



# 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





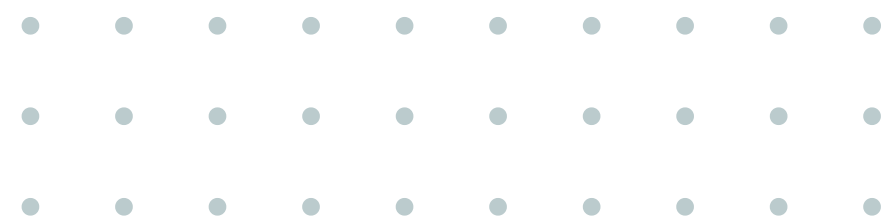


01. THE HARVEST IS LARGE  
*Statistics*

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





# PEOPLE IN THE WORLD

1–1.5 Billion People





# PEOPLE IN THE WORLD

1.3 Billion Have a Disability





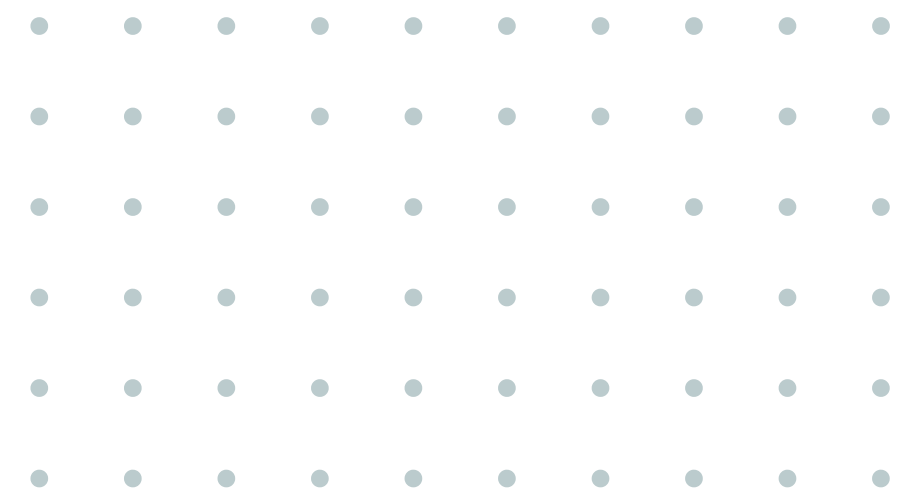


## VIRGNIA

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

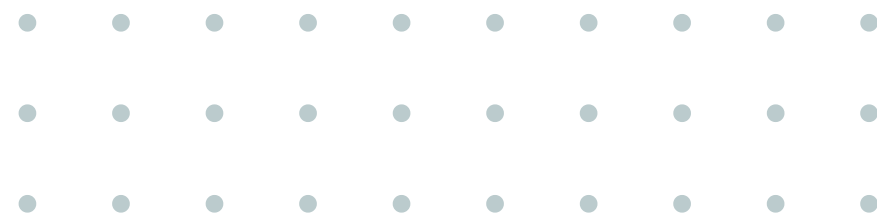
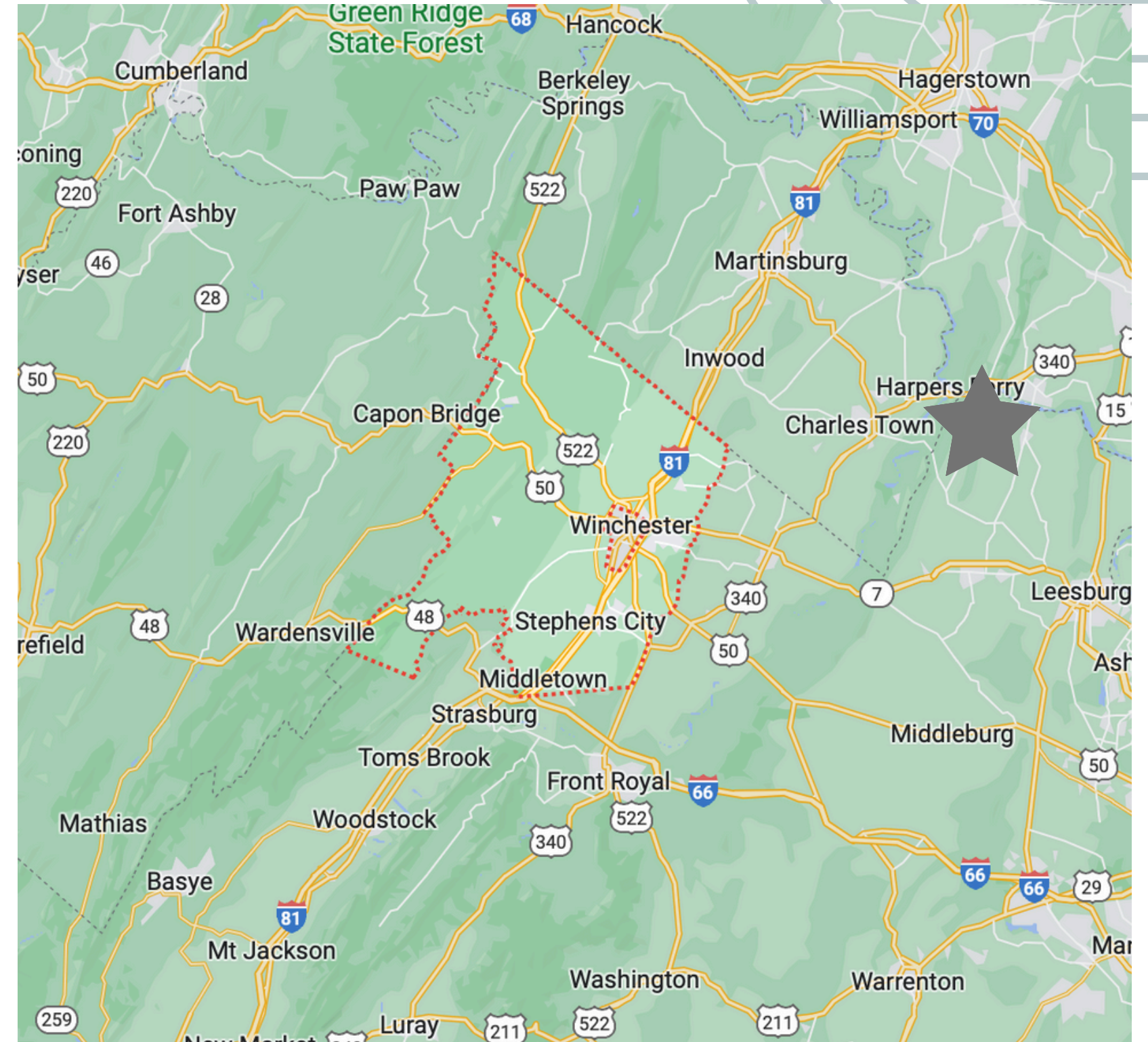
## WEST VIRGINIA

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



# JEFFERSON COUNTY

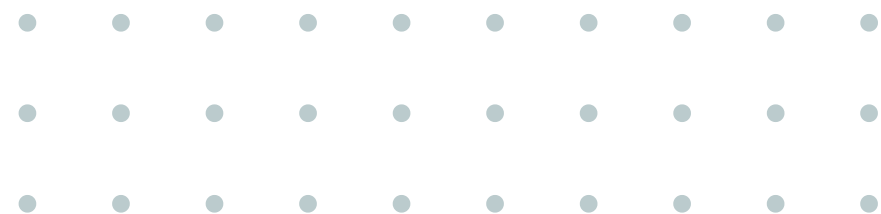
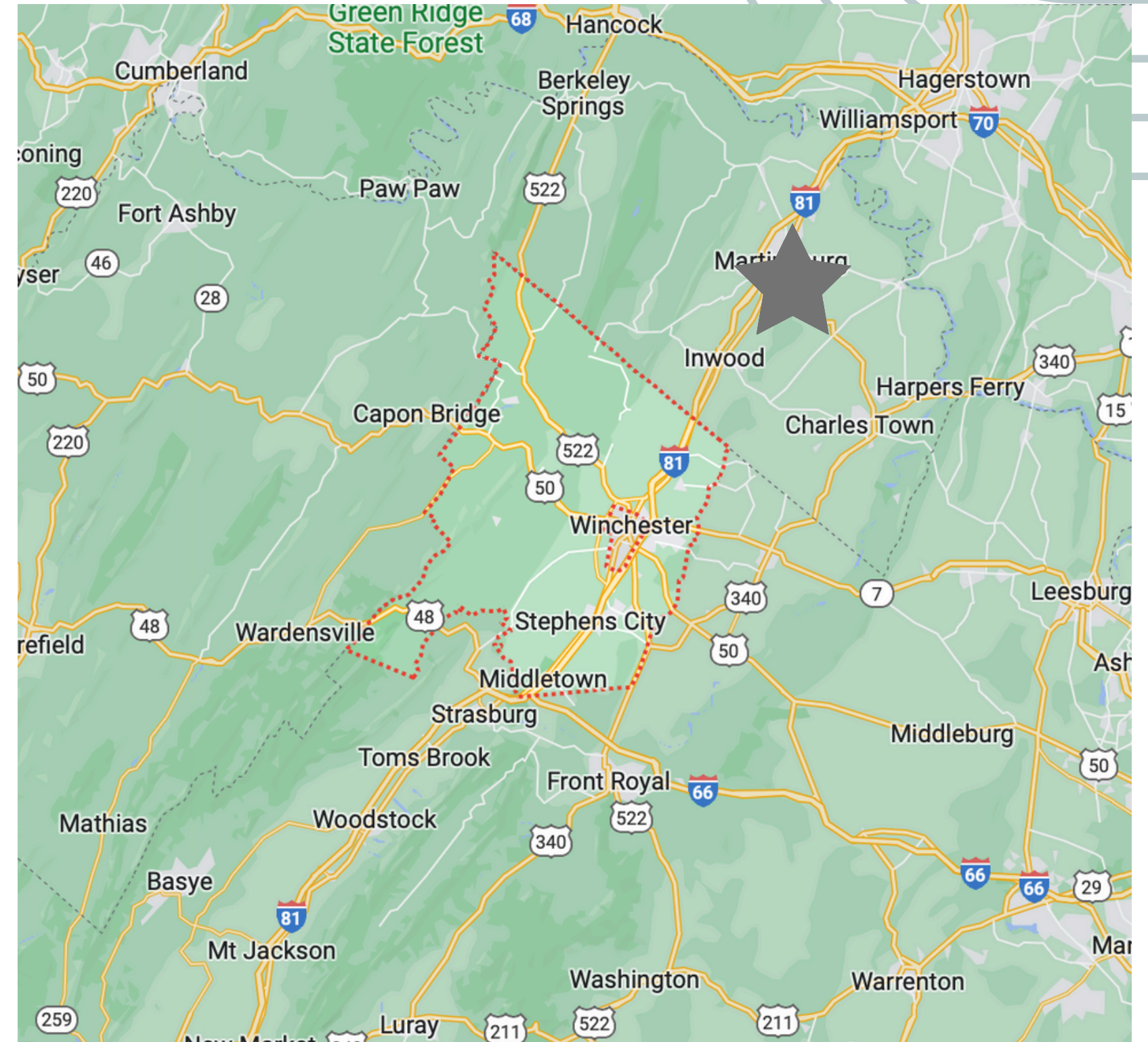
3,981 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# BERKELEY COUNTY

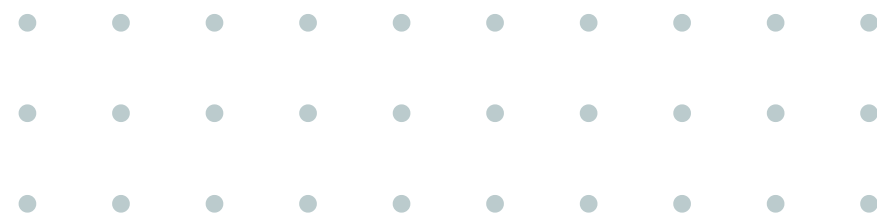
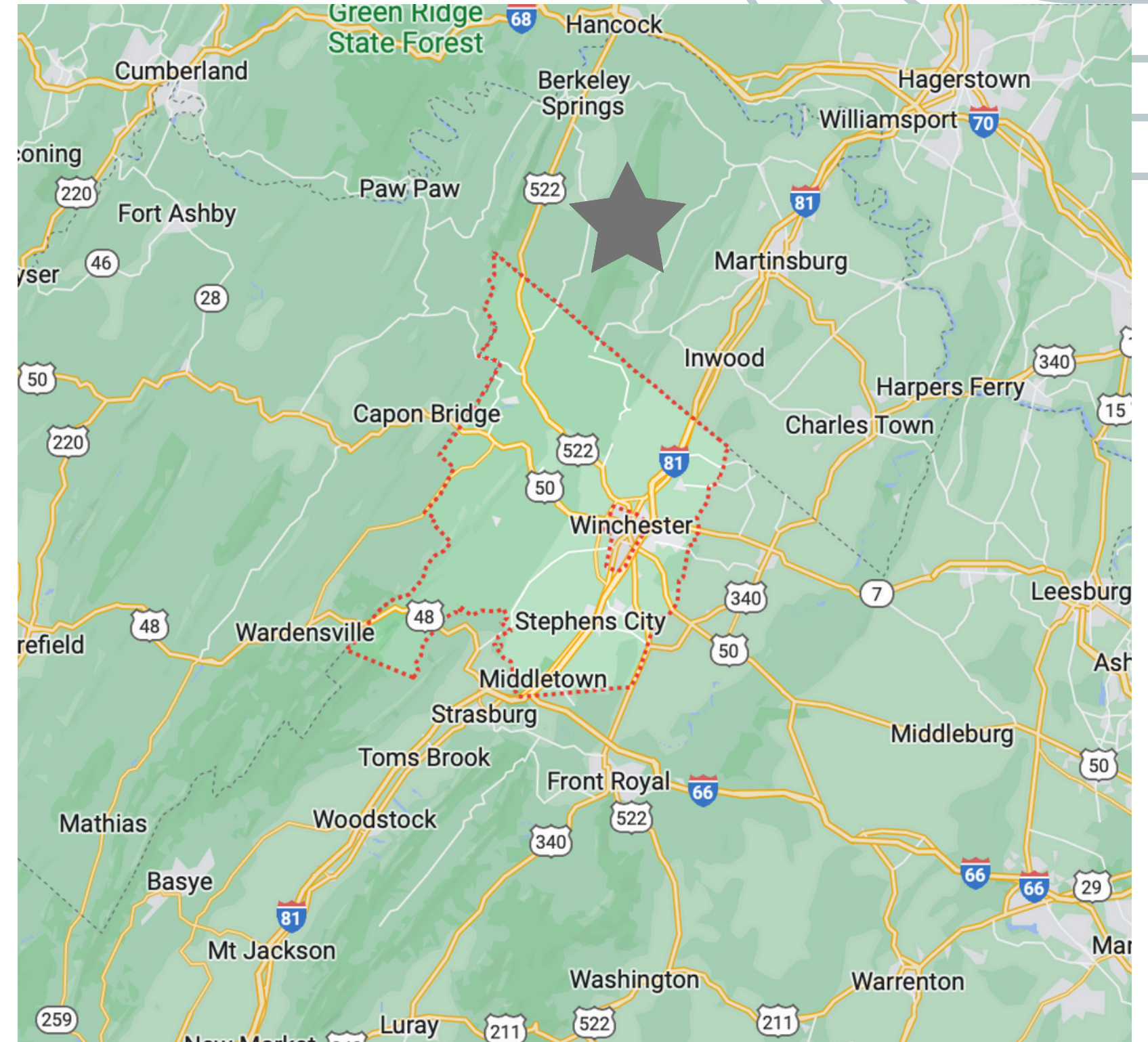
8,179 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# MORGAN COUNTY

