

# Disabilities Awareness

A newsletter prepared by and for students [www.cqcapd.state.ny.us](http://www.cqcapd.state.ny.us)

2006, Volume 10

## Communication: Connecting on a Personal Level

By **Fabio Botarelli**

THE CHURCHILL SCHOOL, NYC

For those familiar with the newsletter Disabilities Awareness, it was a conglomerate of articles outlining a list of fundamental disabilities, with a succinct description of each one. The paper was a bold step created ten years ago, and for years it has brought awareness to a teenage audience of 50,000. In the past, that was the primary object of the newsletter, which acted as a positive force to comprehending the discrepancies between disabled and non-disabled peoples. However, the medical approach to the disability pertained more to mental health professionals as opposed to its teenage audience. Unknowingly this approach severed the communicative link between mainstream society and the people with disabilities.

This year, the newsletter created an issue attempting to espouse a greater understanding of what a disability means to the millions of individuals who have them. Understanding a person with a disability brings a greater significance to the purpose of preaching what a disability is because the goal in society is to learn the difference between judging someone as "learning disabled" as opposed to seeing them as "having" a learning disability. In this short disparity the depictions are obvious in the sense that the first term is a label, where as the second depiction describes a characteristic. The characteristic represents only part of a person. On the contrary, when not presented on paper, the label and the characteristic get confused and distorted and the end product of this confusion

produces a negative and deceitful force, that continues to paralyze not only our understanding of a disability but the people who have them.

In today's world, most critical magazines have a theme that is reinforced collectively through an arsenal of articles. In this newsletter the theme of communication will play this predominant role. Without a doubt there are perhaps thousands of forms of communication that travel through mainstream society and to be able to express oneself is a boon, but even with the invention of a million forms, there is no sure way to draw a connection. Regardless of what we do, everyone interprets something differently and a negative interpretation could be fueled by numerous factors or words. A person with a disability feels that

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## School Daze

by Bridget Alexandria Ford

Bethlehem High School, Delmar

The tortures of high school are nearly behind me. Soon I will no longer have to endure the social taboos that surround high school and can take pleasure in the hard cold fact that I am actually going to escape its cold confines. Now I carry a certain clarity, a confidence as I walk the halls of my soon to be past. The burden of high school has been alleviated and with that relief has come ample time to take inventory of my high

school experiences. As I have wandered down high school's memory lane I've come across a motif, a theme, a common thread running through all of my less than stellar high school moments. My embarrassments, my short comings, my limitations were the creations of others. Any shame or embarrassment that I experienced was due not to my inabilities, but by the attitudes of my peers. My moments of inadequacy only live in the minds of my peers.

My senior realization has heightened my awareness of the superficiality and stupidity of the high

school experience, which believe you me I will not miss. This realization has had a spider web effect, reverberating in all my other thoughts concerning high school. What have I discovered? High school is madness, nonsensical, it defies logic. High school in no way reflects the real world. High school values conformity, the very quality that in the real world is considered ordinary, uninteresting, and boring. So as I go through the collective observations of my high school experience, the people that I admire the most are

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# Promoting Talented & Gifted Programs

BY FABIO BOTARELLI,

THE CHURCHILL SCHOOL, NEW YORK CITY

Fabio is a student intern this summer on a NYC Newsletter staff

On July 12, 2006, New York Civic, a good government organization, in conjunction with the Museum of The City of New York, held a forum on Gifted and Talented Programs in the City of New York. The panel consisted of Donna Mathews, Ian Warwick, and Andrew Wolf and was moderated by Henry Stern, all veterans in the field of education. Mr. Stern also provided an infallible knowledge of New York City government. You might be wondering why such an event would be included in a Newsletter devoted to disabilities awareness. The reason is that kids with disabilities can also be gifted kids and need special programs to meet their needs.

The National Association of Gifted Children has 100,000 members, which include parents, teachers and professors. Focusing continually on augmenting its horizons on a national scale, the organization promotes its definition of gifted as 5-10 percent of students whose needs are not met by the mainstream curriculum. Among this group are children with learning disabilities. They argue the importance of a new program, an exception to the norm, where different learning needs are addressed and the diverse curriculum challenges the students. The Gifted Program in New York City serves approximately 22,000 children, with 88 additional gifted programs being added for next year. It is an option created by Mayor Bloomberg on a citywide scale run by regional coordinators

One of the primary inspirations for the growth of gifted programs was an experimental program in London. London has approximately 33 school districts which involve 15 percent of the population with its own extremes of wealth and deprivation. At least three hundred languages are spoken in the city schools and 52 percent of the population speaks a second language. London's gifted programs encompass 6,000 educators, 60,000 students and 1,000 schools. In the last four years during the progressive growth of gifted programs, four of the five disadvantaged boroughs experienced the most improved growth in student attainment.

Ian Warwick has been an avid reformer and innovator of London's gifted program. He has spent eighteen years teaching English, psychology, politics and media in inner city London. For seven years Warwick worked in gifted and talented programs, spending three years as a coordinator in the RBKC/Westminster partnership. A founding member of the consortium that became London Gifted & Talented, he is now the Senior Director of Development.

The successes of gifted programs have been clearly evident in the results in London and in the City of New York but unfortunately these programs have not made the progress they should have this year. Andrew Wolf, the editor and publisher of the Bronx Press Review and Riverdale Review and a New York Sun Columnist, has been involved in community journalism for thirty-three years and is an active advocate for gifted programs. During his talk, he berated, with good reason, the ineffectiveness of the city's attempt to promote these programs. From his account only 17 classes and 340 seats have been added for additional gifted students and Region One is still waiting for its first class. The city was able to train only 10 more teachers of the gifted and talented. For a city of millions with thousands of students in public schools, the results are pathetic. The delays drift into a darker nightmare.

The city's administration appears to be less than enthusiastic about talented and gifted programs. In the words of the former Deputy Chancellor of schools, Diana Lam, "Everyone is gifted." She believes the very idea of "gifted" would crush all other students' self-esteem. What about the kids who are bright? What about their self-esteem? Children with exceptionally powerful intelligence need to be challenged or else they will become lazy and lethargic and some may, as a matter of fact, crush other kid's self-esteem when out of boredom, they call out all the answers. Socially, gifted children are typically isolated from their peers, due to envy and it is easy for them to stand out and be called the infamous term "nerd." These children are our leaders of tomorrow, but if intelligence is not nurtured, it grows underground or decays under the influence of mediocre peers.

