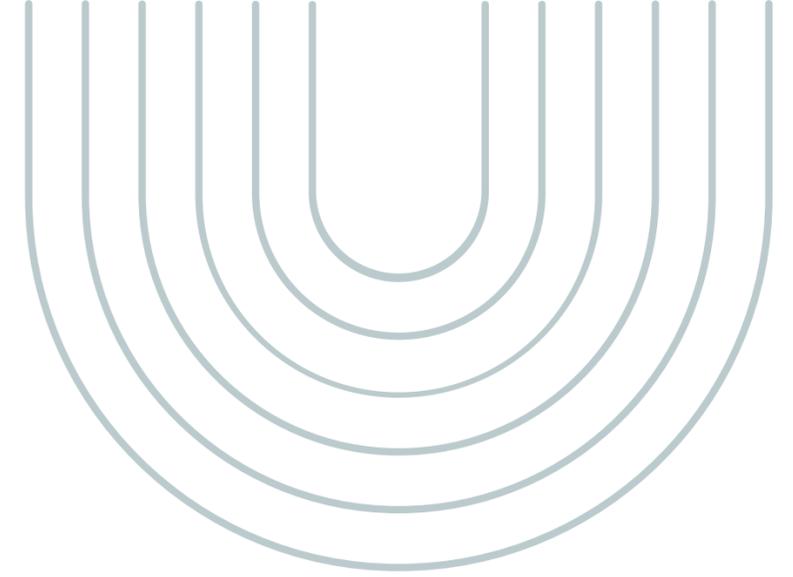
Help Provide Us with Items on Our Wishlist

TOUR FAMILIES

Show Our Families Around the Space During the Week

MORE

If You Have Another Gift, Please Share – There are So Many Ways to be a Blessing



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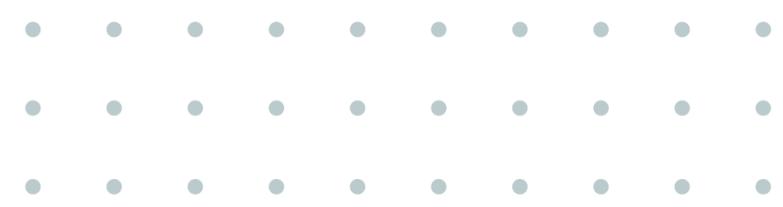


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EXPECTATIONS

QUALIFICATIONS

Not An Expert DOES NOT
Mean Not Qualified

Love God, Love People with
Disabilities, Be Fun, Be Flexible

LOGISTICS

Time Commitment
(2 Semesters)

Honor Limitations (Prevent
Burnout)

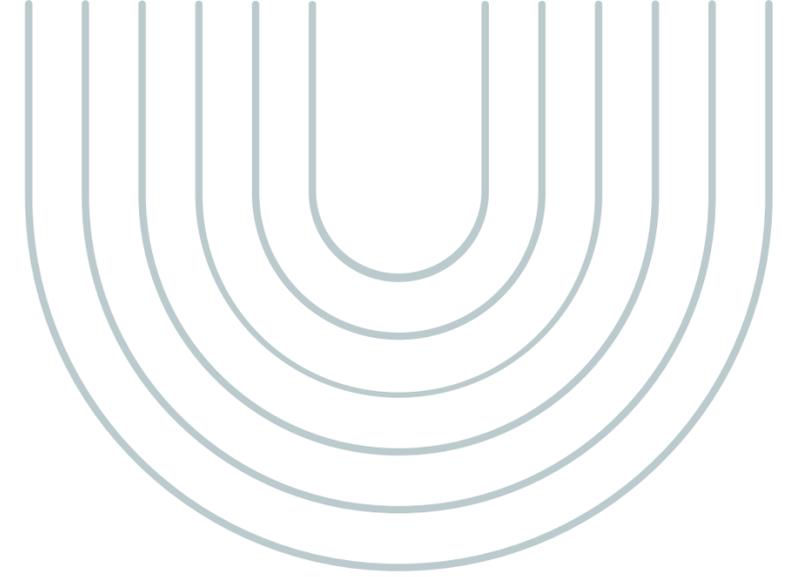
Fill Your Cup
(Attend One; Serve One)

FEEDBACK

Once a Semester Celebration

Touch Base with Teacher
Weekly

Use Church Center (Schedule)



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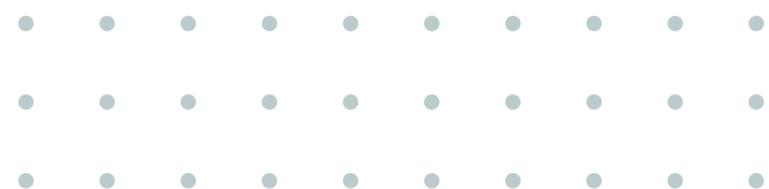


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KNOWING IS HALF THE BATTLE



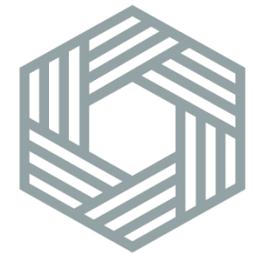
Intake Form



This Is Me



**Disability
Resource**



**See Handbook
for General
“Disability
Etiquette”**

INTAKE FORM

MINISTRY NAME _____

The following information can be completed via a digital form, a paper form, or a zoom meeting. Please be as descriptive as possible, so we can best provide for their needs. Please do not leave off any crucial information. Your child's unique extra needs, so including information will only help us better serve their experience for the whole family and staff team. (The only exception is behavior that would cause themselves, other students, or volunteers to be harmed.)

Please know that follow up questions may be sent, based on the information provided. We understand this is a long form, and some of the questions may not apply to your child. Please take time to complete it fully and with detail. Once it is complete, it will be reviewed annually. Thank you for understanding!

PRIMARY INFORMATION

Student's Name: _____ Student's Sex: _____
 Students DOB: ___/___/___ Student's Grade: _____

Student's Primary Residence: _____
 City: _____ State: _____ Zip Code: _____

Guardian 1 Name: _____ Relationship: _____
 Phone Number: (____) _____ - _____ Email Address: _____
 Preferred Contact Method (text, phone call, or email): Text Phone

Guardian 2 Name: _____ Relationship: _____
 Phone Number: (____) _____ - _____ Email Address: _____
 Preferred Contact Method (text, phone call, or email): Text Phone

Primary Language Spoken at Home: _____

Applicant's Primary Disability (if Applicable): _____

PHYSICAL

Vision:
 Typical Slightly Impaired Blind Needs High Vision Aids
 Other: _____

Hearing:
 No Difficulties Uses Hearing Aids / Cochlear Implant
 Other: _____

Oral Communication:
 Non Speaking but Vocalizes Uses ASL
 Says Words (Limited Vocabulary) Talks in Sentences but not in full sentences
 Talks in Sentences and is Easy to Understand
 Uses a Communication Board Uses a Computer
 Other: _____

Written Communication:
 Ability to Read? Yes No What Level? _____
 Ability to Write? Yes No What Level? _____
 Use of Braille? Yes No What Level? _____

Mobility:
 Walks Independently Uses Braces or Orthotics
 Self Operates A Power Wheelchair Self Operates a Manual Wheelchair
 Needs Assistance for Manual Wheelchair
 Uses A Different Assistive Device – Type Of Device: _____
 Falls On Occasion – Under What Circumstances: _____
 List Any Special Positioning Needs Or Mobility Concerns: _____

Motor Usage:
 Fine Motor Skills: Typical Slightly Limited
 Gross Motor Skills: Typical Slightly Limited

Sensory:
 Reaction to Sensory Input: Is not Adverse Hypersensitive
 Sensory Processing Difficulties: Sound Taste Touch
 Elaborate (if needed): _____

BEHAVIOR

Social/Behavioral Tendencies
 Temper Tantrums Meltdowns Running Away Aggression to Self
 Aggression to Peers Aggression to Adults
 Hitting Pushing Biting Yelling Throwing
 Refuses To Follow Directions Does not Remain Seated
 Scripting with Obscenities Struggles with Transitions
 Other: _____

Maladaptive Behavior Prevention: (What Tends to Create these Behaviors?)
 Hunger Bored Tired Task it Too Hard Feels Overwhelmed
 Other: _____