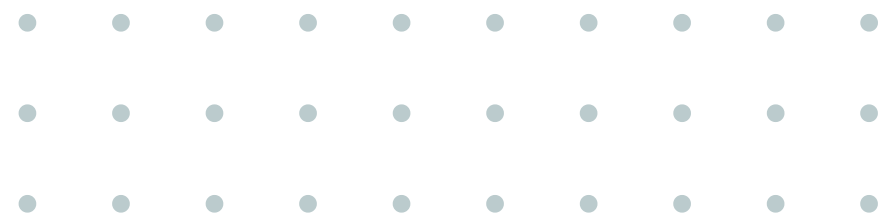
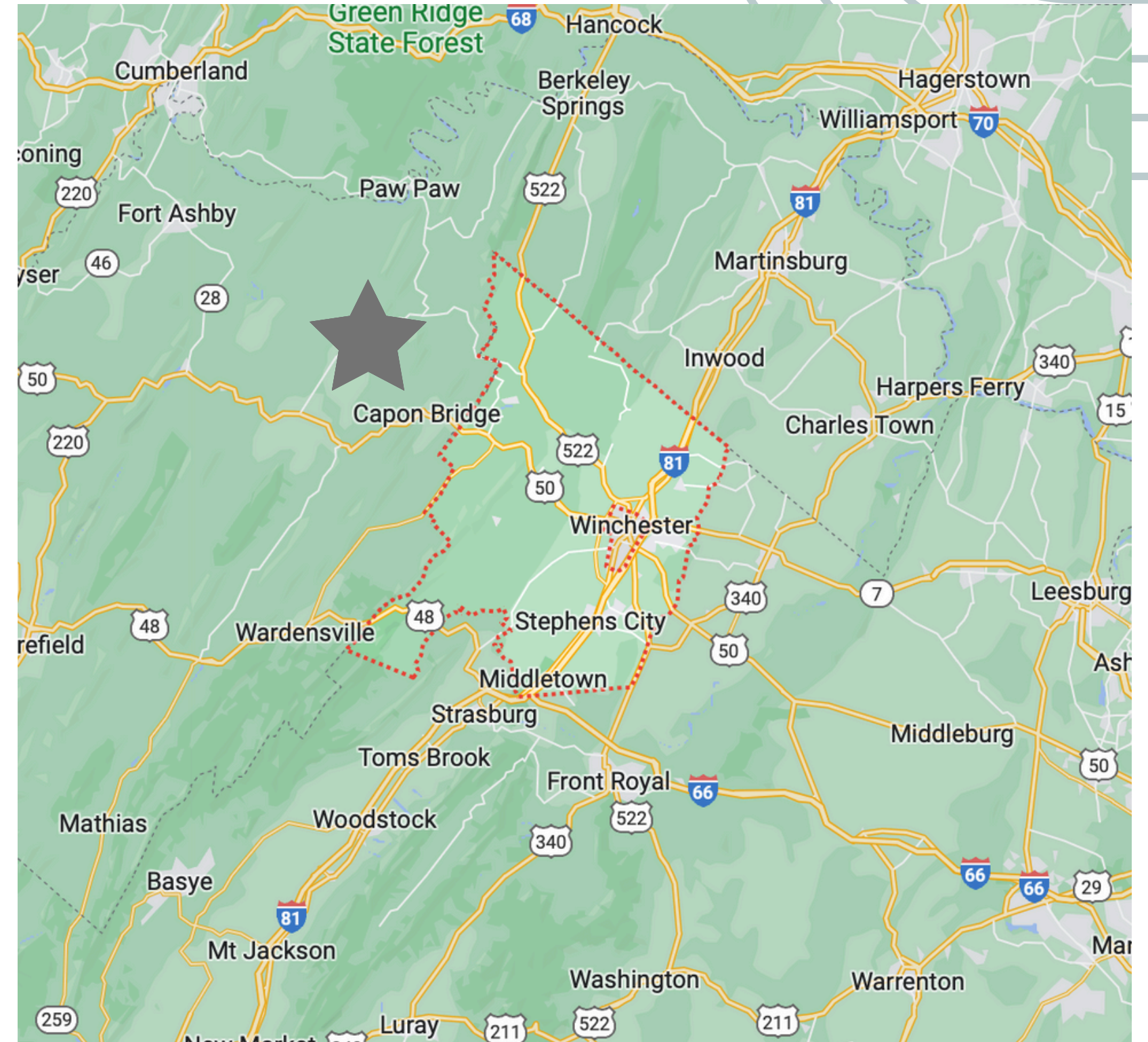
1,945 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# HAMPSHIRE COUNTY

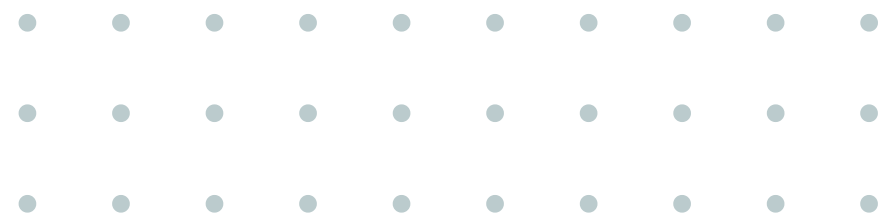
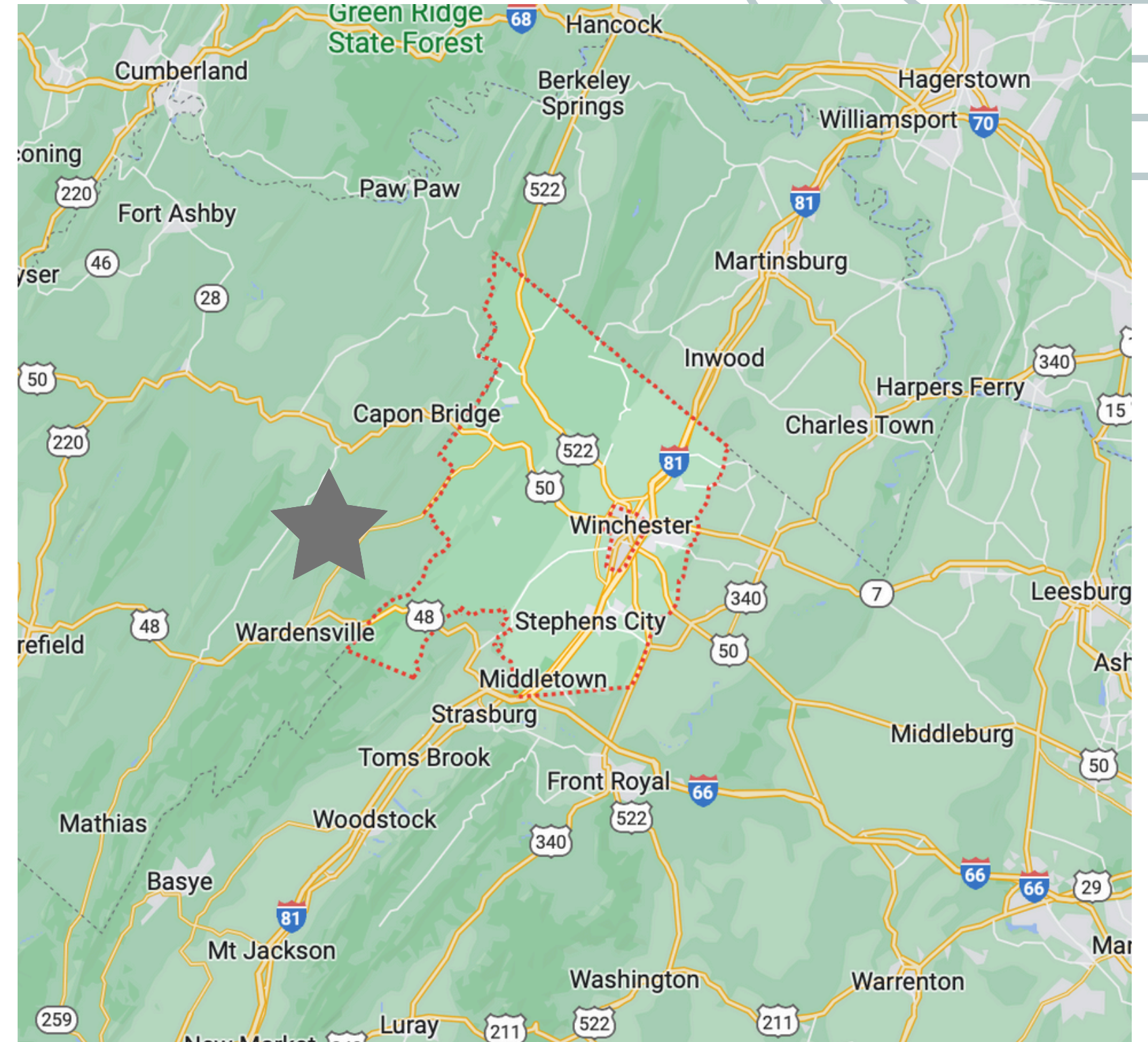
1,893 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# HARDY COUNTY

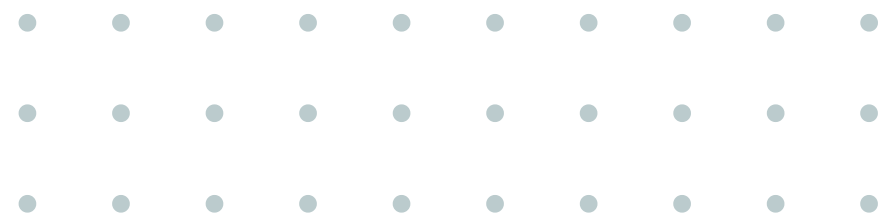
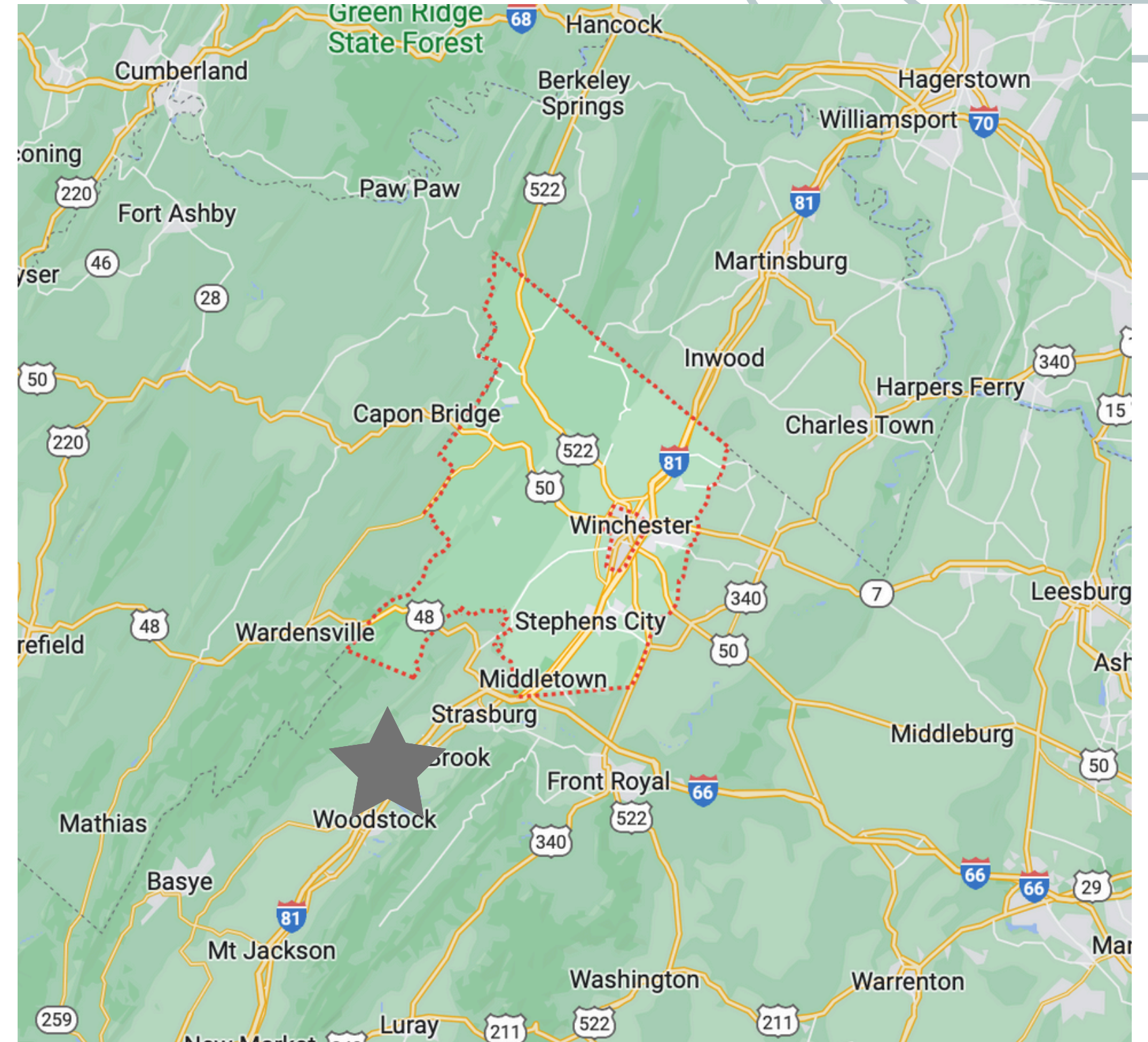
1,532 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# SHENANDOAH COUNTY