Perhaps the greatest delay in the development of gifted programs is attributed to race. Not to say that there isn't inequality that goes on in the cities school system, but in this case the system is using it as an excuse for not backing gifted programs. When someone proposes a reform to strengthen gifted programs, the person is labeled a racist and the reform is then considered racist. So much for civilized discussion. The most depressing aspect of the whole argument concerning race and gifted programs is that the only achievement the system wanted to boast about is that these programs accept 5% more minority kids and 5% less Caucasian kids. This is what the system considers progress, progress by subtraction and victimization leading to reverse racism.

Kids who are gifted, those with disabilities and those without disabilities, need to have challenging, creative, meaningful programs. Clearly the experts in education believe that gifted programs are important in fostering leadership. Let's give all of our future leaders some attention now and support options for students who want to learn more.

## NEW YORK STATE Disabilities Awareness

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# Reflections on School

BY SARAH NETTLETON,  
PITTSFOR MENDON HIGH SCHOOL

**In my twenty years of special education, I have learned many things.**

Teachers who believe in students' abilities are precious gifts.  
They can see individual potential hidden under disabilities.  
They perceive gifts and talents where others see deficits and defects.  
Friends matter no matter what.  
Friends don't need to talk or see or hear.  
They are there when you need them just their presence is what matters.  
The laughter of friends is precious.  
You can't get through school without friends.

**My words of wisdom to students with disabilities are these:**

Believe in yourself even when no one else does.  
Find a dream and go for it.  
Be a friend.  
Treasure the professionals who believe in you.

**My words of wisdom to students without disabilities are these:**

Respect us for who we are.  
Teasing is for hair not people.  
Remember the disability community is the only minority group with open enrollment. You could have a disability tomorrow.  
Be a true friend to someone with a disability. We deserve genuine friends, not politically correct politeness.

**My words of wisdom for professionals are these:**

Listen to parents. They are our past, present and future.  
Remember your words can be helpful or cause great harm. Choose your words carefully.  
Be real.  
Remember we are students who need a life beyond therapy.  
You are just one professional in a life time of having a disability.

**My words of wisdom for parents are these:**

Love us no matter what.  
Keep advocating.  
Do something fun for yourself. You can't advocate all the time.  
Let us try new things even if you are afraid we will fail.  
Know we love you.

As I journey into life, I will face challenges but I know I will survive because of what I have learned these 20 years.

# SITTING IN THE CLASSROOM

BY FABIO BOTARELLI,  
THE CHURCHILL SCHOOL, NEW YORK CITY

Sitting in the classroom  
Staring at the floor  
My breath is low and heavy  
My eyes move towards the door

Attention drawn and shifting  
The day approaching dawn  
The clock is busy ticking  
My freedom in its palm

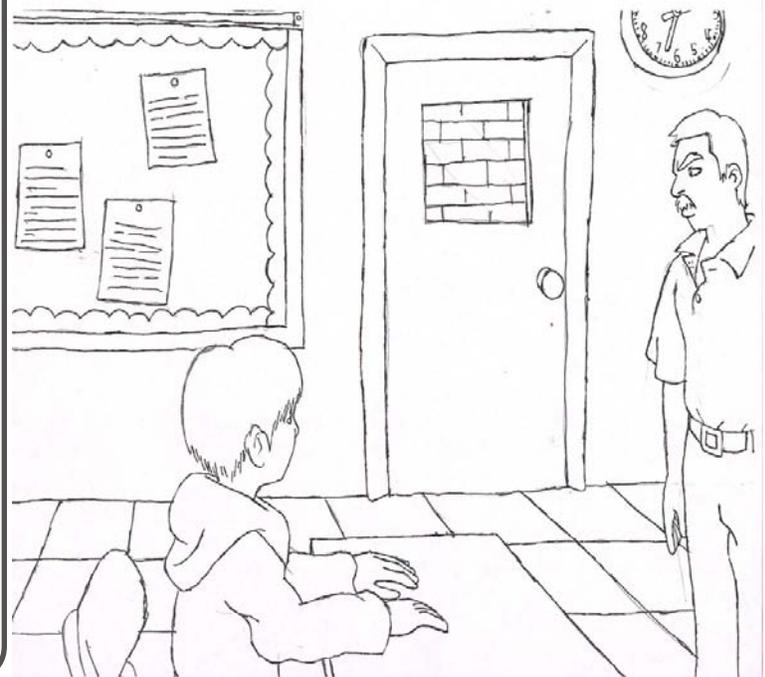
My knees are stiff and bending  
Waiting for the ring  
Blurting pleas of mercy  
To the ticking king

A bird chirps at the window  
Its eyes are hooked on me  
If only I had wings  
I'd tuck my legs and flee

The teacher sees me blurring  
Not looking at the board  
His wind howls fierce with fury  
As I begin to snore

The world is dark and spinning  
I'm floating in the air  
I don't know where I'm going  
I do not even care

(An ADHD Student's Classroom Experience)



# ADD - Going to College with Accommodations

BY MAUREEN CRITTENDEN, RED HOOK HIGH SCHOOL

Lynn: An 18 year old girl with ADD.

MS. Larney: A college counselor that specializes in disabilities.

Kelly: Lynn's mom.

## SCENE 1

Setting: A messy bedroom. Clothes are scattered across the floor, and the light is dim. The only light visible are the streams pouring through the cracks of the blinds. Lynn sits on the edge of the bed with a feeling of anxiety. There are signs of morning; an alarm clock ringing in the distance, for example. Lynn gets up slowly and looks for clothes to wear. She decides on an outfit, and takes two pills out of her dresser drawer. She swallows them dry and leaves the stage.

*Commentary: Why is Lynn so filled with anxiety? Does she hate going to school? What are those pills for? There must be something that she's upset about.*

## SCENE 2

Setting: Lynn's kitchen. There is a somewhat light décor, nothing too fancy. There is a breakfast plate set up at the table. Lynn seems disheveled and is dressed in dark clothing, in comparison to Kelly, who is wearing white attire and seems very cheery.

KELLY: So how'd you sleep last night?

LYNN: Not too great.

KELLY: I'm sorry to keep reminding you about these college applications, but it's important you get them done. The deadline is in two weeks and...

LYNN: Mom, I know! Why do you think I didn't sleep that well last night? You need to stop bugging me about this!

KELLY: Well, you know that I care about you. I know that you want to get a higher education, and colleges can make accommodations for you! If you choose to disclose that you have a disability, extra paperwork is required. You need to have time to fill that out. I know you've been having a lot of stress lately, but you just need to buckle down and do it.

LYNN: It's hard for me to just sit down and finish them, though. You know that it's difficult for me to stay focused on one thing.