Maladaptive Behavior Regulation: (How can we Regulate your Child's Behavior?)
 Food/Drink Quiet Time Walk Talking with Someone
 Using Technology Music Videos
 Others: _____

Activities your Student Enjoys:
 Books Videos Cars Legos/Blocks Music
 Sports
 Technology Helping Go Outside Read Puzzles
 Dancing
 Other: _____

Activities your Student Does Not Enjoy:
 Walks Music Art Dancing
 Other: _____

Hobbies and Talents
 List: _____

Fears / Triggers / Uncomfortable Setting / Etc:
 List: _____

Following Directions:
 Is Unable To Consistently Follow Directions
 Follows Simple One-Step Directions Follows Two-Step Directions

MEDICAL

Type of Food:
 No Restrictions Liquid Diet Soft Diet Must be Small Bites
 Tube Feed Difficulty Swallowing Tendency To Choke

I understand that I can send a snack with my child if they have dietary restrictions. _____

Other Dietary Considerations: _____

Toileting
 Independent Not Independent (For Children Over 5, Parents will be required to assist)
 *We Do Not Currently Have an Adult Changing Table

Eating:
 Feeds Self Has Special Utensils
 Requires Assistance Type: _____

Seizures:
 Is your Child Prone to Seizures? Yes No
 If Known, What Triggers a Seizure? _____
 Does your Child Carry a Seizure Response Medication? If Yes, List: _____

Medications:
 Is your child on any medications we should know about? List: _____
 What are the effects of this medicine? _____

Will your student carry any medication at church? If Yes, List: _____
 What is the purpose of this medication? _____

Administration of Medication: Child can Self-Administer Parent/Caregiver
 When to Give Medication: _____ Dosage: _____

Allergies:
 Does your child have any allergies to medication? _____
 Does your child have any allergies to food? _____
 Does your child have any other allergies? _____

OTHER REQUIRED INFORMATION:

Volunteer Pairing:
 Does your Child Respond Better to a Certain Type of Adult?
 Gender: Male Female Does not Matter
 Age: 13-25 25-55 55+ Does not Matter

Medical Release:
 Please Sign Below Giving Your Consent For Emergency Medical Treatment if your Child is Unable To Contact You.

Parent/Caregiver Signature: _____

Contact Parents:
 We Should Contact You If: _____

Other Information:
 Please Provide Any Other Information You Feel Is Pertinent:

Photo Release:
 Are you okay with your child's photos being taken by our volunteers?
 Are you okay with your child's photo being taken and posted/shared on social media?
 Yes No

Completion of Form:
 Print Name of Person Completing This Form: _____
 Relationship to Student: _____
 Signature of Person Completing This Form: _____

OPTIONAL PROVISIONS

Please list ways that your child is prone to communicating or reacting when they may get up and start pacing. If my child does not communicate, please list work, etc.)

Please consider listing any goals you have for your child's year. Although we do not offer therapy or other related services, we will work with your student with their goals.

Is there any form of visual aid (schedule, printed response sheet, etc.) that could assist your student?

If your student obtains any extra support at school, please list it here. We are comfortable. We would love to ease the transition to our place. We also would be willing to communicate with you to encourage and assist your student. Please list their contact information you are comfortable with us contacting them.

Other information:

THIS IS ME

MEET

STUDENT NAME



About Me

I am x years old and am in x grade. Other information here.

My Personality

- my communication preference is
- my mobility is
- my behavior needs are
- i process sensory information

Favorites



Fun Fact

something

 parent's number

MEET

Grace Dudley



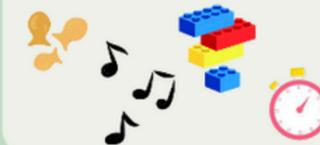
About Me

I am 20 years old and am in 14th grade. I enjoy playing tennis and spending time with friends. A great way you can support me is by responding to my emails in a timely manner.

My Personality

- My communication preference is via email or in person.
- My mobility is generally fine, but I cannot carry a large weight with my right hand due to a previous surgery.
- My behavior needs are providing prompting so I know what we are doing next.
- I do not have an adverse reaction to sensory information.

Favorites



Fun Fact

I love calming down by having quiet time or listening to worship music.

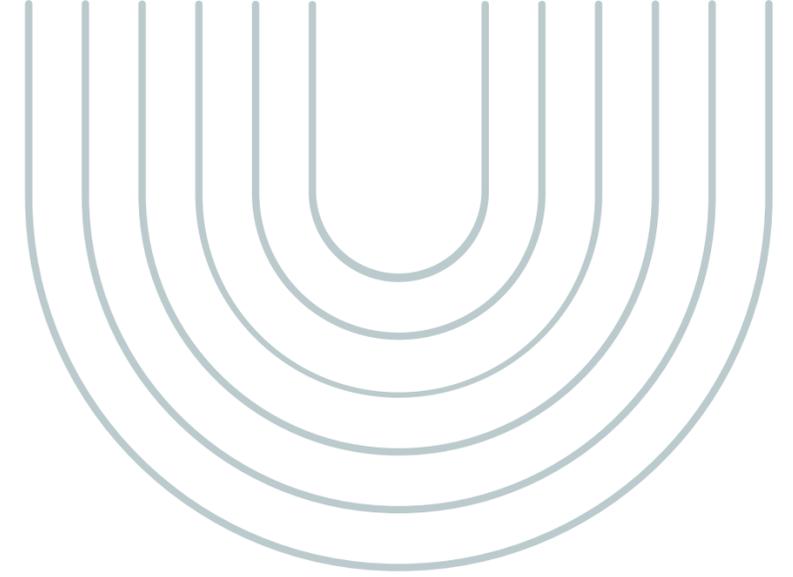
 (540) 664-1682

DISABILITY RESOURCE

“If you’ve met one person with autism, you’ve met one person with autism.”

Each individual is unique and although many disabilities have common characteristics, it is important to serve the individual, NOT the diagnosis.

We will provide some information about the disability; however, we do not want you to become fixated on traditional characteristics, that you do not focus on your specific child.



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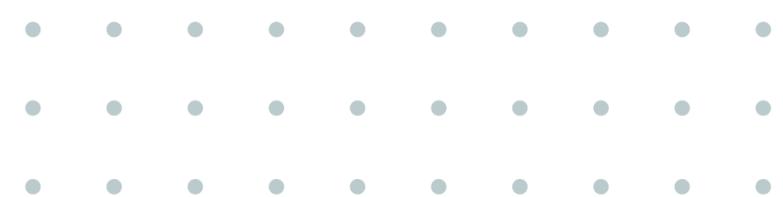


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A TRUSTWORTHY MINISTRY

PRIVACY

Families are Entrusting us with Information so we can Care for Their Children, it is Not Ours to Share

RESPECT

You Will Only Learn Information about Children in the Program on a Need-to-Know Basis

PHOTOS

Do Not Take Pictures of the Students Without Permission from Your Leader

A DEDICATED MINISTRY

ARRIVAL

Please Always Arrive 20 Minutes Before the Service Begins

TECHNOLOGY

Please Prioritize our Students While you are Serving

CALLING OUT

Provide Maximum Notice if You are Unable to Come When Scheduled

ATTIRE

Wear Comfortable Clothes and Shoes, Appropriate Jewelry, Minimal Scent

A PROTECTED MINISTRY

RULE OF THREE

Always Two Leaders/One Child or One Leader/Two Children - No Exceptions

PHYSICAL TOUCH

Use Other Forms of Endearment Than Front Hugs - No Lap Sitting

PAPERWORK

If an Incident Occurs In our Room, We Have Paperwork Ready

INCIDENT REPORT FORM

Incident Report Form

Individual's Name: _____ **Age:** _____ **Sex:** _____

Parent/Guardian Name: _____

Date of Incident: ____/____/____ **Time of Incident:** ____:____ (AM/PM)

Location of Incident: _____

Description of Incident:

Who was Involved:

Who Witnessed the Incident:

What Occurred:

Where Did the Incident Occur:

When Did the Incident Occur:

Injury (Describe Location and Severity):

What Immediate Action was Taken:

Additional Information:

Additional Follow-Up Needed:

Future Steps to Take:

- The Situation is Handled, No Future Steps Needed
- This Requires Close Follow-Up with Family
- This was Reported to Leader to Know Best Course of Action. Which Leader: _____
- A Student's Placement in our Class Needs to be Considered. Which Student: _____

Signature of Personal Who Filed Report: _____

Date of Report: ____/____/____

SEIZURE REPORT FORM

Seizure Report Form

Individual's Name: _____ **Age:** _____ **Sex:** _____
Parent/Guardian Name: _____
Date of Seizure: ____/____/____ **Time of Seizure:** ____:____ (AM/PM)
Location of Seizure: _____

Description of Incident:

If known, what triggered the seizure:

- Flashing Lights Fever/Illness Dehydration Missed Medication Tired
 Low Blood Sugar Specific Food
 Other: _____

What were the signs of the seizure?