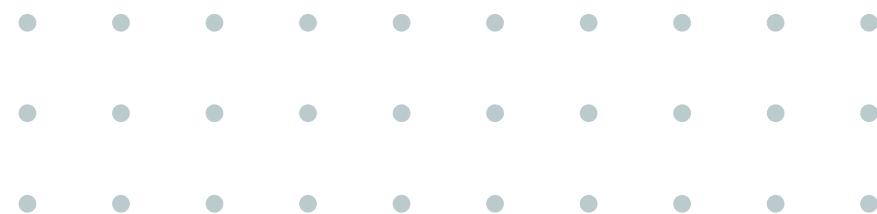
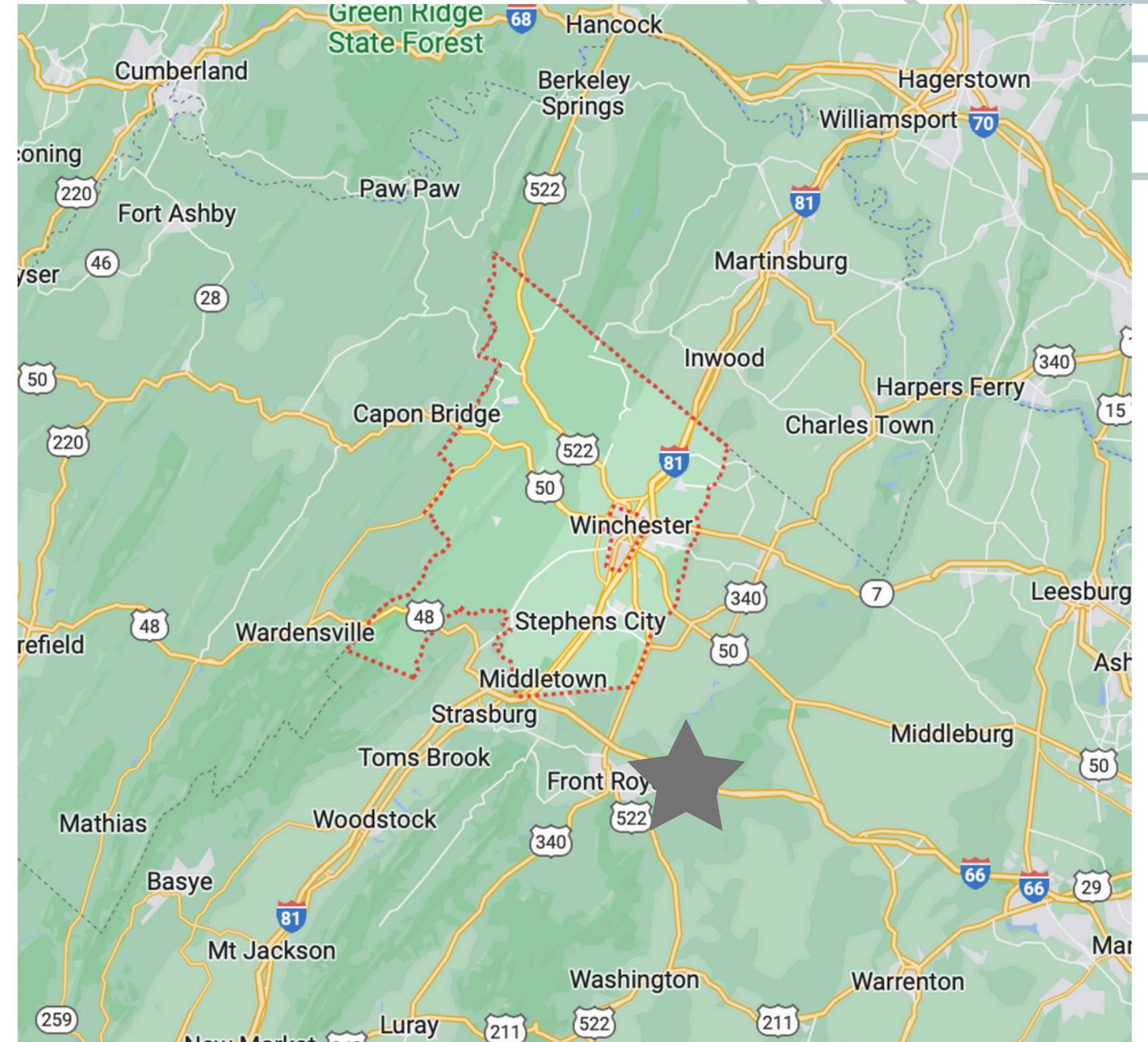
4,197 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# WARREN COUNTY

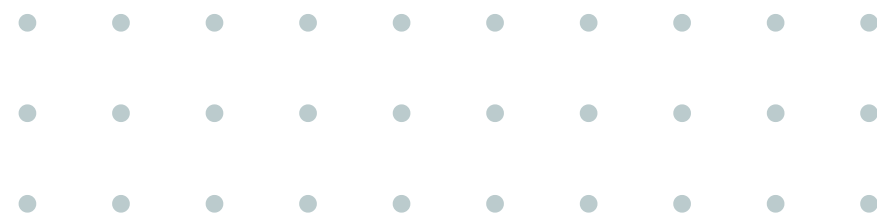
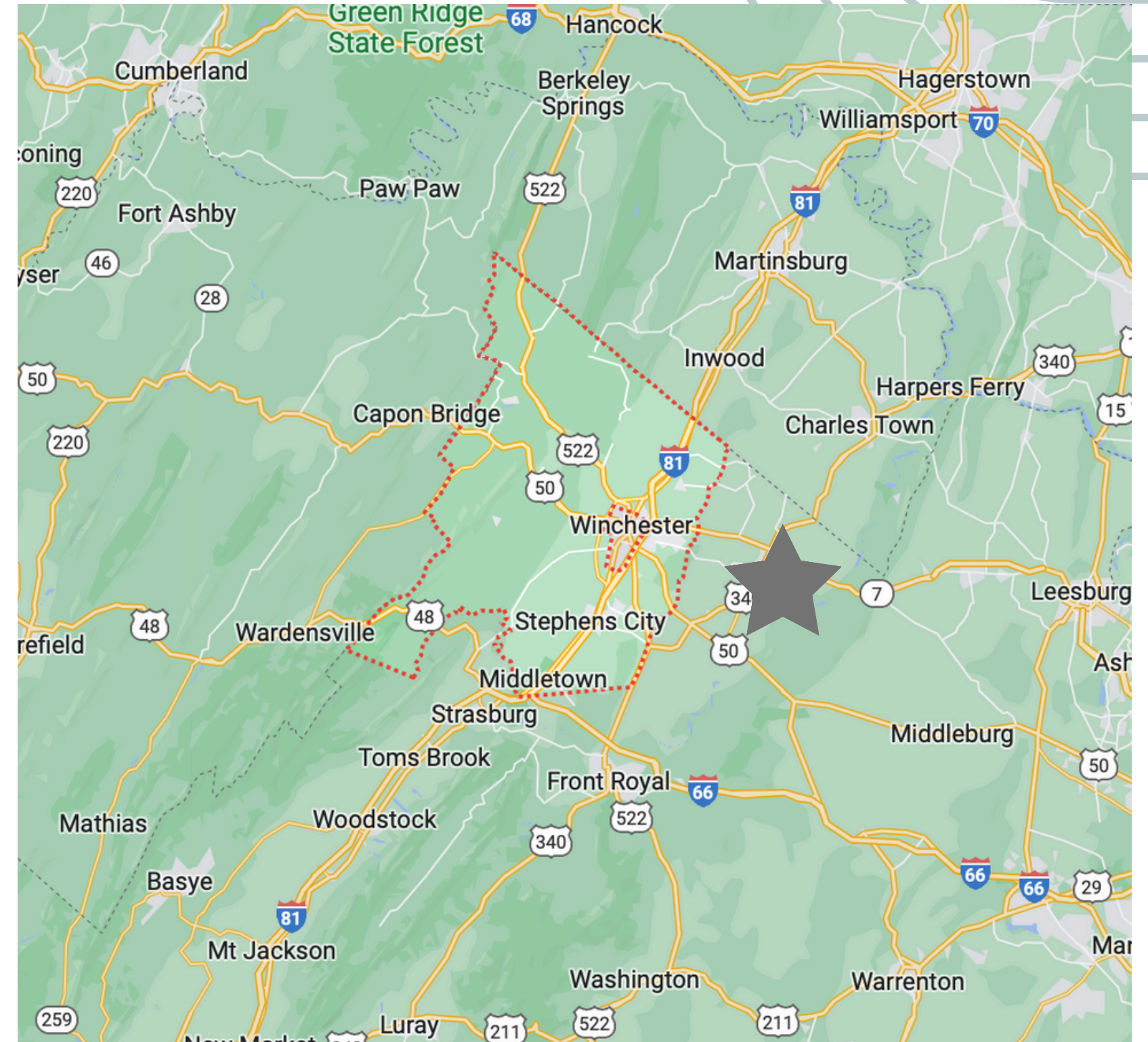
3,706 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# CLARKE COUNTY

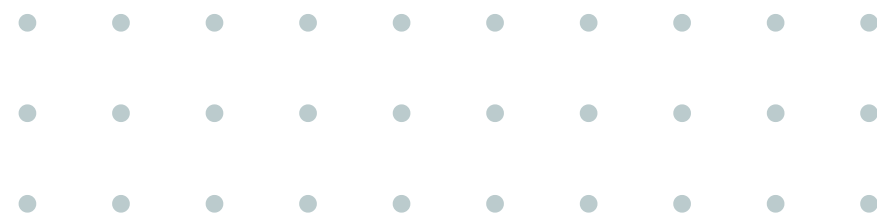
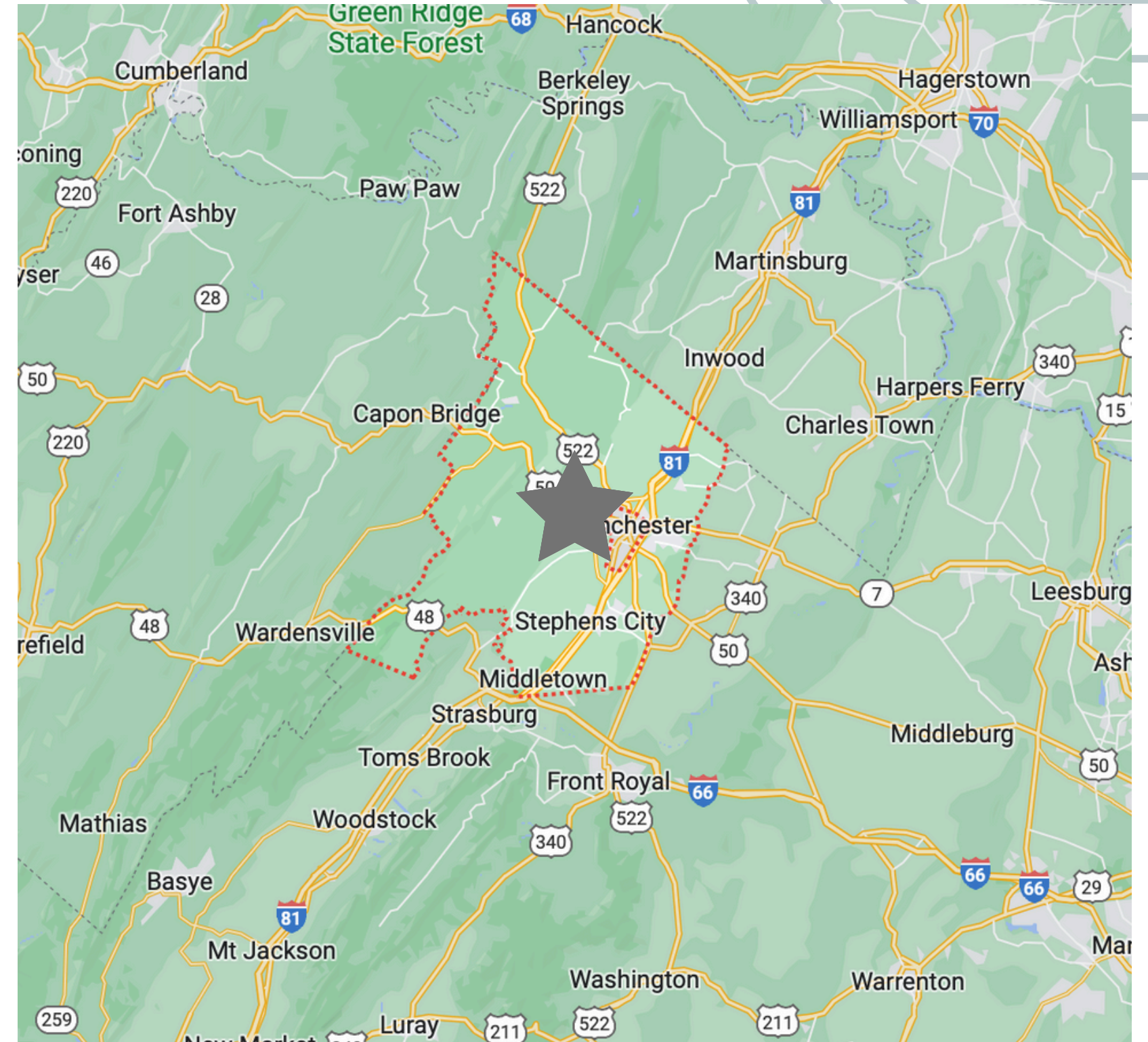
1,138 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# FREDERICK COUNTY