KELLY: I know, honey. We'll make time later and sit down and finish your applications. I'll help you all that I can. ...OH! You're going to miss your bus! Go! I love you!

LYNN: Bye, mom. ...Thanks.

*Commentary: I wonder what Lynn's disability is. She said that she has a hard time focusing, so maybe she has ADD or ADHD. I had no idea that when students apply to college, they have a choice of whether or not to disclose the fact that they have a disability! What are the consequences to admitting that you have a disability? Do you have less of a chance of getting into college? What kind of accommodations will a college make for a student with a learning disability? Will colleges accommodate for the disability for free?*

## SCENE 3

Setting: A man walks across the stage with a big sign that says "Six Months Later." The lights come up on a college office. There are books sitting in shelves all around the room. MS. Larney is sitting at a desk, doing paperwork. She is fairly young and seems very comfortable. Lynn walks in feeling nervous. Her hair is shorter, but she is dressed in more light clothing.

MS. LARNEY: Hello, I'm MS. Larney. You're Lynn, I believe?

LYNN: Yes. It's nice to meet you. Excuse me if I act strange, because I'm a little nervous.

MS. LARNEY: That's alright. You have no need to be nervous; you've already gotten accepted to college. Now, I see that you've disclosed the fact that you have ADD. This won't be a problem as long as you have persistence and perseverance in your studies. I will try to make accommodations for your disability as much as I can.

LYNN: Really? So I can't get kicked out of school because I have ADD?

MS. LARNEY: No way. The only reason that you wouldn't be in school is if you let your disability get in the way of your work. We can give you a number of different accommodations such as extended time, study skills and time management training, and note taking services. This, however, does not guarantee success. College is different from high school in that we can only give you access to these services which will aid in your studies; we cannot guarantee success.

LYNN: Wow, I didn't realize that college had all of these services for me. Do I have to pay extra for them?

MS. LARNEY: Nope, the services are free. There is one exception to this, though. This college offers a plan for students with disabilities that allows them take 2 or 3 courses a semester as opposed to 4 or 5. In this case, you would have to still pay the full tuition. Therefore, you would have to pay for a course load of 4 or 5, when you would only be taking 2 or 3 courses.

LYNN: I'm pretty sure that I don't need that plan at the time. First, I want to see if I can make use of the other accommodations.

MS. LARNEY: Great. Another thing we need to discuss before you leave is your medications. College is very different from high school in another way; the class periods are longer, but more spread out. You may have a 2 to 3 hour break between certain classes. Because of this, there may be a better way for you to take your medications. We can work this all out with your doctor.

LYNN: Alright. Thank you so much for talking with me today. I've had a very stressful past year thinking about college, and you've cleared a lot of things up.

*Commentary: That cleared up a lot of things for the reader, too! Lynn has a disability, yet she is still capable of higher education. Colleges can provide for her in the many different accommodations available. They are required to give free services for those that are learning disabled. Counselors like MS. Larney can help her by talking to her about her difficulties and her successes. Having a disability doesn't create any problems that would make college an impossible feat. Many people have no idea that these services do exist, so they give up in the very beginning of the application process. People with disabilities have to explore for themselves all of the possibilities that are available to them, and make the most out of the services they receive.*

# Parkinson's Disease

BY STEPHEN SCHUBMEHL, CHRISTIAN BROTHERS ACADEMY

Many people don't know or understand the disability which over a million people in America have...Parkinson's disease. Over 50,000 people in the U.S. are diagnosed with Parkinson's Disease every year. PD affects both men and women almost equally. People of every economic class, race, and ethnicity can get Parkinson's Disease. It can affect anyone. Celebrities like Michael J. Fox and Muhammad Ali have even been diagnosed with PD.

Parkinson's disease is a disorder of the central nervous system that is both chronic and progressive. The brain and the spinal cord are the two main components that are affected by Parkinson's Disease. Some people believe that only old people with previous physical problems can have PD, but that is not true. Now more than ever it has become more common to see people under forty years old have this disease, which is usually stereotyped as an "old" person's disease.

The actual cause of PD is the degeneration of brain cells, which stops the making of an important chemical substance called dopamine. Dopamine carries messages from the brain to the rest of the body via the nervous system. Symptoms of PD are not noticeable until dopamine in the brain is reduced by 80% due to these non-work-

ing cells. Without these important messages getting to the rest of the body the person is greatly affected. When the brain stops sending the body basic messages for thought and movement, the symptoms become tremors, rhythmic movements or shaking, and slowing of movement. Lesser physical symptoms can be stiffness, poor balance, and lack of coordination and speech changes. Parkinson's disease also causes the mental symptoms of depression and anxiety.

Unfortunately, there is no known cure for Parkinson's disease, but there are treatments to provide relief for many of the symptoms. Most of the medications, mimic dopamine, increase dopamine levels in the brain, or prolong the action of dopamine in the brain. Basic exercise can also be helpful, but exercise will not stop the disease from progressing. The purpose of treating PD is to reduce its symptoms and increase a person's quality of life.

PD is a disability, which untreated is hard to deal with. Unfortunately, you can't prevent it from progressing, but with the right treatment and proper daily activity you can manage the symptoms of Parkinson's Disease.

# Cerebral Palsy

BY ROBBIE MCNARY,  
BETHLEHEM HIGH SCHOOL

Cerebral Palsy (CP) is a condition that affects body movement and muscle coordination. It is caused by damage to certain areas of the brain, such as insufficient amounts of oxygen reaching the fetus or infections during pregnancy. The causes behind CP usually occur before, during, or shortly after birth. Diagnosis is not made until doctors are sure the muscles are fully developed which is at two or three years of age. In the United States, about five hundred thousand children and adults have CP. For every one thousand children over the age of three, two or three of them have this condition.

CP is a group of conditions that affect the control of movement and posture. Its symptoms can range from mild to severe. The mildest form is called Ataxic Cerebral Palsy, which affects 5-10% of people with CP. Symptoms are problems with balance and coordination and difficulty in motions that need precise coordination. Spastic Cerebral Palsy, accounts for 70-80% of those with Cerebral Palsy. It affects muscle movement. Symptoms are soreness and stiff muscles causing movement to be difficult, like walking or swinging your arms. The third form is Athetoid or Dyskinetic Cerebral Palsy, which affects around 10-20% of those with CP. This is the most severe form and it affects the entire body. Individuals with Athetoid Cerebral Palsy can not control their bodies enough to be able to sit, stand, or walk.