- Fast Blinking Facial Tics Dazed Loss of Consciousness Confusion
 Unresponsiveness Breathing Problems Staring Jerking Falling Suddenly
 Stiffening of Body
 Other: _____

How long did the seizure occur? _____

Did the student fall as a result of the seizure? Yes No

If yes, was the student injured? Yes No

If yes, was an incident report form filled and stapled to this paper? Yes

What characteristics did the student show after the seizure?

- Confusion Sleepiness Headache Speech Problem Dizzy Nausea
 Memory Lapse Weakness Twitching Arm/Leg Pain
 Other: _____

Was medication distributed? Yes No

If yes, what medication? _____

If yes, who administered the medication? _____

Future Steps to Take:

- The Situation is Handled, No Future Steps Needed
 This Requires Close Follow-Up with Family
 This was Reported to Leader to Know Best Course of Action. Which Leader: _____

Parent/Guardian Were:

- Contacted Immediately
 Notified at the End of the Service

Signature of Personal Who Filed Report: _____

Date of Report: ____/____/____

Signature of Guardian Verifying all Information was Conveyed to Them:

Date of Report: ____/____/____

A CAUTIOUS MINISTRY

INTERNAL ALLEGATIONS

If You are Accused on Something, You Will be Asked to Step Down

BATHROOM

We Will Contact Parents for All Children Over Five

EXTERNAL ALLEGATIONS

If you See Something, Say Something – We are Talking About People

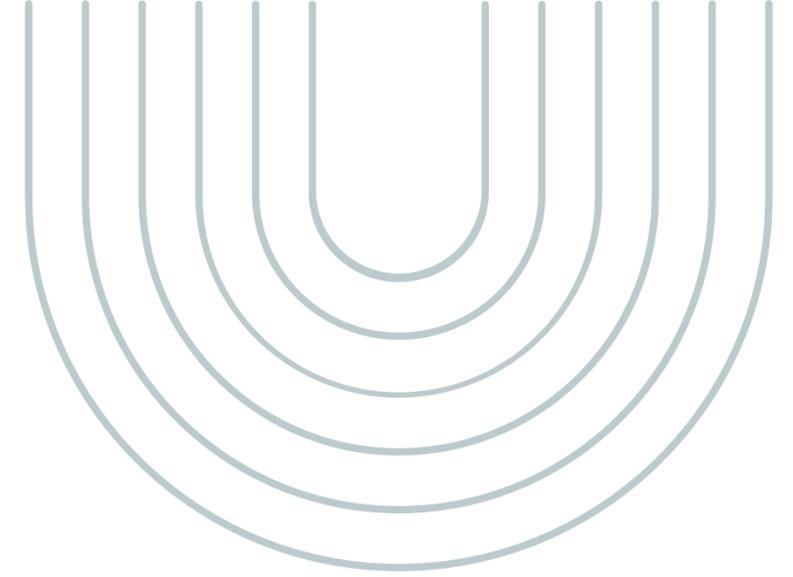
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THE WHAT





01. **SUNDAY SCHEDULE**
Typical Order of Events

02. **LEARNING PRYMAID**
Understanding How We Learn

02. **BEHAVIOR**
Understanding and Managing



TABLE OF CONTENTS



SUNDAY SCHEDULE

Before Service

- Families will have the option to park in special parking spots
- Families will have the option to be assisted and guided by a host family
- Families will check in their children and be given stickers with a number
- Ensure with families the snack will be appropriate

During Service

- Time for Community
- Worship
- Message (NIRV, ERV)
- Related Craft, Game, Activity
- Snack

After Service

- Students will be sent home with an activity and a recap of what they learned
 - Students will be checked out using the appropriate methods
 - Some students may be picked up and checked back in for the second service; some students may serve during second service
- 



TRANSLATIONS

24 And he turned back, and looked on them, and cursed them in the name of the Lord. And there came forth two she bears out of the wood, and tare forty and two children of them.

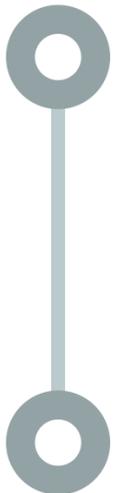




TRANSLATIONS

24 And he turned back, and looked on them, and cursed them in the name of the Lord. And there came forth two she bears out of the wood, and tare forty and two children of them.

24 He turned around, looked at them and called down a curse on them in the name of the Lord. Then two bears came out of the woods and mauled forty-two of the boys.





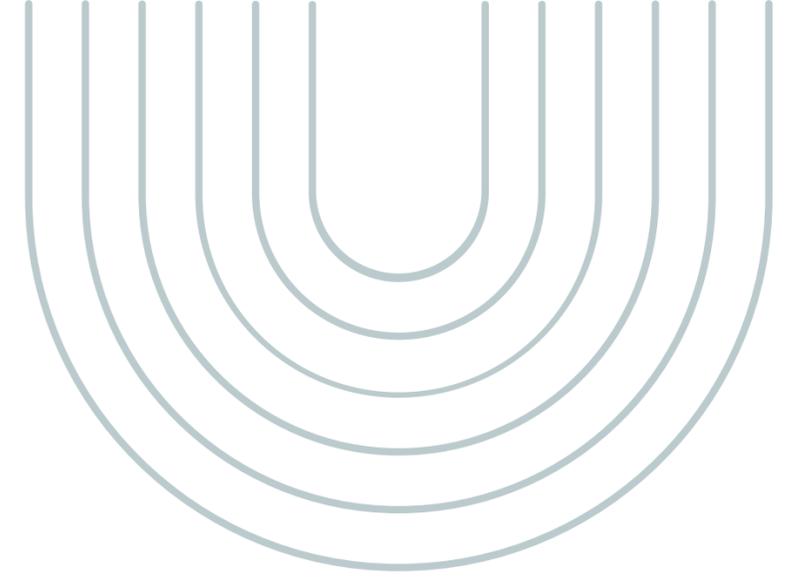
TRANSLATIONS

24 And he turned back, and looked on them, and cursed them in the name of the Lord. And there came forth two she bears out of the wood, and tare forty and two children of them.

24 He turned around, looked at them and called down a curse on them in the name of the Lord. Then two bears came out of the woods and mauled forty-two of the boys.

24 Elisha looked back and saw them. He asked the Lord to cause bad things to happen to them. Then two bears came out of the forest and attacked the boys. There were 42 boys ripped apart by the bears.