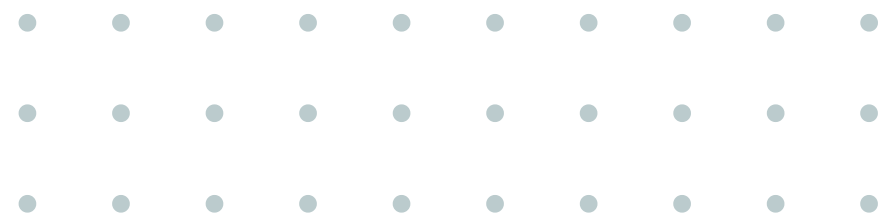
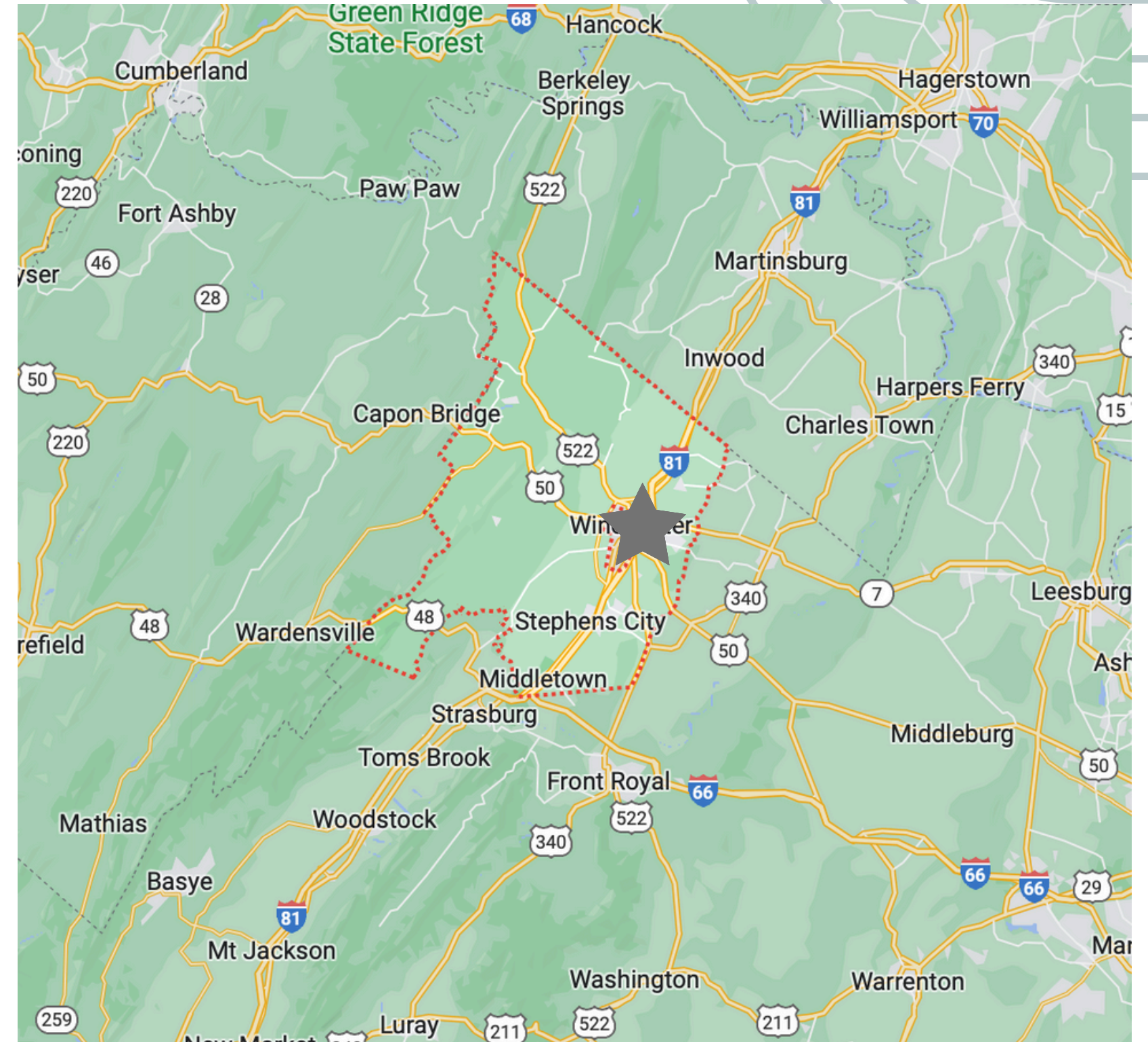
8,136 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# WINCHESTER CITY

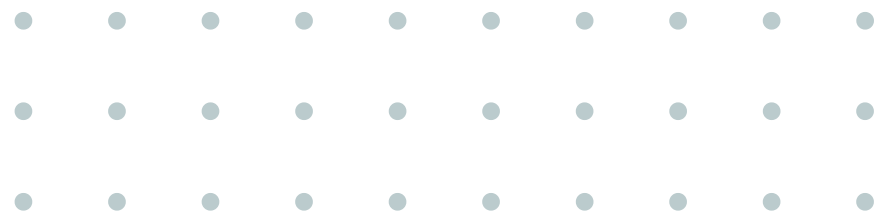
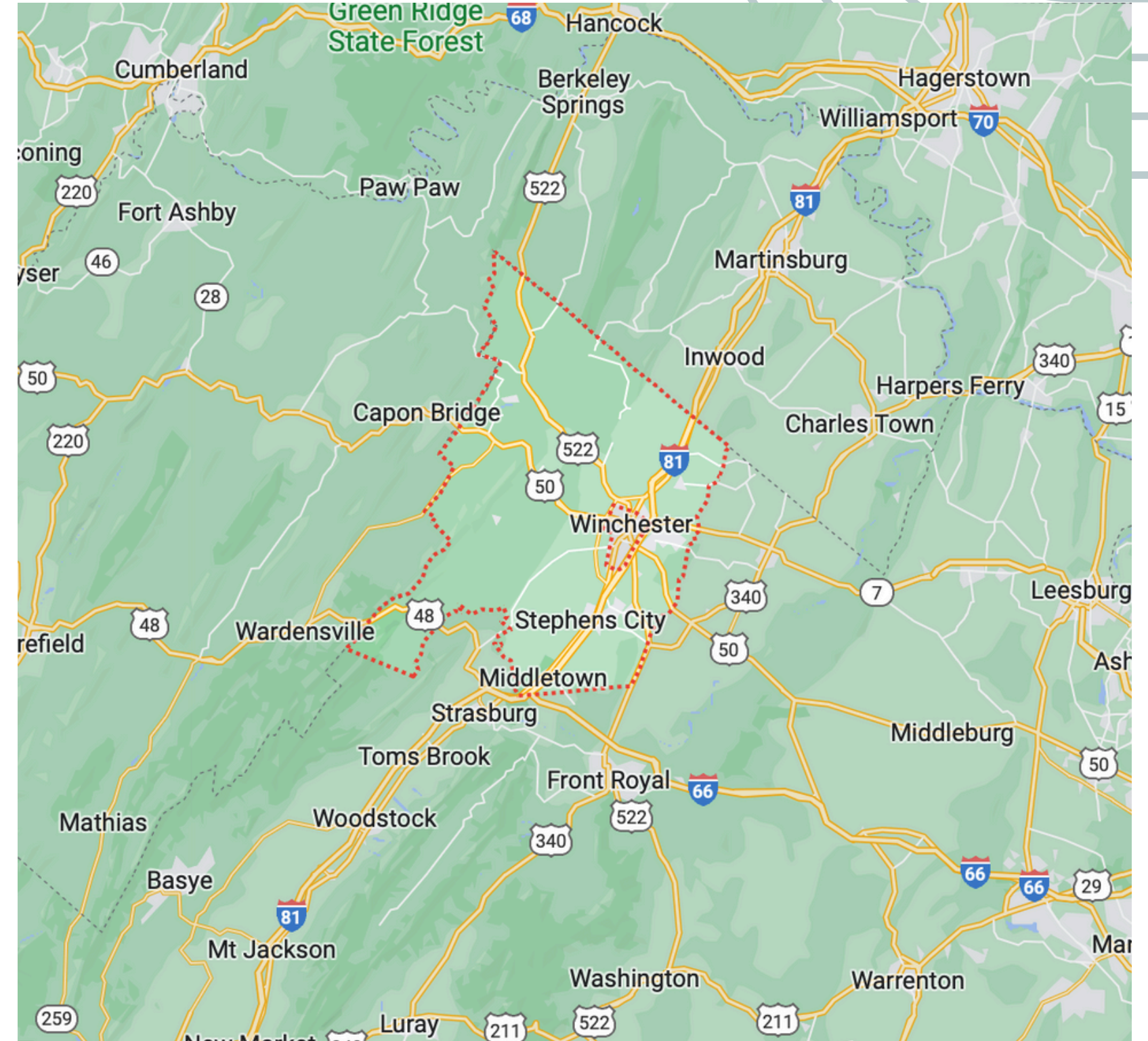
2,980 PEOPLE UNDER THE AGE  
OF 65 REPORTED HAVING A  
DISABILITY IN THE 2020 CENSUS





# 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.

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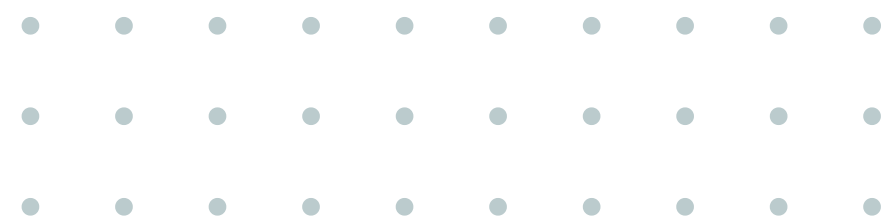


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*Statistics*

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*Statistics*

03. JESUS COMMANDS THIS MINISTRY  
*Scriptures*

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



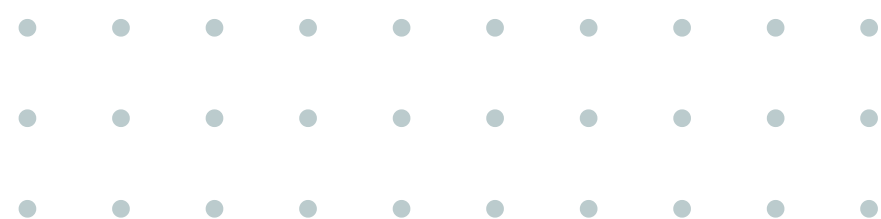
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LESS THAN 10% OF CHURCHES HAVE ANY FORM  
OF OUTREACH FOR PEOPLE WITH DISABILITIES

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



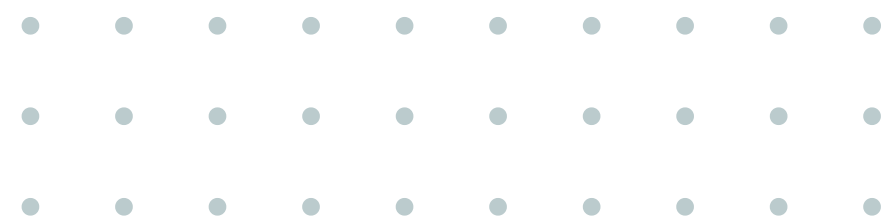


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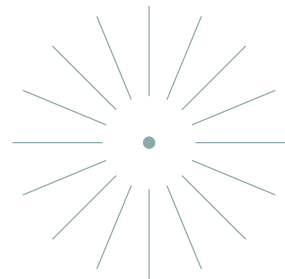
03. JESUS COMMANDS THIS MINISTRY  
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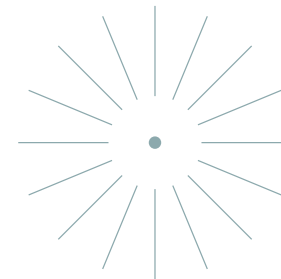


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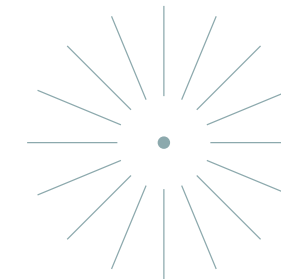
**IN YOUR GROUP, PLEASE READ THE FOLLOWING  
PASSAGES AND DISCUSS HOW THEY RELATE TO  
DISABILITY MINISTRY**



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



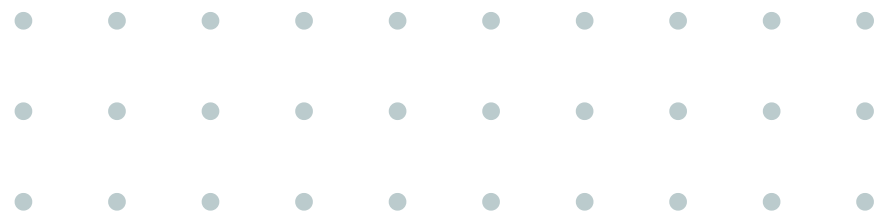
**2 CORINTHIANS 12:9–10  
JOHN 9:1–5**



**LUKE 14:12–23**



# Genesis 1:27; Psalms 139:14



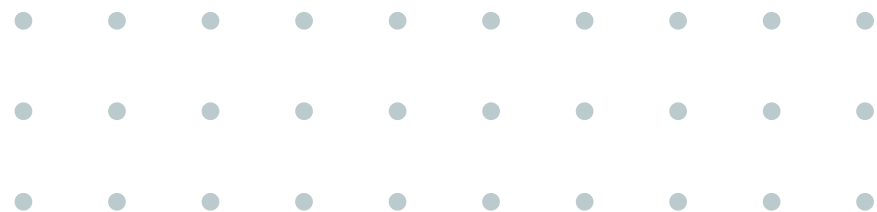
Before we were known to our parents, Jesus knit us together

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

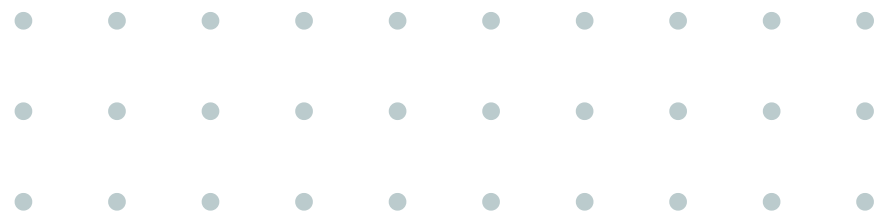
Some disabilities are the result of a fallen world; but many are a demonstration of God's goodness





## 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.

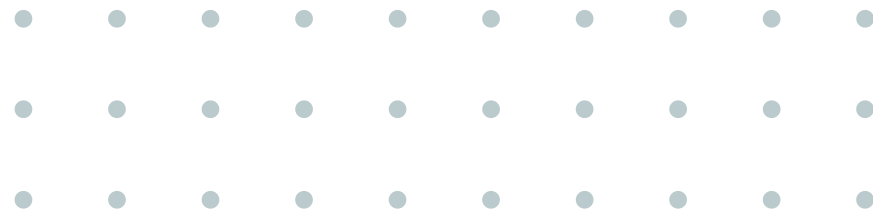


# Luke 14:12–23

“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.