CP does not progress with age. It is possible to improve range of motion through physical therapy. Some types of physical therapy work on motor skills, improve muscle strength and help to prevent shortening of muscles. The goal is to achieve the most growth and development possible. Physical therapy will begin as soon as a diagnosis has been made and must continue for life to maintain its benefits. Therapists can help children learn skills for everyday living. Assistive technology devices such as computers, voice synthesizers, customized wheelchairs and electronic scooters can make living with CP easier.

CP has no known cure, but with proper treatment and physical therapy it can be managed and be more comfortable to live with. You may think that people with CP can't do very much, but they are functioning members of our society. They have jobs, get married, go to school and can do most anything that we all do.

# Listen Up About Down Syndrome

BY CASSIE FORD, BETHLEHEM HIGH SCHOOL

People with Down Syndrome may have physical difficulties and difficulties with communication. However, the largest difficulty faced by people with Down Syndrome is other people's ignorance.

Can people go to school if they have Down Syndrome? Yes they can. Kids with this kind of disability can be in a regular school and also be in a regular class. But if the parents feel that their child won't be able to do well in the regular program, they can go to a special education program. It's called the F.S.I class in my school.

When kids are in the special education program it doesn't mean they aren't smart, they just learn at a different pace and, sometimes, in a different way. I know some kids at my school who have Down Syndrome and they are in the special education program. When I first saw them, I was afraid to make friends with them. But now I am getting used to people who have that disability because I see them every day in school and have gotten to know them. They can be my friends just like anyone else in my school can be.



I have also learned that when kids have Down Syndrome they get teased or bullied because they are different. I know what it feels like to be different. If you know a person with Down Syndrome you can be a big help to them by just treating them as a friend. A person who has Down Syndrome can fit in like everybody else.

Can a person join a school club even if they have Down Syndrome? Of course they can. At my school they have a club for kids with different kinds of disabilities including Down Syndrome. Anyone at our school can join any activity or club available to kids without disabilities as long as they have the support they need.

Can a person get a job after they graduate from high school even if they have Down Syndrome? Absolutely. They can work at many different places. They can work in offices or in any business they want. They will need training, supervision and support but they can be successfully employed.

So if you have ever seen a person who has Down Syndrome, sure they have some problems. Don't we all? It doesn't mean they are not smart or not able to fit in or be in regular classes or hang out with a friend outside of school. People who have Down Syndrome can have a job, go grocery shopping and even get married. Having a disability isn't something to be ashamed of. It just means the person needs help with things in their lives. If you think about it, we all need help in one way or another. So people with Down Syndrome are more like us than we might have thought.

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# Inclusion Confusion

BY GRACE O'SHAUGHNESSY, RED HOOK HIGH SCHOOL

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I see, in my own community, a serious issue for students with disabilities who want to be in classrooms with their non-disabled peers. Inclusion of kids with disabilities in general education classrooms is a concept that hasn't yet been fully realized and that is a problem for all of us who ought to be able to learn from one another by sharing experiences including school classes and activities. The Individuals with Disabilities Education Act (IDEA) which has been around, in one form or another, since the late '70's emphasizes the right of students with disabilities to be in the least restrictive environment (LRE) to receive their education.

LRE isn't necessarily synonymous with inclusion. But it could be. It ought to be the first choice when parents and school district staff look at all of the options available to students with disabilities. Identifying the least restrictive environment for each individual student should start with inclusion in the same classroom the student would be in if the student did not have a disability. Then, if that doesn't work, school district staff and parents can move along the continuum to a more restrictive environment like placement in a smaller special education classroom. Wherever a student is placed, school districts still have the responsibility to start planning immediately to move the student back toward a less restrictive placement (closer to the regular education classroom).

IDEA is a law that asserts that the regular classroom environment should be the first consideration for students with disabilities. Students should only be removed from the regular education classroom if it is certain that the school district has tried a full range of supports and services and the student hasn't been able to be educated in the regular education classroom. Before there were laws protecting the rights of students with disabilities to be with their non-disabled peers, they were most often educated in separate, segregated settings. This continues to be the fate of too many of them. Common sense shows us that it just doesn't work. How can you fit into your community if you are separated for thirteen years of your life in a segregated school program? Who will your friends be if you don't share classes with non-disabled classmates?

The language of special education and the laws that govern it is confusing. Many school districts say they have "inclusion" classes for kids with disabilities. These aren't regular education classrooms at all but just classrooms where they place kids with disabilities along with just a few kids without disabilities. This isn't really inclusion. The number of kids with disabilities in regular education classrooms should parallel the ratio of kids with disabilities to kids without disabilities in the community.

Some schools offer the practice of "mainstreaming" and equate it to inclusion. Mainstreaming is when a child with a disability is placed in a special education classroom but gets to go to gym class or music class with non-disabled peers. There are two messages that districts send by practicing mainstreaming. The first is that these classes are of less value than academic classes because kids with disabilities can handle them. The second message is that the district doesn't want to allow kids with disabilities to negatively impact their non-disabled peers in the important academic classes.

I think it is very important to make the distinction between mainstreaming and inclusion. With mainstreaming, children are put in a segregated classroom with their disabled peers until they can demonstrate higher level thinking, educational success or ability to interact appropriately with their non-disabled peers. Who is to determine whether they achieve these goals and how

can they reach their goal of being ready for an inclusive setting while in a segregated setting? It seems that instead of challenging a student to work up to his or her potential, they are forced to perform at a lower level for a period of time until they can prove they are capable of more. The period of time spent in a special education classroom can bring down a child's self confidence. They are aware of their surroundings and can comprehend that they ought to be with their peers. Mainstreaming alone may not enable them to work up to the potential they need to demonstrate in order to leave the special education classroom in the first place.

Inclusion should be more closely monitored in public schools to give each student an equal opportunity for success. In smaller schools, like my own, there are very diligent special education staff called Committees on Special Education (CSE's). But because we're small, we have limited resource rooms and only two or three special education classes. With a small school budget, the school administration has trouble allocating enough money for special education staff. It then becomes tempting to pay less attention to the law. If the budget does not allow much room to hire more than a few teachers, then the school is forced to limit its option for students of varying educational and social disabilities. This may result in poor placement options for students with disabilities. IDEA entitles these students to a free, appropriate public education (FAPE) and guarantees this education be individualized to meet their needs and provided in the least restrictive environment. Lack of resources cannot be an excuse school districts use to deny students with disabilities what they need to succeed in school.

Getting an appropriate education in an inclusive environment can be a very stressful process for a child with disabilities. He or she may not have much choice in the placement, or much understanding of the reasons they are not in a regular education classroom. Parents of these children can feel frustration because their child is not receiving what they feel is an appropriate education. The law is not always explained to them, and they are not aware of their child's rights.