01. SUNDAY SCHEDULE
Typical Order of Events

02. LEARNING PRYMAID
Understanding How We Learn

02. BEHAVIOR
Understanding and Managing

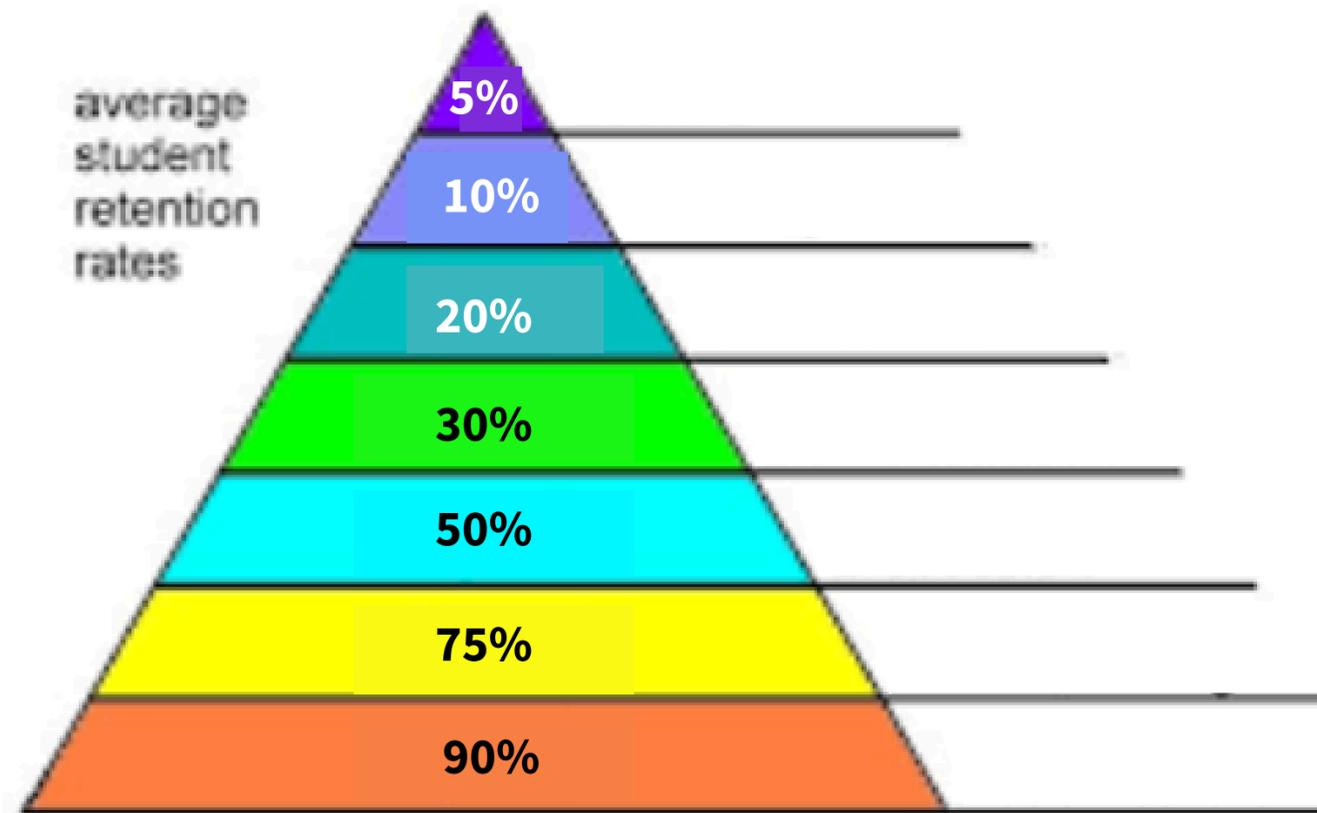


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LEARNING PYRAMID

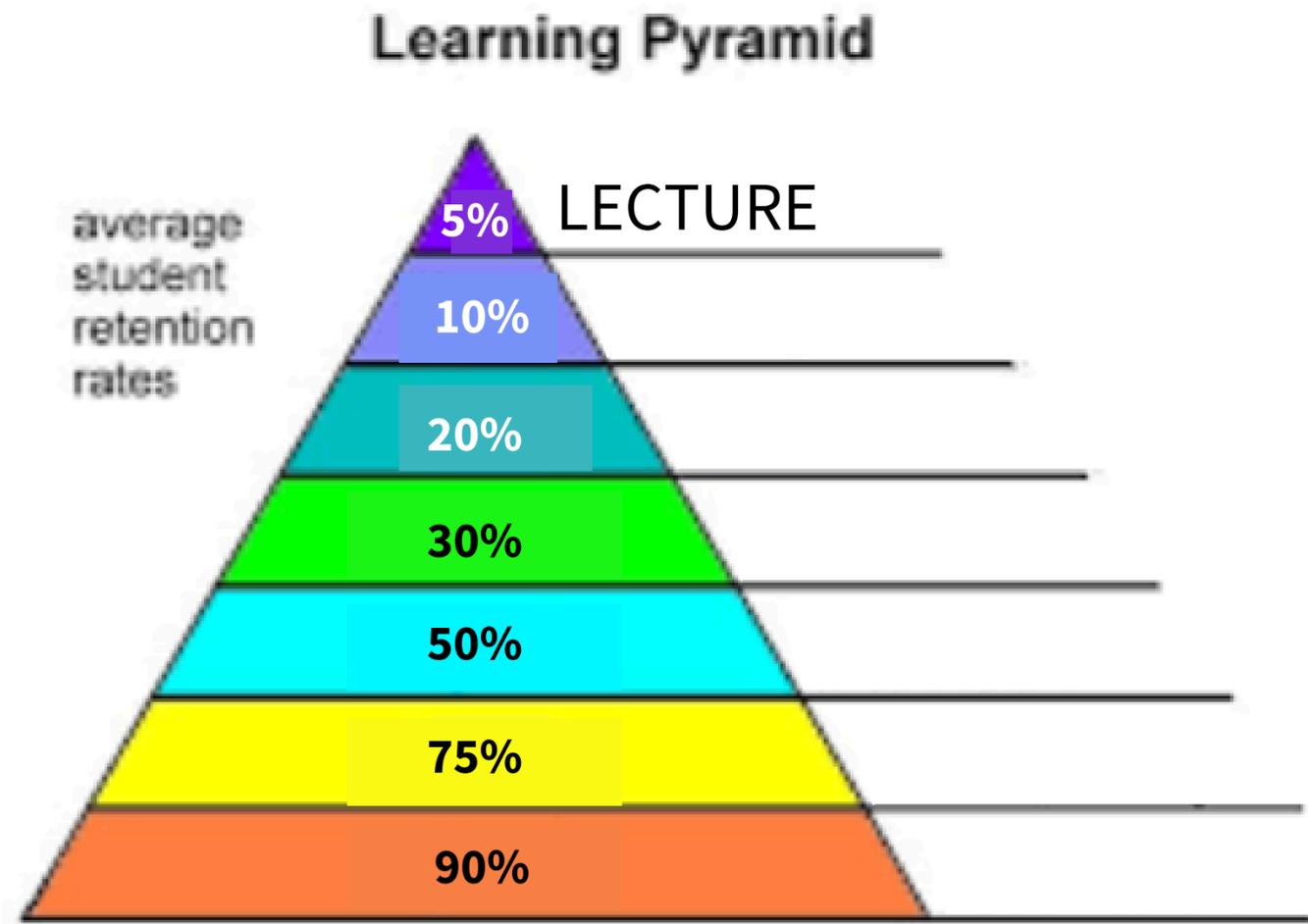


Learning Pyramid



Source: National Training Laboratories, Bethel, Maine