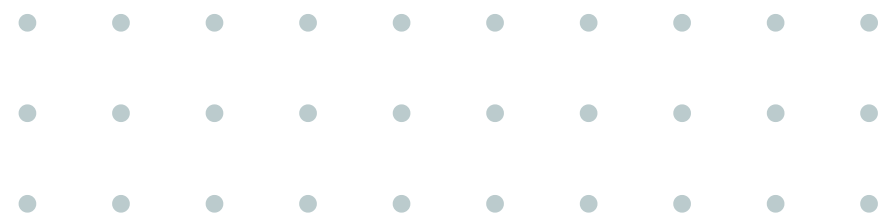
\*Joni and Friends





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

Rising Above



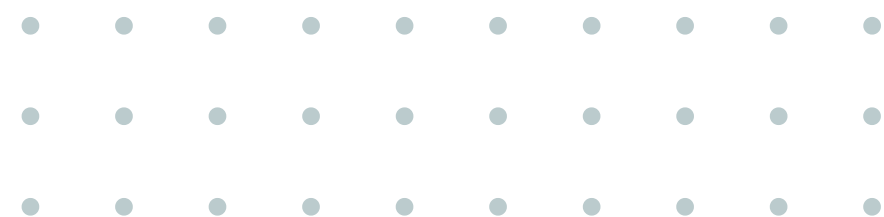


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# The Largest Unreached People Group in the World

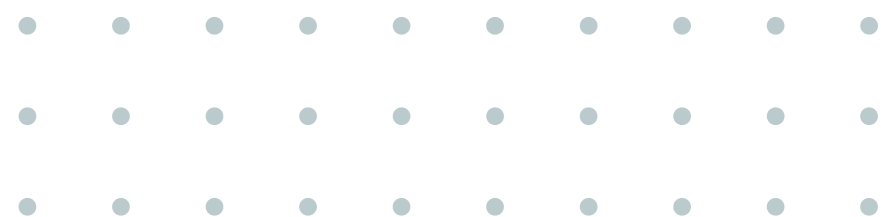
- Only 2% of Deaf individuals in America are Christians.
- Worldwide, only 5%–10% of individuals with disabilities have been effectively reached with the gospel.
- In one study, over half of the families interviewed reported being excluded from church because of a child with a disability; the same study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



\*Leading a Special Needs Ministry

“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

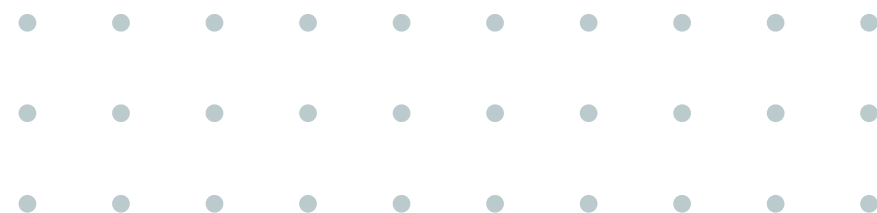
# What is Disability Ministry?



joni&friends



Watch on  YouTube





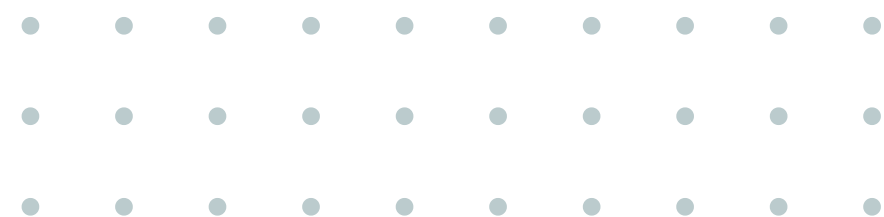
# THE HOW







- 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 WincKidz 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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# 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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# KNOWING IS HALF THE BATTLE



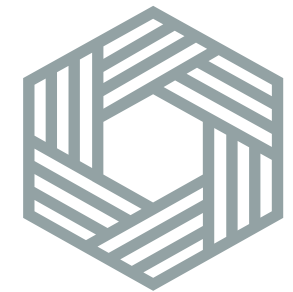
**Intake Form**



**This Is Me**



**Disability  
Resource**



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


# INTAKE FORM

<div>MINISTRY NAME</div> <div>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 support for their needs. Please do not leave off any crucial information. Your child's unique needs, so including information will only help us better serve the family's experience for the whole family and staff team. (The only exception is if a child's behavior that would cause themselves, other students, or volunteers to be harmed.)</div> <div>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!</div> <div>PRIMARY INFORMATION</div> <div>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): <input type="checkbox"/> Text <input type="checkbox"/> Phone  Guardian 2 Name: _____ Relationship: _____ Phone Number: (____) _____-____ Email Address: _____ Preferred Contact Method (text, phone call, or email): <input type="checkbox"/> Text <input type="checkbox"/> Phone  Primary Language Spoken at Home: _____  Applicant's Primary Disability (if Applicable): _____</div>	<div>PHYSICAL</div> <div>Vision: <input type="checkbox"/> Typical <input type="checkbox"/> Slightly Impaired <input type="checkbox"/> Blind <input type="checkbox"/> Needs High Vision Aids <input type="checkbox"/> Other _____</div> <div>Hearing: <input type="checkbox"/> No Difficulties <input type="checkbox"/> Uses Hearing Aids / Cochlear Implant <input type="checkbox"/> Other _____</div> <div>Oral Communication: <input type="checkbox"/> Non Speaking but Vocalizes <input type="checkbox"/> Uses ASL <input type="checkbox"/> Says Words (Limited Vocabulary) <input type="checkbox"/> Talks in Sentences but not paragraphs <input type="checkbox"/> Talks in Sentences and is Easy to Understand <input type="checkbox"/> Uses a Communication Board <input type="checkbox"/> Uses a Computer <input type="checkbox"/> Other: _____</div> <div>Written Communication: Ability to Read? <input type="checkbox"/> Yes <input type="checkbox"/> No What Level? _____ Ability to Write? <input type="checkbox"/> Yes <input type="checkbox"/> No What Level? _____ Use of Braille? <input type="checkbox"/> Yes <input type="checkbox"/> No What Level? _____</div> <div>Mobility: <input type="checkbox"/> Walks Independently <input type="checkbox"/> Uses Braces or Orthotics <input type="checkbox"/> Self Operates A Power Wheelchair <input type="checkbox"/> Self Operates a Manual Wheelchair <input type="checkbox"/> Needs Assistance for Manual Wheelchair <input type="checkbox"/> Uses A Different Assistive Device – Type Of Device: _____  <input type="checkbox"/> Falls On Occasion – Under What Circumstances: _____  List Any Special Positioning Needs Or Mobility Concerns: _____</div> <div>Motor Usage: Fine Motor Skills: <input type="checkbox"/> Typical <input type="checkbox"/> Slightly Limited Gross Motor Skills: <input type="checkbox"/> Typical <input type="checkbox"/> Slightly Limited</div> <div>Sensory: Reaction to Sensory Input: <input type="checkbox"/> Is not Adverse <input type="checkbox"/> Hypersensitive Sensory Processing Difficulties: <input type="checkbox"/> Sound <input type="checkbox"/> Taste <input type="checkbox"/> Touch Elaborate (if needed): _____</div>	<div>BEHAVIOR</div> <div>Social/Behavioral Tendencies <input type="checkbox"/> Temper Tantrums <input type="checkbox"/> Meltdowns <input type="checkbox"/> Running Away <input type="checkbox"/> Aggression to Self <input type="checkbox"/> Aggression to Peers <input type="checkbox"/> Aggression to Adults <input type="checkbox"/> Hitting <input type="checkbox"/> Pushing <input type="checkbox"/> Biting <input type="checkbox"/> Yelling <input type="checkbox"/> Throwing <input type="checkbox"/> Refuses To Follow Directions <input type="checkbox"/> Does not Remain Seated <input type="checkbox"/> Scripting with Obscenities <input type="checkbox"/> Struggles with Transitions <input type="checkbox"/> Other: _____</div> <div>Maladaptive Behavior Prevention: (What Tends to Create these Behaviors?) <input type="checkbox"/> Hunger <input type="checkbox"/> Bored <input type="checkbox"/> Tired <input type="checkbox"/> Task it Too Hard <input type="checkbox"/> Feels Overwhelmed <input type="checkbox"/> Other: _____</div> <div>Maladaptive Behavior Regulation: (How can we Regulate your Child's Behavior?) <input type="checkbox"/> Food/Drink <input type="checkbox"/> Quiet Time <input type="checkbox"/> Walk <input type="checkbox"/> Talking with Someone <input type="checkbox"/> Using Technology <input type="checkbox"/> Music <input type="checkbox"/> Videos Others: _____</div> <div>Activities your Student Enjoys: <input type="checkbox"/> Books <input type="checkbox"/> Videos <input type="checkbox"/> Cars <input type="checkbox"/> Legos/Blocks <input type="checkbox"/> Music <input type="checkbox"/> Sports <input type="checkbox"/> Technology <input type="checkbox"/> Helping <input type="checkbox"/> Go Outside <input type="checkbox"/> Read <input type="checkbox"/> Puzzles <input type="checkbox"/> Dancing <input type="checkbox"/> Other: _____</div> <div>Activities your Student Does Not Enjoy: <input type="checkbox"/> Walks <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> Dancing <input type="checkbox"/> Other: _____</div> <div>Hobbies and Talents List: _____</div> <div>Fears / Triggers / Uncomfortable Setting / Etc: List: _____</div> <div>Following Directions: <input type="checkbox"/> Is Unable To Consistently Follow Directions <input type="checkbox"/> Follows Simple One-Step Directions <input type="checkbox"/> Follows Two-Step Directions</div>	<div>MEDICAL</div> <div>Type of Food: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Liquid Diet <input type="checkbox"/> Soft Diet <input type="checkbox"/> Must be Small Bites <input type="checkbox"/> Tube Feed <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Tendency To Choke  I understand that I can send a snack with my child if they have dietary restrictions.  Other Dietary Considerations: _____</div> <div>Toileting <input type="checkbox"/> Independent <input type="checkbox"/> Not Independent (For Children Over 5, Parents will need to assist) *We Do Not Currently Have an Adult Changing Table</div> <div>Eating: <input type="checkbox"/> Feeds Self <input type="checkbox"/> Has Special Utensils <input type="checkbox"/> Requires Assistance Type: _____</div> <div>Seizures: Is your Child Prone to Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No If Known, What Triggers a Seizure? _____ Does your Child Carry a Seizure Response Medication? If Yes, List: _____</div> <div>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: <input type="checkbox"/> Child can Self-Administer <input type="checkbox"/> Parent/Teacher Administer When to Give Medication: _____ Dosage: _____</div> <div>Allergies: Does your child have any allergies to medication? _____ Does your child have any allergies to food? _____ Does your child have any other allergies? _____</div>	<div>OTHER REQUIRED INFORMATION:</div> <div>Volunteer Pairing: Does your Child Respond Better to a Certain Type of Adult: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not Matter Age: <input type="checkbox"/> 13-25 <input type="checkbox"/> 25-55 <input type="checkbox"/> 55+ <input type="checkbox"/> Does not Matter</div> <div>Medical Release: Please Sign Below Giving Your Consent For Emergency Medical Treatment and Release of Liability Unable To Contact You.  Parent/Caregiver Signature: _____</div> <div>Contact Parents: We Should Contact You If: _____</div> <div>Other Information: Please Provide Any Other Information You Feel Is Pertinent: _____ _____ _____</div> <div>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? _____ _____ _____</div> <div>Completion of Form: Print Name of Person Completing This Form: _____ Relationship to Student: _____ Signature of Person Completing This Form: _____</div>	<div>OPTIONAL PRO</div> <div>Please list ways that your child is prone to communicating their needs. If they may get up and start pacing. If my child does not communicate their needs, please list ways that you would like us to work, etc.)</div> <div>Please consider listing any goals you have for your child's education. Although we do not offer therapy or other related services, we can provide support and resources to help your student with their goals.</div> <div>Is there any form of visual aid (schedule, printed response sheet, etc.) that could assist your student?</div> <div>If your student obtains any extra support at school, please list it here. We are comfortable with you providing support. We would love to ease the transition for your student. We also would be willing to communicate with you to encourage and assist your student. Please list their contact information so you are comfortable with us contacting them.</div> <div>Other information:</div>
---	---	--	---	--	--



# 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.



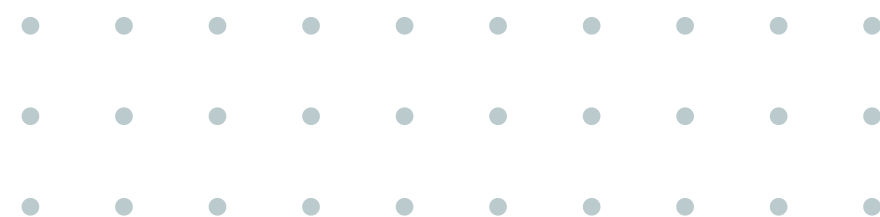
01. ROLES  
*Outline of Different Ways to Serve*

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*

# TABLE OF CONTENTS





# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# MEDICATION RECORD

## MEDICATION RECORD

Name of Student:

[illegible]

# 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



## **We couldn't verify the security of your connection.**

Access to this content has been restricted. Contact your internet service provider for help.