Being included in regular activities is important to the development of a child, not only with education. It is important that every parent should know their child's rights under the law. I believe all children should be challenged in their school settings. I know that when I am challenged in my classes, I feel proud and more independent. Also, I think it is vital that all students should feel a part of their school community. In many schools, the children in the special education classes are secluded from the rest of the school activities. They are not encouraged to participate in school sports, theatre or other programs by the school administration. Participating in such activities can make a child with a disability feel better about themselves, as well as create better understanding of children who do not have disabilities. I truly believe that if children without disabilities are exposed to children with disabilities in their classes and activities, it would seem natural to them. It would also create less misunderstanding about those with disabilities. If children in the special education classes mixed with those of regular education, there would be more compassion and patience towards one another.

Inclusion in the classroom and in the school community becomes a very important issue for those with disabilities and those without. Public education would be a much kinder place for everyone if the rights of people with disabilities were respected. I think that everyone should be embraced for their differences. That's what inclusion is all about.



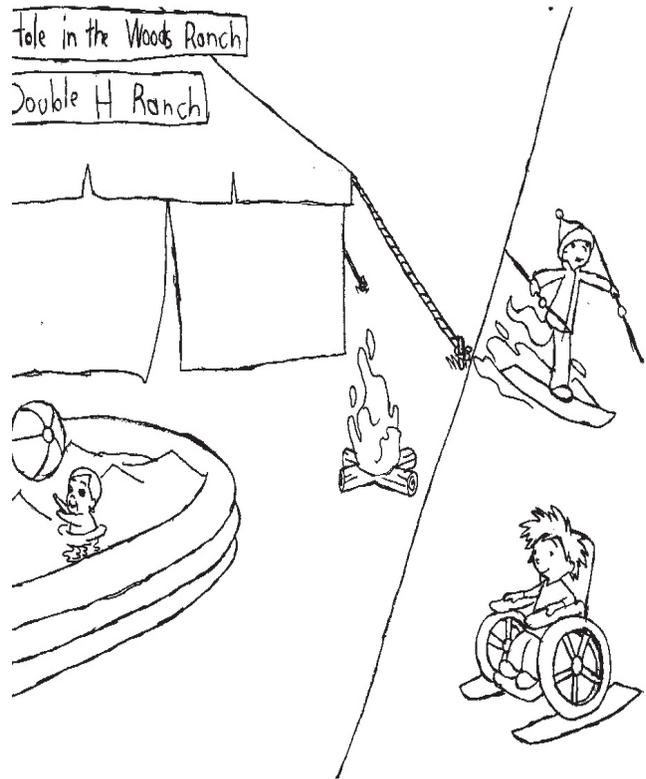
# Sports for Season? Reason? Freezin!

BY MITCHELL GOLIBER  
SCHENECTADY HIGH SCHOOL

Deep in the forest of Lake Luzerne, high in the Adirondack Mountains, lies the young but thriving, Hole in the Woods Ranch. The Hole Woods Ranch, also known as the Double H Ranch, has been around for the past twelve years. They have a winter + summer sports program made specifically for kids with disabilities.

In the winter sports program, they do all kinds of sports. They have two days during the winter when they teach skiing, snowboarding, and snowshoeing. For kids who are paralyzed, they have mono-skis and bi-skis, bicycle-sized, rocket-shaped, bikes, which have skis instead of wheels. The person uses his/her bodyweight to turn the ski. I was there on the day of Jan. 8, 2006. I learned how to cross-country ski and downhill ski in five hours! I had two professional instructors all to myself. Other kids can do the same things.

In their summer sports program, kids with disabilities can go to summer camp. On June 3rd, they have a motor cycle show in Lake George Village called the Americade. On August 19th, there is an annual gala at the Great Escape Spashwater Kingdom. The summer camp program runs June 26-August 24 (weekends off). The ranch is always looking for new students to join their programs.



## Disability Awareness Newsletter Editorial Board Members --

**Front:** Fahiyim Williams, Newsletter Artist, Steven Schubmehl, Mitchell Goliber

**Back:** Catharine McHugh, Program Director, Alexis Kim, Maureen Crittenden, Sandy Griesbeck, Program Coordinator, Grace O'Shaughnessy, Cathryn Speraw, Bridget Ford, Co-Editor, Cassie Ford, Maria Ragucci, Austin Crittenden, and Fabio Botarelli, Co-Editor

lack of connection between mainstream people twice as severe as mainstream people do amongst themselves. This newsletter attempts to make a positive connection between mainstream people and people with disabilities. The articles are not doctoral or scientific, but rather creative and personal that aim at the heart and the emotion as opposed to the mind. Human beings are sophisticated creatures in which the mind could grab many facts but no meaning without the heart. The mind knows nothing about the facts; it has to politely ask the heart how to use them and where to go with them. Each article in one way or another will include someone with a disability and their points of view. The facts will be present but they won't encompass the meaning or the central components. We hope that the newsletter will unfold a new direction that will answer all the most daunting questions concerning a disability and the people who have them. What makes them who they are? How are we hurting them without knowing it? How do they view us? What do we have in common? And most importantly, why do they want to pursue the impossible? Is it to prove us wrong, to be the best that they could be or simply to be appreciated and loved?

## School Daze

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those individuals who fell out of the high school mainstream due to the narrow social standards that exist in the minds of many high schoolers. Among those outcast individuals, I have the most admiration and respect for those who braved the horrors of high school while dealing with a disability.

High school is hell for those who are perceived as different. The label of a disability in high school can be the social kiss of death. Not only do your peers believe that you are different, but their prejudicial attitude is confirmed through the attitude of the school toward the education of individuals with disabilities. My high school seemed to think the best avenue for individuals with disabilities was elongated periods of seclusion and segregation interspersed with moments of momentary visibility. What did these moments of "inclusion" consist of? Well, individuals with disabilities had the privilege of escaping the dark recesses of my school where they are usually trapped in order to be paraded from class to class to perform menial tasks, like, picking up recyclables or attendance folders. Such a progressive approach to education makes me wonder why such a stigma is still attached to individuals with disabilities. When such a poor attitude toward individuals with disabilities is supported and perpetuated by a school it can only worsen the attitudes of students.

Ultimately, individuals with disabilities are not limited by their disability; they are limited by the attitudes of their peers.

## She Drove Home Anyway

BY TARA SHEEDY, GUILDERLAND HIGH SCHOOL

She's gotten thin. She says it's because of the medication. I say she's afraid to gain weight to cover the truth. My mother has Multiple Sclerosis, also known as MS. She's had it for 15 years, and was recently prescribed medication, which consists of a shot each week and an IV in her arm each month. When she gives herself a shot, she has a flu-like reaction which causes her to feel sick. All she wants to do is lie down and have my sister and I leave her alone. She doesn't like to discuss her disease with my sister and me. She doesn't want us to worry.