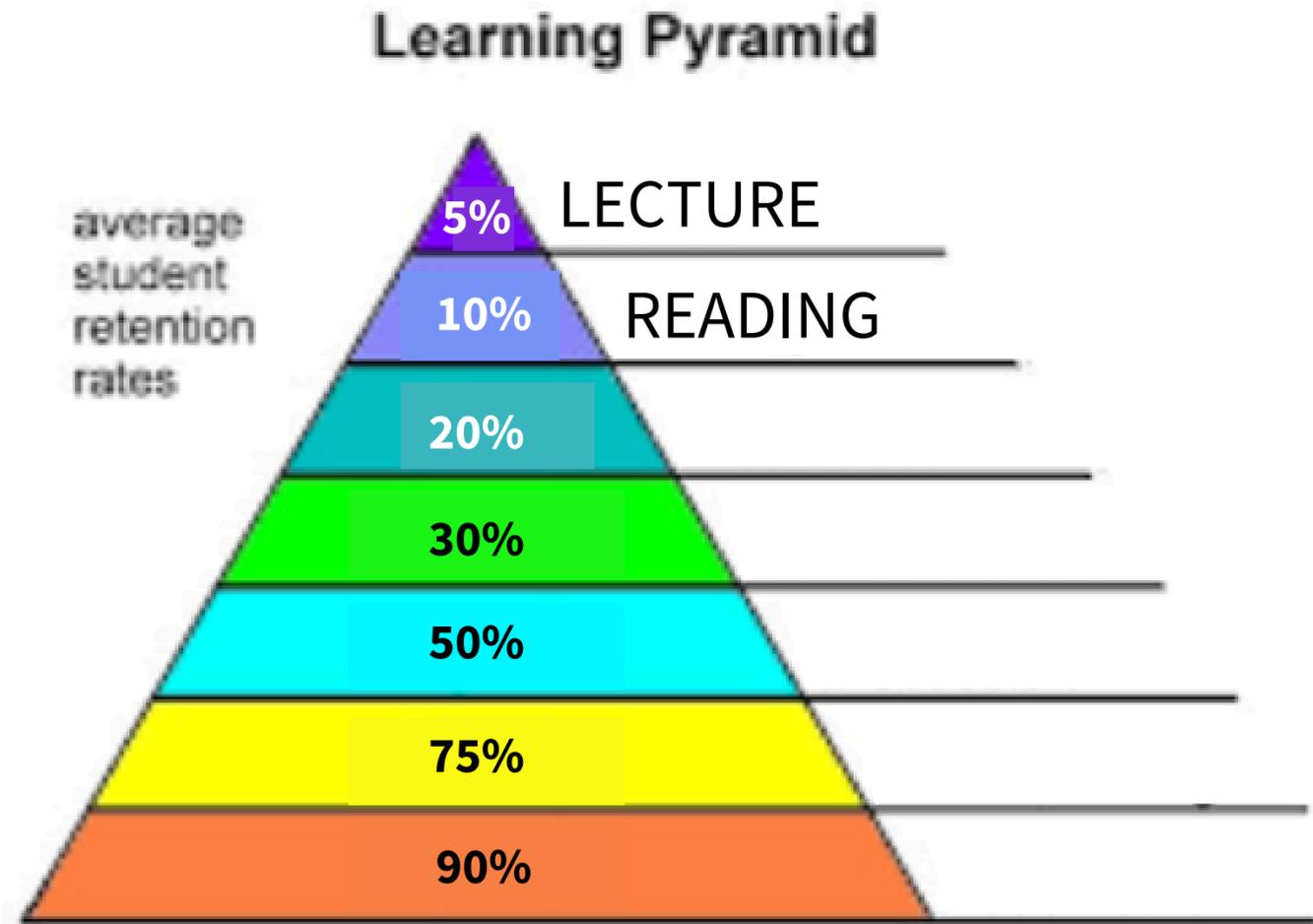
LEARNING PYRAMID



average
student
retention
rates

Source: National Training Laboratories, Bethel, Maine

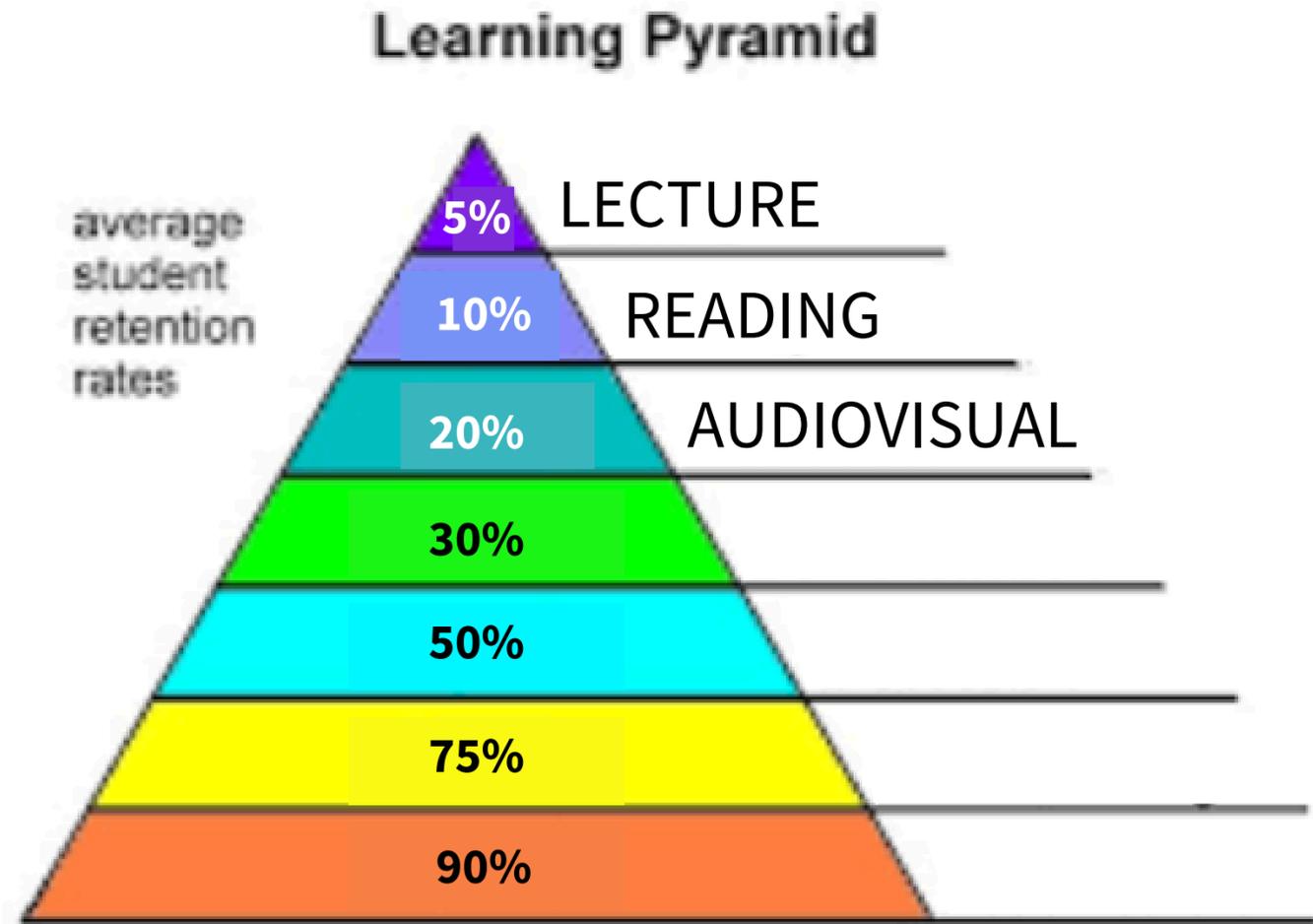
LEARNING PYRAMID



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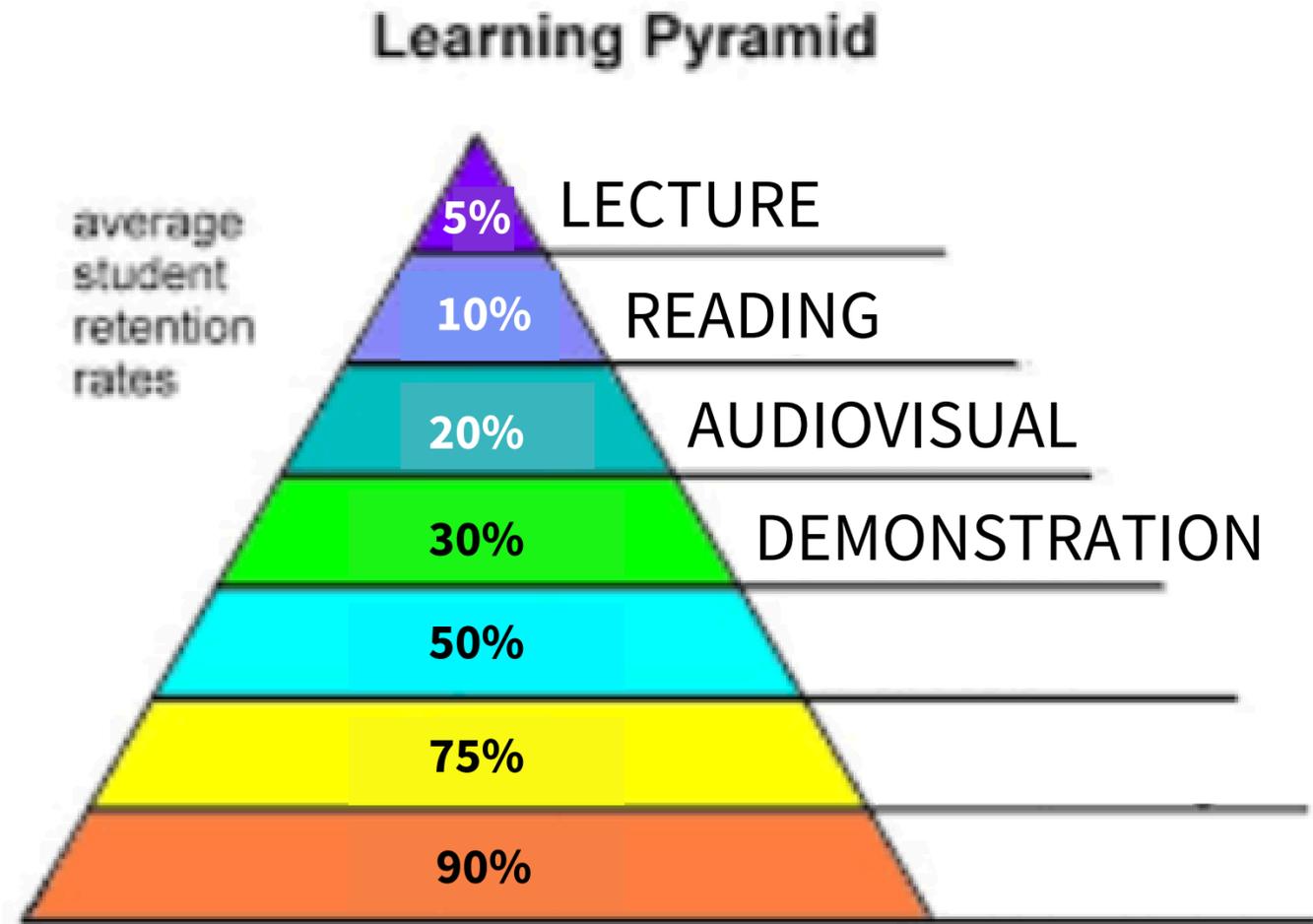
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LEARNING PYRAMID