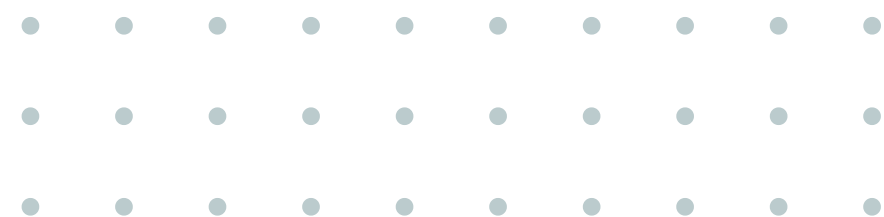
THE WHAT



01. SUNDAY SCHEDULE  
*Typical Order of Events*

02. LEARNING PRYMAID  
*Understanding How We Learn*

02. BEHAVIOR  
*Understanding and Managing*



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# 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.

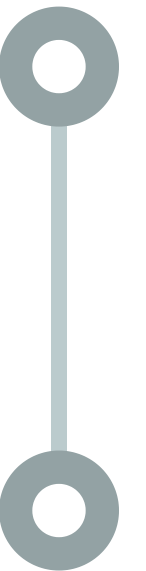




# TRANSLATIONS

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.



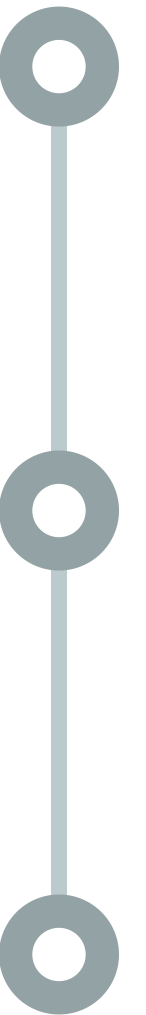


# TRANSLATIONS

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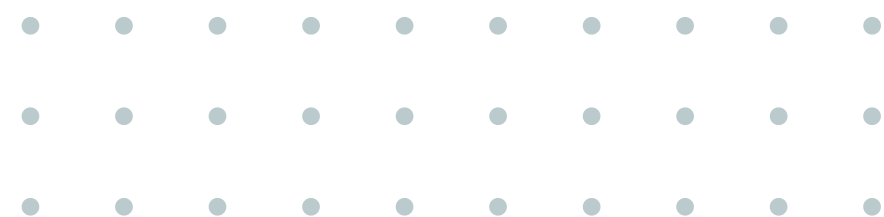
24 Elisha looked back and saw them. He asked the Lord to cause bad things to happen to them. Then two bears came out of the forest and attacked the boys. There were 42 boys ripped apart by the bears.