I can remember when she would be driving, and would have to stop the car because her back was having a spasm. That was when my sister and I first started to realize something was wrong. She hides her pain with humor, but she's changed. Stress comes easily to her now, and I can't help but notice she gets frustrated more often. She sometimes has a hard time walking long distances. A while ago her nervous system was so bad she couldn't tell when she had to use the bathroom. She couldn't feel much of anything. Her eyesight is not good, and she has severe headaches from time to time. She went to an eye doctor a few years ago, and was told not to drive home. She did anyway.

It's upsetting when I see her agitated; I usually feel it's my fault. My sister wonders if she can catch the disease. It's not contagious though, it's genetic. There is no cure, and even with medication, it can lead to long-term mobility problems. It starts out as a virus when you're a child, and leads to abnormal immune reactions later in life. The disease can get progressively better with time, but relapses are common.

Since MS affects the nervous system, tests are done to see how the person's nervous system responds to certain stimulation. The test is called an MRI, which uses magnetic forces to give doctors a view of the brain. When my mother gets an MRI, she says she feels like the walls are going to close in on her.

When people ask me how she's doing, I don't know what to say. Should I tell them what they want to hear? Should I be honest? I usually say she's doing fine. I choose not to talk about my mother's MS with other people because I know they won't understand. My mother doesn't like to discuss her problem with other people. She doesn't want people to pity her.

My mother handles MS surprisingly well, and goes about things the way she always did. Even though it takes longer and she gets tired easily that doesn't stop her. She's a great mom, and even with her condition, she puts my sister and me first.

Multiple Sclerosis affects approximately 2.5 million people worldwide, with the average age of diagnosis being between 20 and 50 years. This disease affects more women than men. Approximately 200 new cases a week are diagnosed, with the predominance of cases being Caucasians living in cooler climates. The genetic background of the diagnosed individual plays an important role; if a parent has MS, each child has a 1 in 40 chance of developing MS later in life. Extensive research continues in the area of MS and new medicines and treatments are being tested every day that will allow persons with MS to live long, healthy, productive lives.

## Why is it?

BY TASHAREA JOHNSON,  
SCHENECTADY HIGH SCHOOL

Why is it we call them different  
Do we not know we're different too  
Why is it we pick on them  
Is it because we got picked on too  
Why is it we feel that we shouldn't be their friends  
Why is it we treat them like they're monsters

Is it because they look like monsters  
Is it because we think we're better than them  
Is it because our friends pick on them  
Is it because we're different  
Is it because we get picked on  
Is it because we don't have friends  
Is it because we are the monsters  
Yes, we are monsters if we think we should treat  
Someone who has a disability different  
Why is it?



## I Have ... Never Mind

BY CATHRYN SPERAW,  
SCHENECTADY HIGH SCHOOL

Dear Diary,

It seems like as the days go by, I get more terrified to go anywhere. It's not just that I'm scared to go out anywhere in public, it's like what am I going to do if all of the sudden I have a panic attack while I'm out. There'll be nowhere for me to go and everyone will be staring at me. I keep envisioning myself in church, or the grocery store, or even in my home and I break down and start shaking, sweating, getting dizzy and feeling nauseous, and I just can't get out. Everyone is staring at me and doesn't understand what's going on. I don't even want to go out anymore, even to my friends' houses. They don't understand. I don't think they even know I'm like this. I mean, you can't tell by looking at me that I'm... well, we won't go there.

I can't understand why I have to be this way. I wish I could go to the park with my children, go out for a nice dinner with my family, and go back to my church. Church, I haven't been there in so long. I wish I could reunite with all of them. They all send messages wondering where I am. I wish I could tell them about my... never mind. I do miss that though. I just wish there was some way that I could tell everyone what my "problem" is. Why I can't just go out and have fun. I get so afraid that I'm going to have one of my "episodes".

I just don't get why I had to be the one with agoraphobia. Yeah, I said it, I have agoraphobia. I'm just afraid I'll have a panic attack in someplace crowded like the grocery store or church or my home. I'm just so tired of everything that people have been saying to me. "Oh you're agoraphobic? Hope you don't run out of bread, or else you'll have to go to the grocery store. Ha-Ha" I hate that; people think I'm some completely other person because I don't want to go out where they usually go. I've tried everything from therapy to medications and everything in between. But, nothing seems to work for me at all. I just wish there was some way I could get over this.

The doctor said that over time, my "problem" could get worse. He told me there are many different treatments that I could go through to help "cure" me of ... well, you know. But, I've tried all these different treatments, like I went through intense treatment where they practically forced me to have panic attacks in a place I wouldn't be able to get out of. But I think it just made my little problem worse. These medications I'm on, they don't help at all. The side effects are killer. Stomach aches, headaches, drowsiness, nausea. Yeah, the whole nine yards. Even my friends have tried to help (not knowing of course.) Carly came over today to try and take me out for a walk. But no way, I wouldn't have it. Carly doesn't know about... it. I want to get help. But Carly is the only one I can trust besides the doctor. Maybe if I told her, she could try and help me to get out. But, I'm so scared to even go to the doctor to try to get help. But, I mean if I do maybe there is a way he can try to help me again. I think maybe I'll call Carly tomorrow and see if she can help bring me. Or I'll do it when I'm good and ready. I can't take this fear and these panic attacks anymore.

*Cathryn*

# SEE THROUGH THE SCREEN

BY MARIA RAGUCCI, SCHENECTADY

Craziichick1435: Hey babe!

Shygal8824: Hi

Craziichick1435: What are we doing our about our presentation in three weeks?

Shygal8824:umm I don't kno I thought you knew...

Craziichick1435: lol, wow why do you sound so scared we can just wing it! lol

Craziichick1435: we have madd time till then...

Shygal8824: umm no no we could end up with nothing to say, standin up there! What did we have to choose from?

Craziichick1435: I don't kno I never pay attention I think one of them was like umm...the industrial revolution... not sure

Shygal8824:umm arite ill ask someone,good thing its only 4:30 ,so I have time to make stuff to say

Craziichick1435: like seriously why are you so worried?

Shygal8824: well I was so nervous that something was gonna go wrong and now the worst thing Is happenin, WE HAVE NOTHING TO SAY!!! ☒

Craziichick1435: wow like I said just WING IT

Shygal8824: great now nothing to say and your madd at me

Shygal8824:im just not going to go to school...uhh

Shygal8824:uh than ill fail and have to make up work for all my other classes!