Source: National Training Laboratories, Bethel, Maine

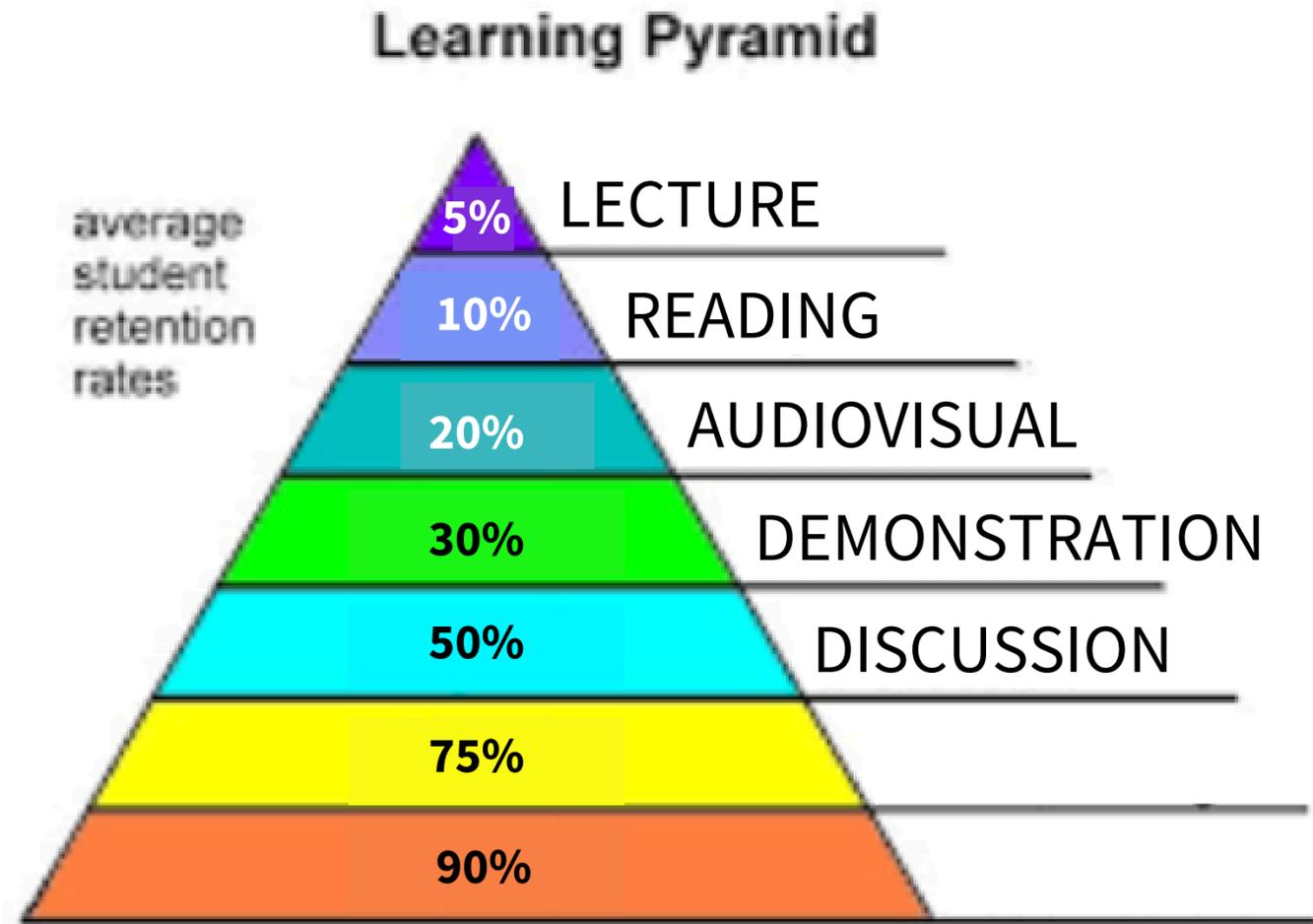
LEARNING PYRAMID



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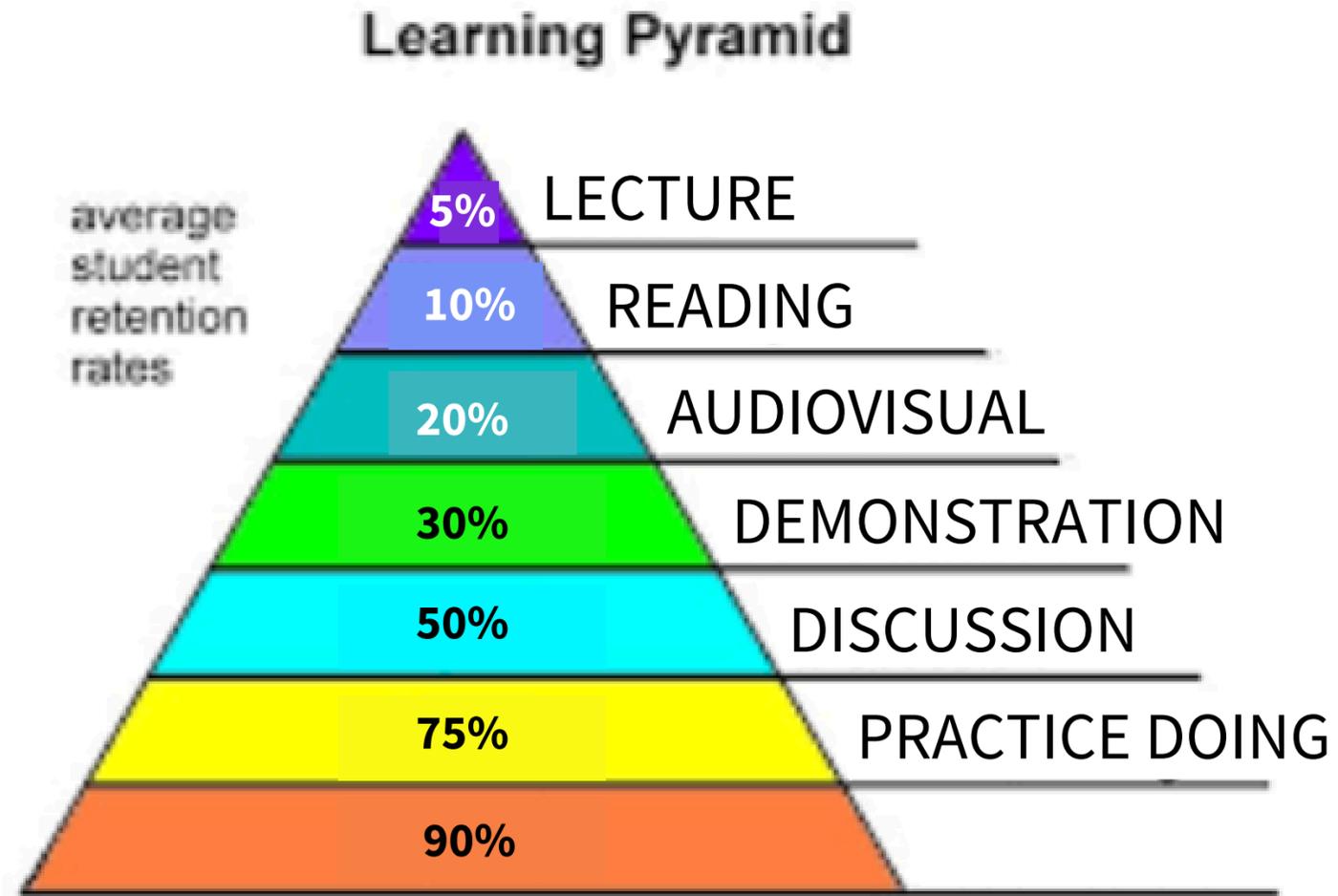
LEARNING PYRAMID