01. SUNDAY SCHEDULE  
*Typical Order of Events*

02. LEARNING PRYMAID  
*Understanding How We Learn*

02. BEHAVIOR  
*Understanding and Managing*

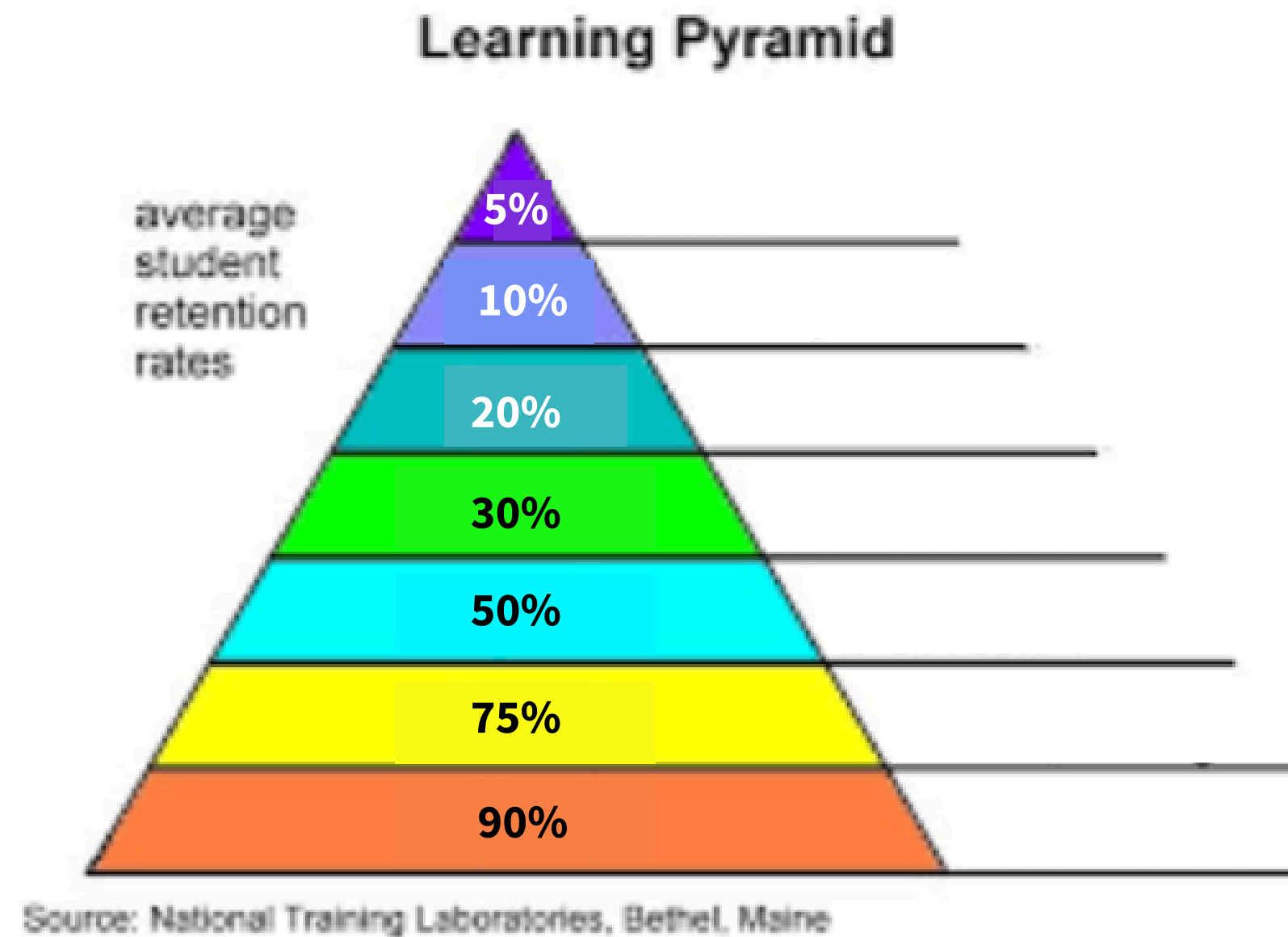


# TABLE OF CONTENTS

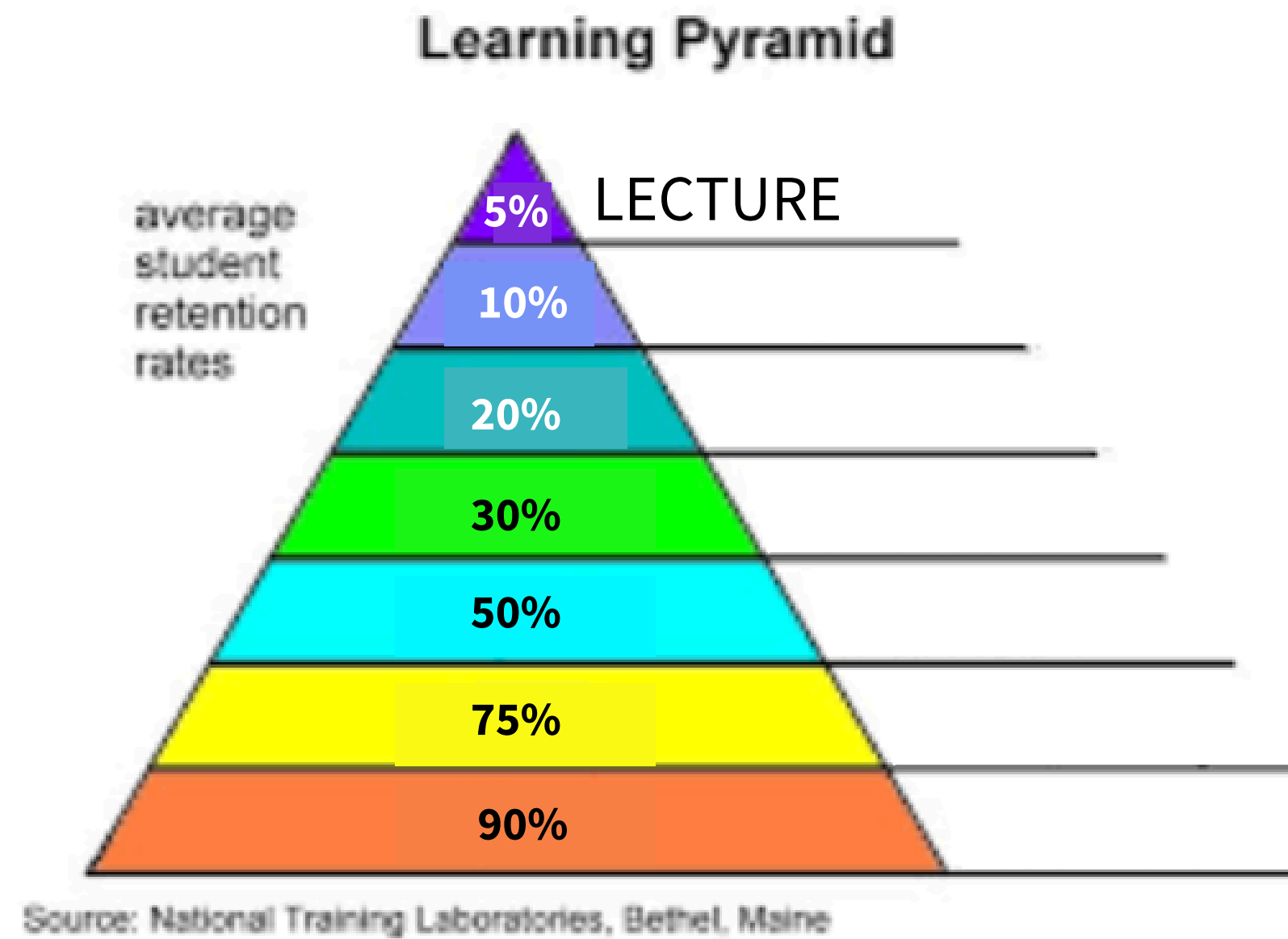




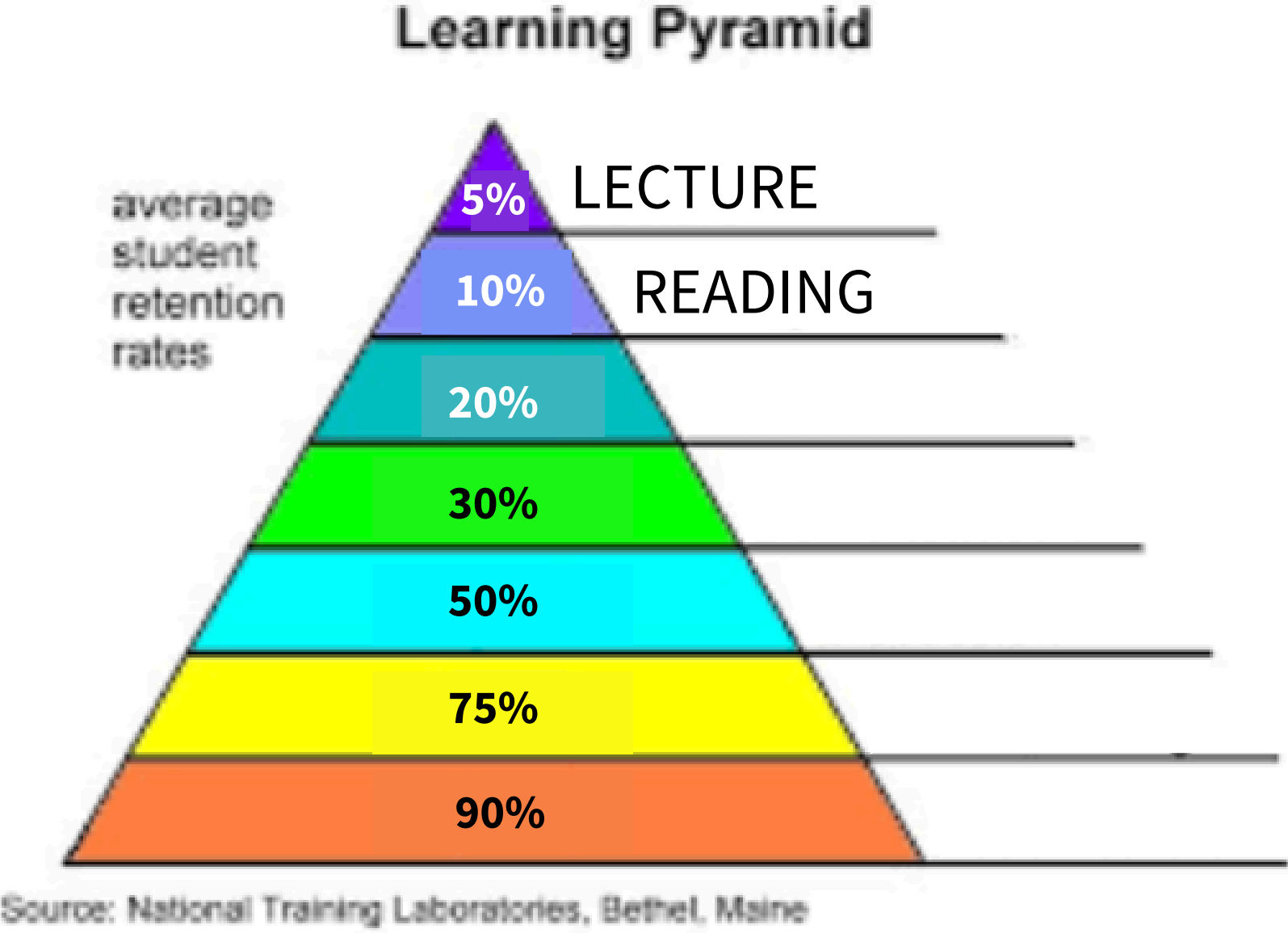
# LEARNING PYRAMID



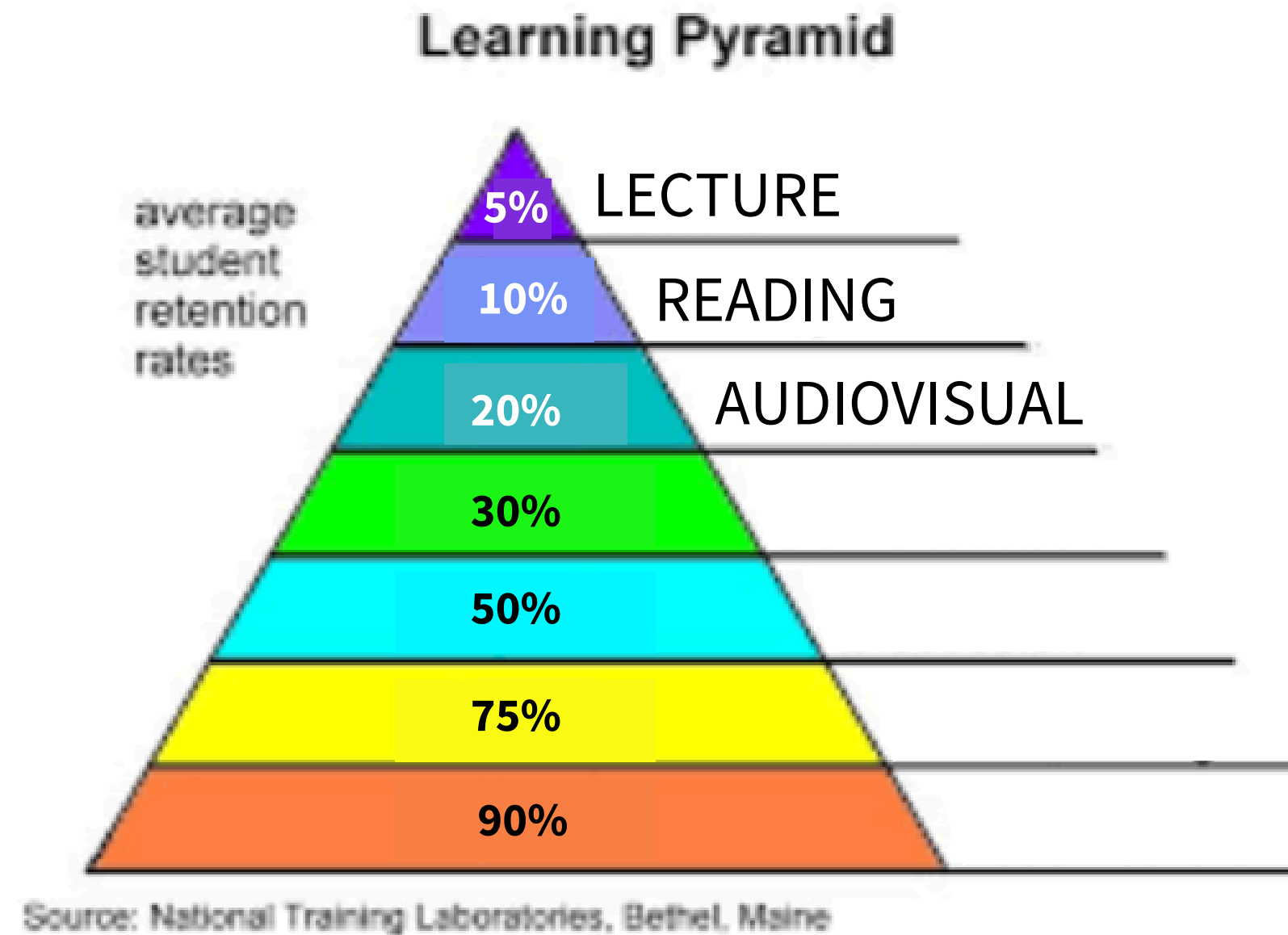
# LEARNING PYRAMID



# LEARNING PYRAMID

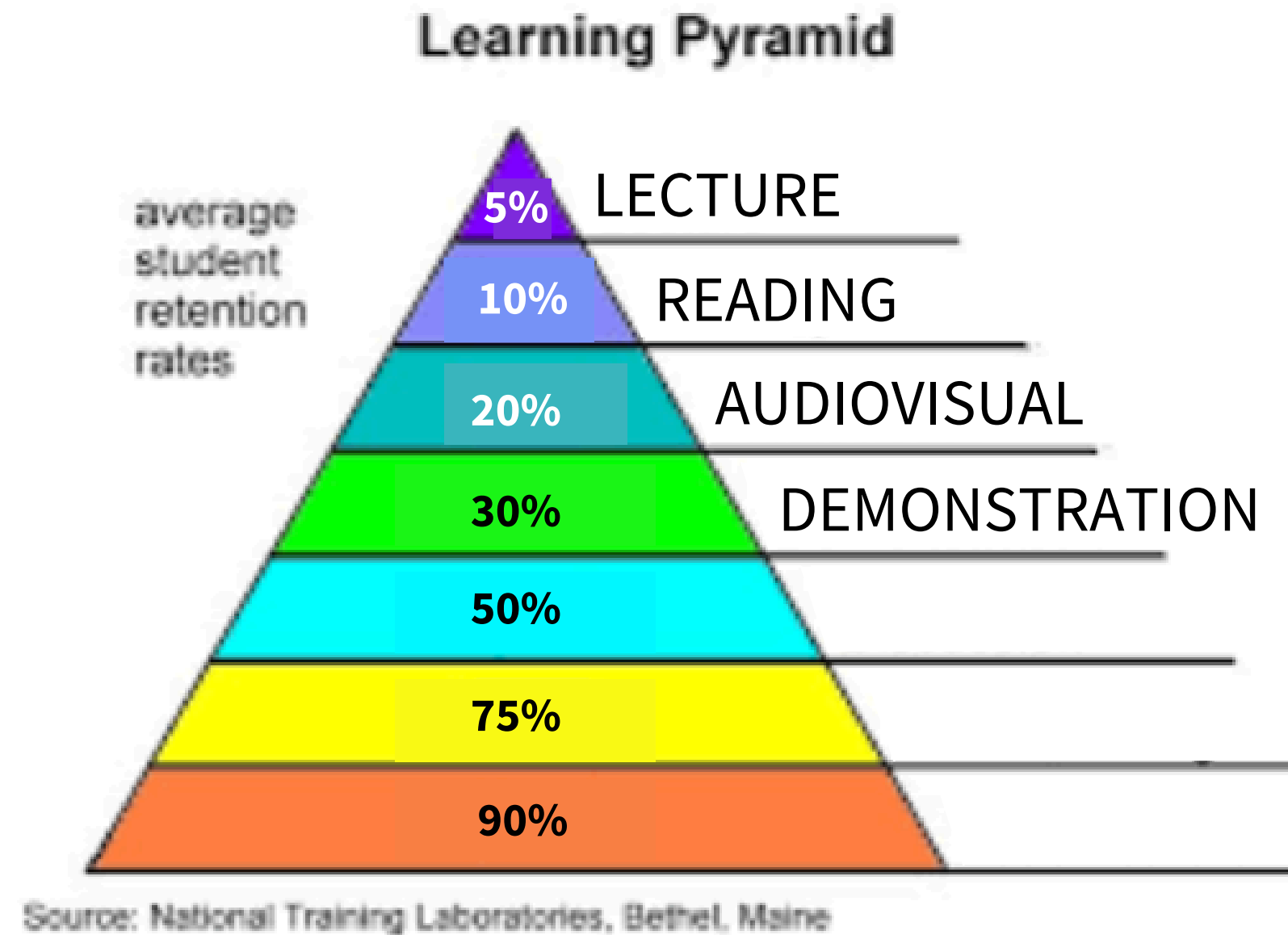


# LEARNING PYRAMID

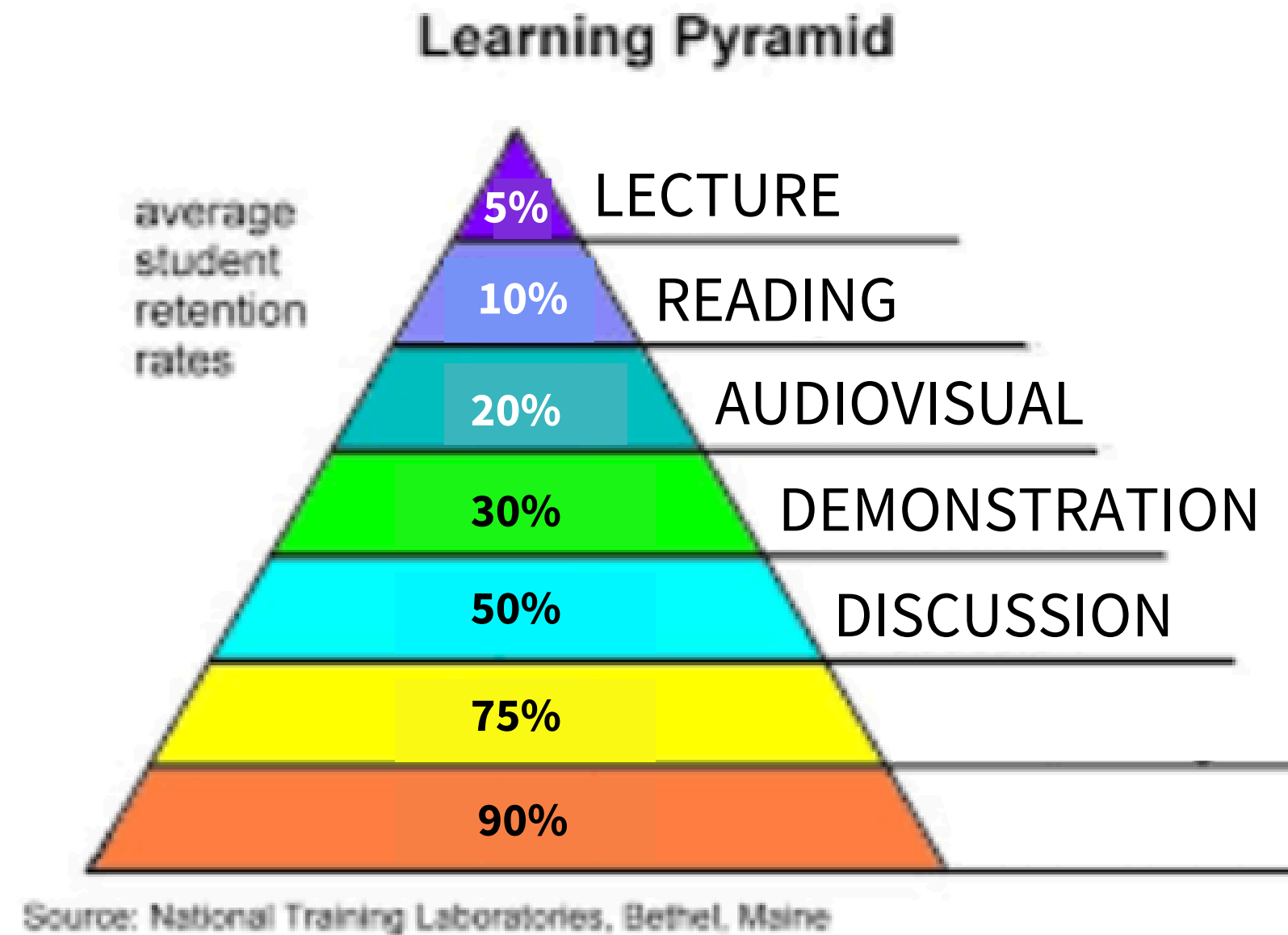




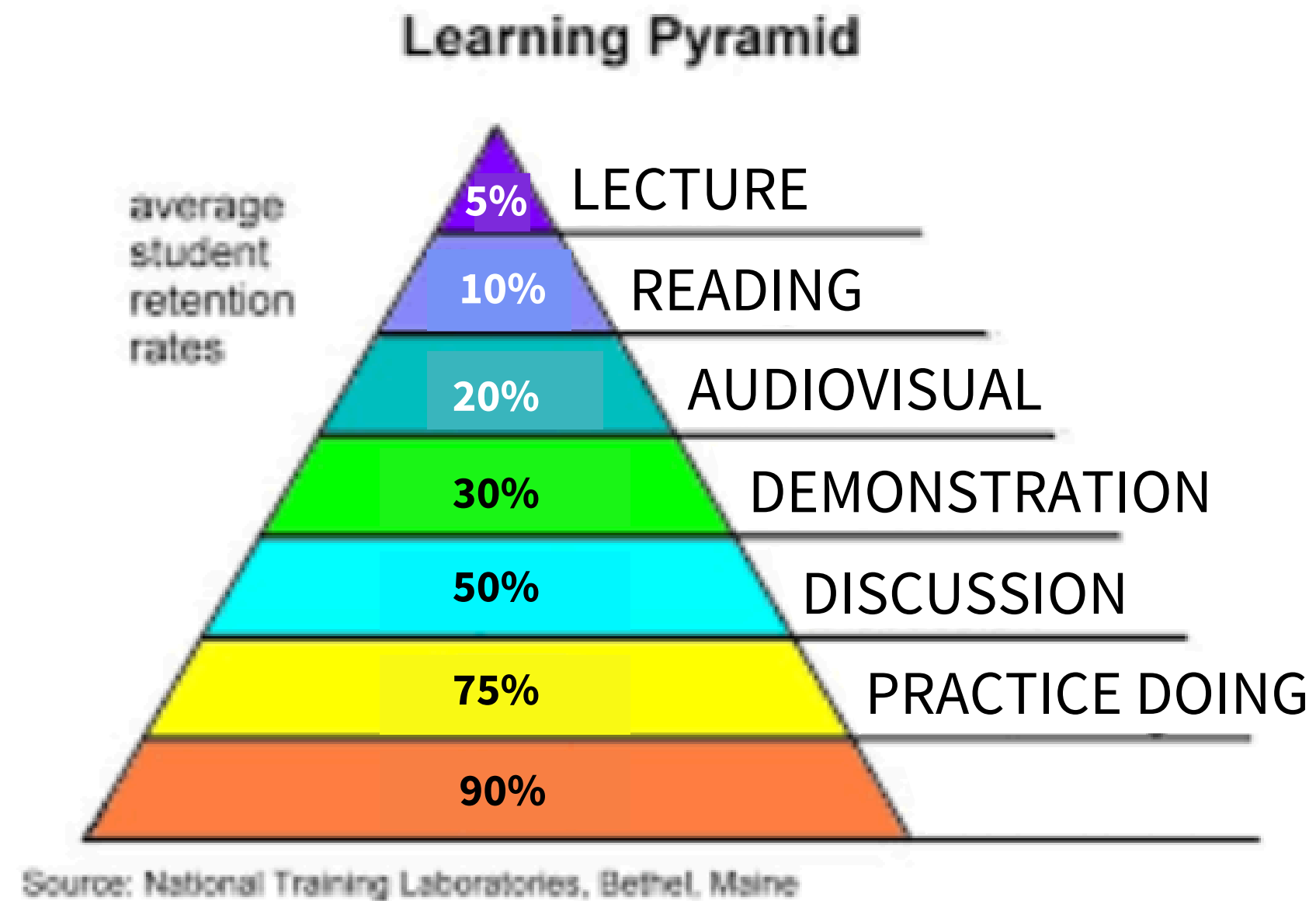
# LEARNING PYRAMID



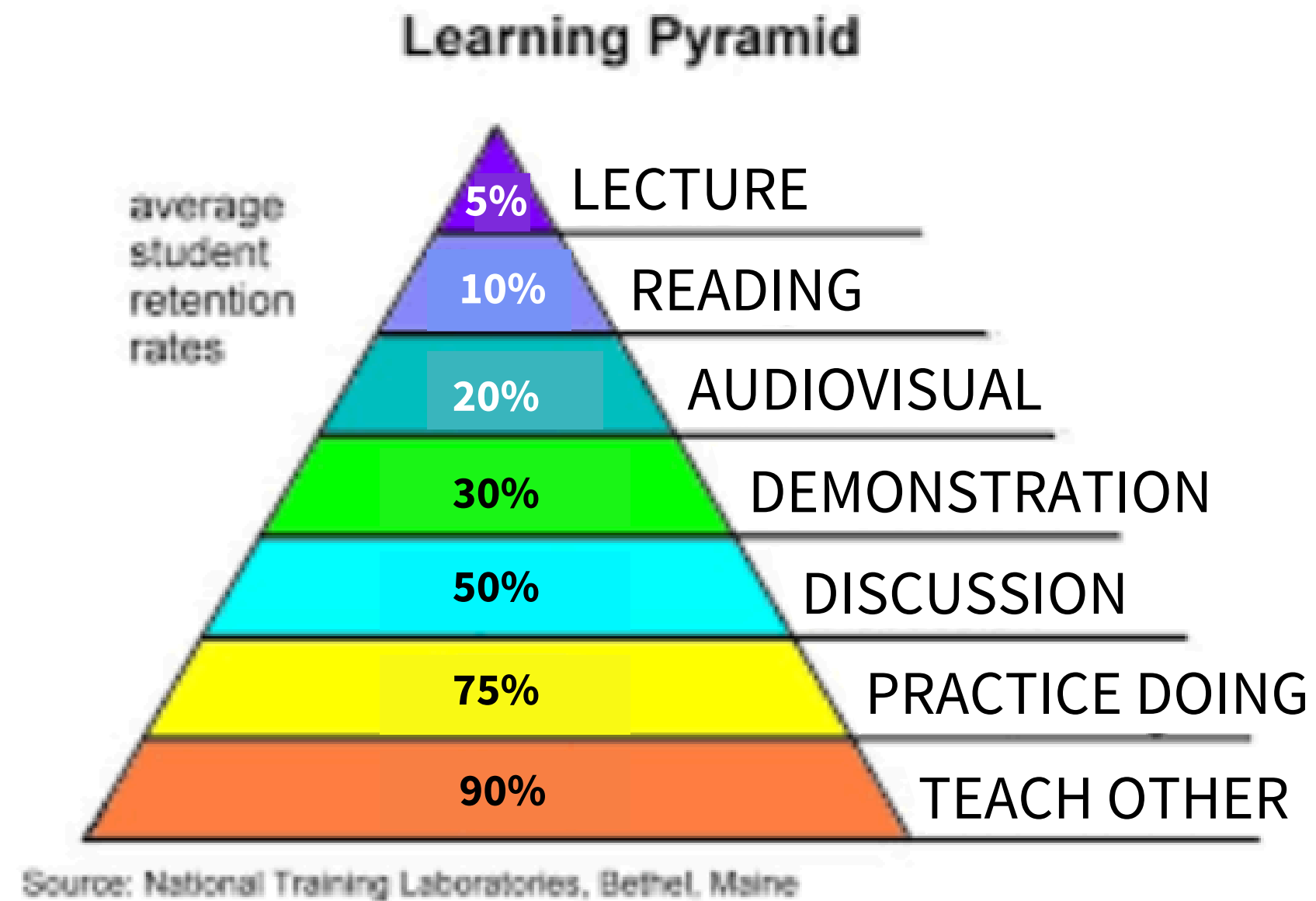
# LEARNING PYRAMID



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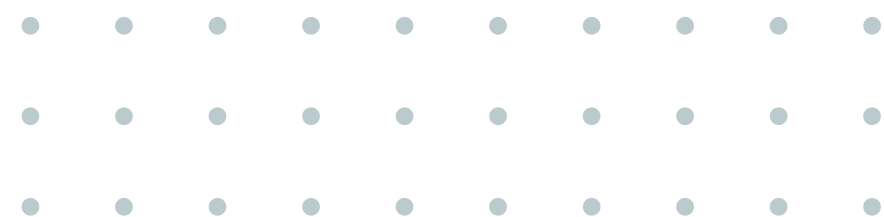




01. SUNDAY SCHEDULE  
*Typical Order of Events*

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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