Craziichick1435: arite I didn't kno you were going to get this upset over this dumb little project....school is not that big of a deal

Shygal8824:well once we fail this project then we get behind and than we could end up failing the year,. Than we fail the year and then we don't get into the colleges we want and never get the really good jobs and then all our lives could be ruined all because of one project, doesn't that make you scared??

Craziichick1435:no I always do madd good and ive missed dumb projects this year

Craziichick1435:like seriously chill

Craziichick1435: and im not madd at you at all but if this really is that big of a deal ill get a page of info. And you can get a page and than we can talk about that tomorrow for the presentation

Shygal8824: arite well that's good ,ill just do like 3 pages or something ,than we can get an "a"

Craziichick1435: arite well do whatever you want because nothing seems to be enough

Shygal8824: uhh don't get madd at me please im all ready nervous about the project and if everyone is even going to like it....

Craziichick1435: arite well don't stress its not worth It, im gonna go out ill talk to you later

Shygal882: uhh you should start your project but arite bye

Craziichick1435: its not until next week I have time

Craziichick1435: bye

Would have you noticed that there was a disorder behind Shygal8842? You probably just thought, "Oh just another one of those goodie two shoes kids that just gets upset over a missed project". But, what you can't see through that screen is that there is a child with Generalized Anxiety Disorder. The way the feelings take over the child make her so nervous, worried and make such a small problem something that could easily be passed by, giving this student an extreme fear of everything that "could" happen.

Generalized Anxiety Disorder (GAD) is an illness that makes you worry all the time about your family, health, or work whether there is or isn't a problem to be worried about at all. Along with the mental aspects of this disorder there are some physical symptoms. Aches and pains for no reason and feeling tired a lot are common symptoms. GAD gives an uneasy feeling that does not allow you to relax because you feel that the worst possible thing is always going to happen.

GAD is not the regular worrying that every average person gets, it is a fear of everything going wrong and when you have GAD you can't function normally. People who have it are usually in such a panic that they mainly remain homebound. There is such strong anxiety that once they leave what they feel is a safe place, they believe they are becoming targets for bad actions and problems.

GAD starts when you are a child or teenager and mostly effects girls and women. This isn't a disorder that only effects a small population of Americans either; in recent years more than four million people have been diagnosed with this disorder. As this does affect many Americans there is a way to get help and treatment.

If you do go to your doctor and they diagnose you with Generalized Anxiety Disorder, they can offer you various treatments. There are medicines that may take a few weeks to initially kick in but they can help to alleviate your symptoms. Also seeing a trained doctor or counselor for mental and physical therapy can help also.

Generalized Anxiety Disorder is a more serious problem than what it can appear to be. Having this disability is nothing to be upset or scared to show, but if you do have GAD get treatment to help benefit your life and well being. Live happy, live healthy, and live relaxed; everyone should be entitled to this.

# OCD

BY ALEXIS K, NISKAYUNA HIGH SCHOOL

*My first clear realization of OCD (Obsessive Compulsive Disorder) was in fifth grade when I felt an extreme anxiety and discomfort when my teacher would write letters too closely together on the chalkboard. There were experiences when I felt my head was about to explode. Sometimes I would dig my nails into my hands and as a consequence cause calluses. It wasn't until I was a teenager that I finally knew of my condition, including the recognition of OCD as a disability.*

*People with OCD are acutely aware of their symptoms and are often embarrassed by them. This is certainly true for me. I often try to hide my compulsions when in public. However, after a short while, I feel a strong desire to return home so I can go back to my obsessions and compulsions in private.*

*In my spare time I utilize various hobbies that redirect my OCD into a more positive result. Examples of this include doing the laundry, ironing, cooking, cleaning and making CD's and DVD's.*

*I wish more people were aware of OCD and the implications of those who struggle with it. I still think there is a great deal of ignorance of the condition. People often just assume you are "weird." I would like to see the same kind of understanding given to people with OCD as to those who are in a wheelchair, blind or otherwise disabled.*

*Signed,  
Alexander*

*Do you spend over an hour obsessing over one unimportant thing? Do you believe that some of your rituals are not just habits, but help you prevent bad luck? Then you may be suffering from a very common disorder called Obsessive Compulsive Disorder.*

# The ABC's of OCD

By Alexis Kim, NISKAYUNA HIGH SCHOOL

The occasional washing of hands before and after meals, the tapping of a pencil a few times before every single test, or maybe just having very strict daily organizational techniques can sometimes, but can be a sign of Obsession Compulsive Disorder. A person with OCD has very intense, repetitive brain messages that constantly replay negative worries and doubts. A person diagnosed with OCD will struggle with obsessions and compulsions that will take away approximately an hour from their daily life. An obsession is like a terrible song that will not get out of your head that constantly keeps you from concentrating. A compulsion is a behavior, action, or ritual that someone with OCD performs to shut down their thoughts and obsessions. By doing the psychotic compulsions, people with OCD hope to keep their worries away. A person with OCD will feel as though without performing the rituals they are not safe, protected, or secure. A compulsion is so strong that it is impossible to ignore.

Normal worries come and go without causing severe problems, yet Obsessive Compulsive Disorder patients are usually always worrying and feeling as though they are being overcome with anxiety. The element of OCD that people often struggle the most with is being perceived as different or weird. However, individuals with OCD are not alone. In the United States alone, there is approximately one million adolescents that have OCD—that is one in two hundred! Also, one in fifty adults have OCD. Adults that have OCD say that the problem started in their childhood, yet there was not as much knowledge and treatment as there is today. Doctors now know that OCD is genetic and effect a wide range ages (toddlers to seniors). They say that if there is a person with OCD that most likely there is another relative with an anxiety disorder. Doctors also know that the chemicals that carry negative messages to the brain cause the disorder. The chemicals that carry the pessimistic messages get blocked in the brain thus the messages get "stuck" in the persons mind. It then causes a miscommunication between the orbital cortex (the front of the brain) and the basal ganglia (the inner structure). Luckily, this disorder is curable by undergoing behavior therapy and/or using medications (Serotonin Reuptake Inhibitors). The treatment is usually successful, yet the treatment can take as long as three years, and in rare cases it can return.