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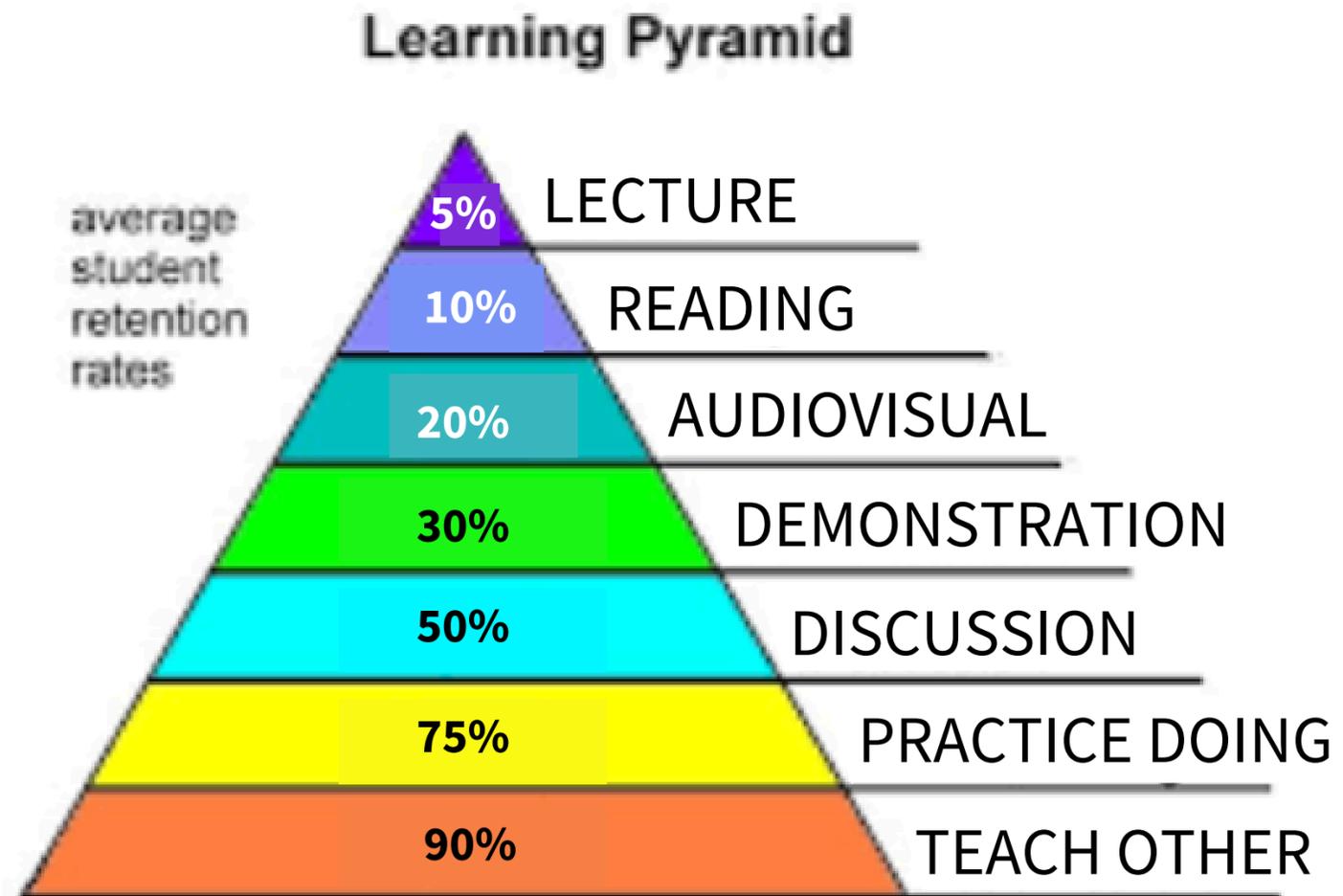
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LEARNING PYRAMID

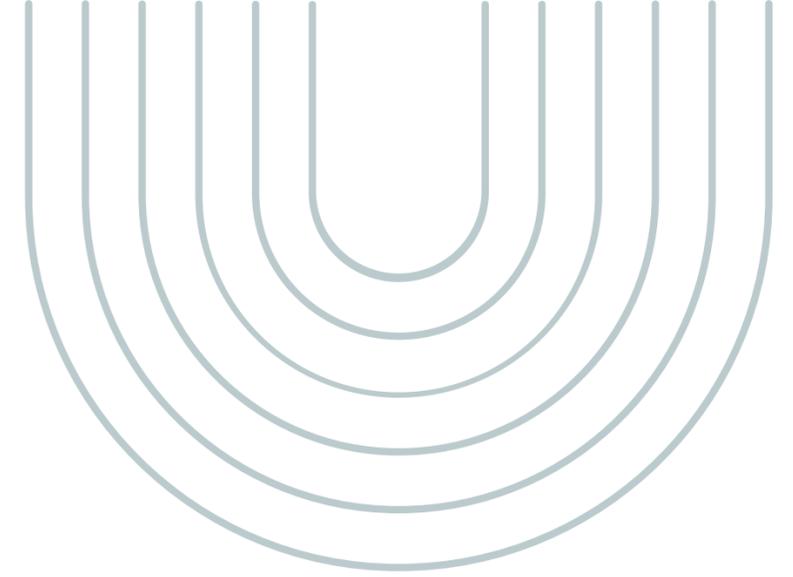


Source: National Training Laboratories, Bethel, Maine

LEARNING PYRAMID



Source: National Training Laboratories, Bethel, Maine



01. SUNDAY SCHEDULE
Typical Order of Events

02. LEARNING PRYMAID
Understanding How We Learn

02. BEHAVIOR
Understanding and Managing

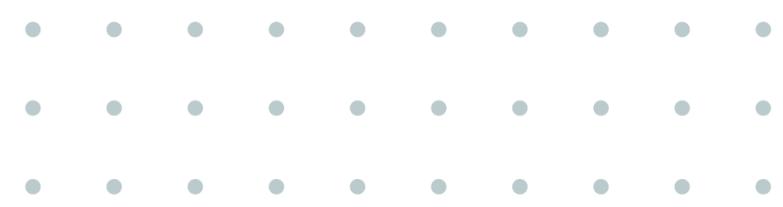


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CLASSROOM MANAGEMENT

Poor Behavior is Often an Attempt to Communicate

We all have needs, and when we feel those are not being met, we want to get someone's attention.

Communicating with Parents

Please allow the classroom leader to discuss behavior with parents. Keep all of your interactions with parents positive.

Report to Your Leader

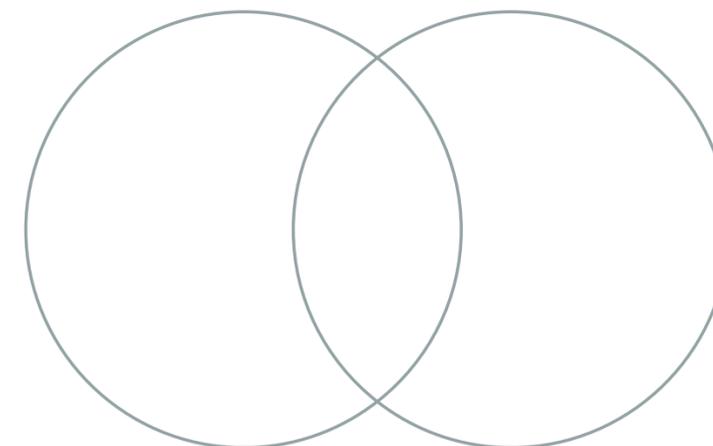
Once we identify a need of a student and a solution, we will document it to help future volunteers know how to support them better

Relationships

The most important part of classroom management is building strong relationships!