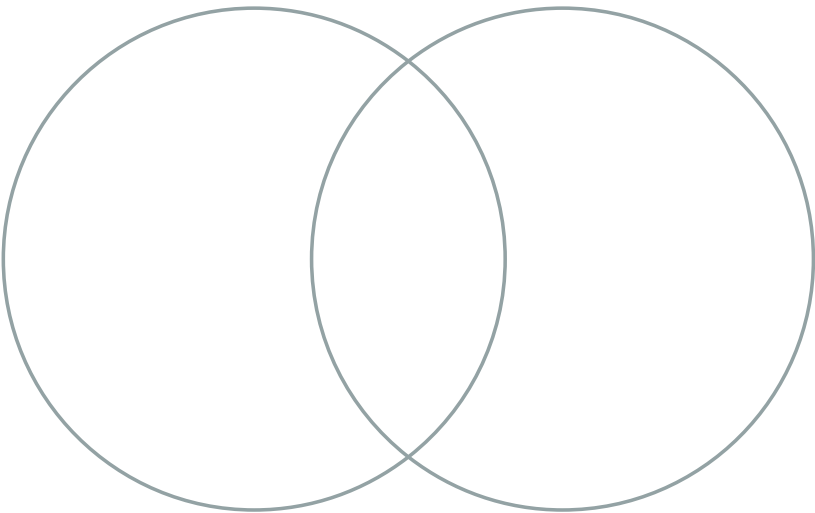
Once we identify a need of a student and a solution, we will document it to help future volunteers know how to support them better

## 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**

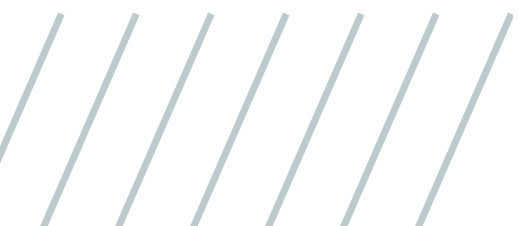
**Speak the Declarative, Not the Negative**

**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

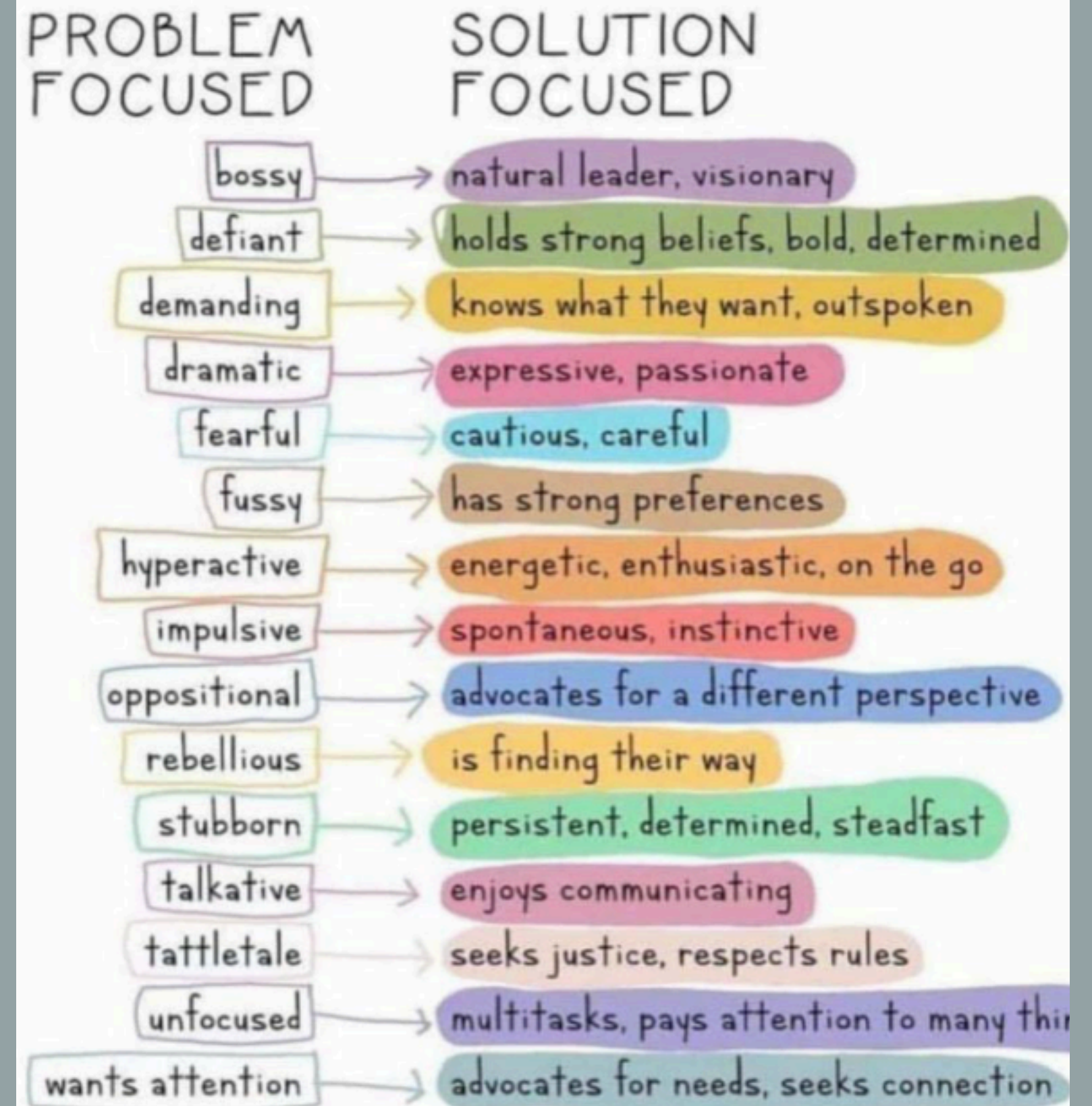


# BEHAVIOR IS NOT “BAD BEHAVIOR”

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



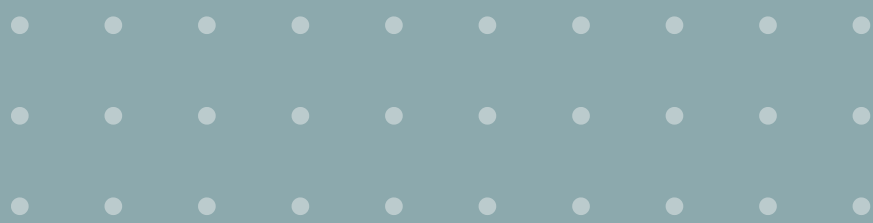
YouTube





# 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](mailto:BEYOND@WINCOG.COM) IF YOU HAVE ANY QUESTIONS.





# SPECIAL THANK YOU

INFORMATION WITHIN THIS POWERPOINT MAY BE FROM:

- ABILITY MINISTRY (RYAN WOLFE)
  - BENEVOLENCE UNITED
  - 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**