Our Attitude Towards Their Behavior Matters

Try to remain patient and do not take it personally; discover the need and try to meet it



MANAGEMENT TIPS



Do Not Take It Personally

Keep An Eye on Elopers– Alert Immediately

Always Remain Calm and Use a Gentle Voice

Redirect Their Attention

Stabilize Dysregulated Child; Remove Calm Students

Set Clear Expectations

Provide Movement Breaks

Always Prime for The Next Activity

Speak the Declarative, Not the Negative

Give Choices When Appropriate

Praise Positive Behavior and Never Reinforce Negative Behavior

Tell Them What You Understand

Try to Act Soon, Do Not Wait Until it Escalates

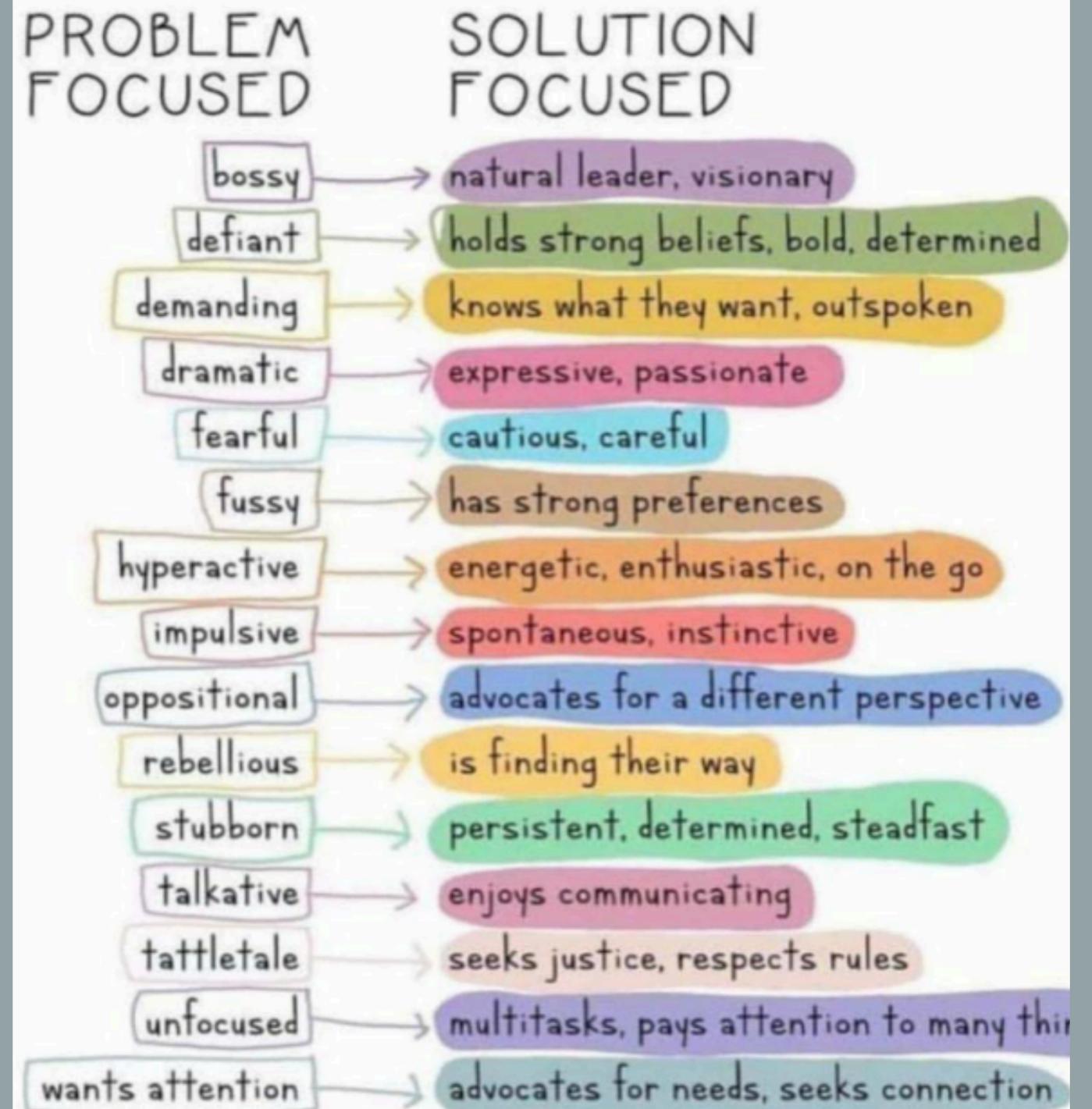


BEHAVIOR IS NOT "BAD BEHAVIOR"

A student who is "talkative" would make a great greeter

A student who is "dramatic" probably worships beautifully

A student who "wants attention" would probably love helping pass out papers





How to Manage Challenging Behaviors



Share

Challenging Behaviors? Try These Tips!



triggers



rewards



joni&friends

Watch on  YouTube



QUESTIONS





KEY TAKEAWAYS

1. THERE IS A NEED FOR INDIVIDUALS WITH DISABILITIES TO BE DISCIPLED, AND IT IS BIBLICAL!
2. THERE IS A PLACE FOR EVERYONE TO SERVE. WE NEED ALL THE HELP WE CAN GET! NOT AND EXPERT DOES NOT MEAN NOT QUALIFIED.
3. COMMUNICATION AND RELATIONSHIPS ARE KEY – WITH YOUR STUDENTS, YOUR PEERS, AND YOUR LEADERSHIP!





FINAL THOUGHTS

1. THERE ARE MORE TRAINING DAYS COMING. PLEASE INVITE A FRIEND TO ATTEND (AND ATTEND WITH THEM IF YOU CAN).

2. PLEASE COMPLETE THE BACK PAGE OF THE PACKET THAT ALLOWS YOU TO SIGN UP TO SERVE. IF YOU DO NOT UNDERSTAND OR AGREE WITH SOMETHING MENTIONED TODAY, PLEASE COME TALK TO ME BEFORE FILLING OUT THE FORM, OR INCLUDE IT IN THE COMMENT SECTION

3. THERE ARE MORE RESOURCES IN THE BACK IF YOU ARE INTERESTED.

4. PLEASE EMAIL ME AT BEYOND@WINCOG.COM IF YOU HAVE ANY QUESTIONS.

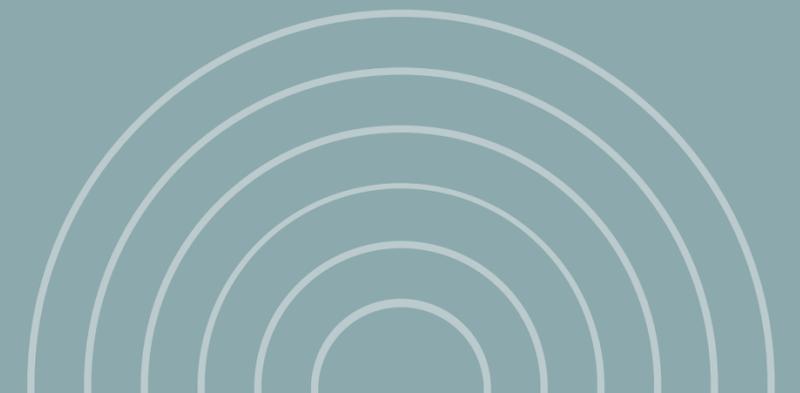




SPECIAL THANK YOU

INFORMATION WITHIN THIS POWERPOINT MAY BE FROM:

- ABILITY MINISTRY (RYAN WOLFE)
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- JONI AND FRIENDS
- KEY MINISTRY
- LEADING A SPECIAL NEEDS MINISTRY (AMY FENTON LEE)
- RISING ABOVE MINISTRY
- TOGETHER CONFERENCE (JILLIAN PALMIOTTO)
- SOAR





THANK YOU!



SUPPORTING ORGANIZATIONS