What is life like living with Obsessive Compulsive Disorder? It can be very confusing, challenging, and embarrassing. Compulsions take up a lot of valuable time and energy, making it difficult to complete homework, work, or even have fun! Some kids are ashamed of their disorder and feel socially unaccepted. People don't understand that they cannot act impatient with OCD individuals and say something like, "Try to stop your obsessions, they're annoying!" Most people do not realize that OCD is like a nagging voice that warns them that dangerous things can happen if they do not continue their compulsive activity. Individuals with OCD eventually realize that their obsessions and compulsions are abnormal and are solely from their minds. OCD is a life altering disorder that can be cured. Still, the process of therapy is very long (years). During therapy, they still have to participate in daily activity and are segregated and made fun of. Some think that synonyms for Obsessive Compulsive Disorder are crazy, weird, and annoying. One thing people need to understand is that OCD cannot be ignored because it is a repetitive urge. If more people were open minded and knowledgeable regarding Obsessive Compulsive individuals, unnecessary stress would not accumulate with the emotional stresses brought on by social exclusion.

# Phat or Fat??

BY AUSTIN CRITTENDEN, LINDEN AVENUE MIDDLE SCHOOL

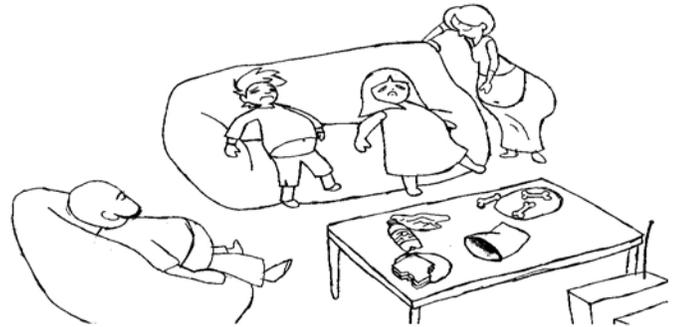
What do you think of when you hear the word obese? The most common answers seemed to be, "fat, lazy, and McDonalds." That may be true in some cases, but have you ever thought of it as genetics, disease, or even disability?

Sixteen percent of people 6-19 years old in America are obese. In 30% of these cases, their parents are obese. In most cases this can be attributed to genetics. Although, genetics do not automatically make you obese, it increases your chances dramatically. If you parents are obese, you may be exposed to an unhealthy environment which could lead to obesity. For example, they may buy more junk food and watch more television or they may not do outdoor activities or sports. This plays a major role in becoming obese.

The Prader-Willi Syndrome is a genetic disorder exemplified by short stature, mental retardation, hypotonia, abnormally small hands and feet, hypogonadism, and uncontrolled appetite leading to obesity. The first diagnosed cases of the Prader-Willi Syndrome came to America in the 1960's. People with the Prader-Willi Syndrome have a disconnect in a part of their brain. The disconnect is that they can never feel full; they have a continuous urge to eat that they cannot learn to control. The Prader-Willi Syndrome is incurable, but is also very rare and it is treatable. Eight out of every 1000 people have Prader-Willi Syndrome.

There are also very many other diseases that cause obesity, such as Congenital Heart Disease, Cushing's Syndrome, and Hypothyroidism. These diseases all contribute to obesity in America and the world.

Obesity is obviously a humongous problem in America today. The obese population in the USA more than tripled since 1970, and is still increasing. With a good attitude, determination, a healthy diet, and a sufficient amount of exercise we need to turn this trend around.



## BLEMISH BLUES

BY TASHAREA JOHNSON, SCHENECTADY HIGH SCHOOL

Most skin problems are birthmarks. Birthmarks are caused by blood vessels that group together. Lots of new born babes get birth marks behind their neck because of the pressure on their neck when they are coming out of the womb. The most common type of birthmark is hemangioma. There are different kinds of hemangioma: strawberry, cavernous, and port- wine stain.

Strawberry Hemangioma gets their name from the fruit. It appears on the skin you get a bright red mark on your skin. This is the type of the birthmarks that disappears around the age of five or nine years old. Some people have strawberry hemangioma on their tongue, and it appears as big and small black spots on their tongue. Often, children with this type of birthmark are laughed at and teased.

A cavernous hemangioma is beneath the outer layer of the skin. Cavernous means deep and so a cavernous birthmark is deep skin. Cavernous are puffier then strawberry hemangioma. The color of the cavernous birthmarks is bluish red and a cavernous birthmark doesn't go away like a strawberry birthmark.

Port- wine stains are another type of hemangioma; it gets its name from a port- wine that is dark maroon. The color of a port-wine stain birth mark is purplish-red or a dark red. A port wine stain is puffy and raised like a strawberry birth mark.

Skin problems can be categorized as a disability because of the stigma that comes with them.

# Changes

BY YANI BROWN  
OAKWOOD FRIENDS SCHOOL

Life is nothing but a big game  
You do things and should be put to shame  
Life is a cycle. Young, old, old, young  
My journey of life has yet begun  
What are you a maple or evergreen tree  
Cuz a maple tree changes and an evergreen is always green  
When I am asked, there is no reply  
Cuz my whole life I have been living a lie  
Day changes to night and night to day  
Some things change and some things remain the same  
Every time I try and become a maple tree  
Something goes wrong and I can't do anything  
Change can be good or bad  
But highlight qualities are something some people don't have  
So what does a person who wants to change but can't do  
Do they attempt, keep trying or continue  
Change is too much for one body to handle  
That is something that's just not able  
To be done by myself and others  
But I won't give up cuz if I do I won't be stronger  
So you decide if change is good or bad  
Cuz I don't know and never had

# Me and Michael

by Tricia Lewis, Columbia High School

When I was three, I moved across the street from Michael. I did not understand why he did not talk or learn in the same type of classroom as me. I knew of the word Autism, but did not fully understand it until recent years. Autism is a neurological disorder that affects your communication skills; Michael was diagnosed with it when he was two.

I am now 15 and Michael is 14, we have a lot in common. First the fact that we are both flying through our teenage years together, on good days and bad. We both also enjoy swimming, jumping on the trampoline and eating lots of junk food. I have learned a lot from Michael, for which I am very thankful. He has taught me not to take for granted life's simple pleasures and to laugh often.

Michael is not only a friend he is like a brother to me. I have known him and his family for so long; I am so lucky to have such good people living right next door. Hopefully "me and Michael" will stay friends forever.

# The Lonely Little Flower

BY BREANA SKELLY,  
RIPLEY CENTRAL SCHOOL

A sad Little Flower sits by herself  
In a garden with no one around.  
Nobody ever came to visit.  
She hopes for a family to talk  
to and love.  
Each year she waits and waits.  
No one appears.  
That poor Little Flower . . . .  
Cries and cries all night and day.  
She just wants a family.  
She feels like she just wants to be  
picked.  
Maybe someday she'll have a family.  
Well till then . . .

# I'm No Doctor!

by Buddy Riddell, New Paltz High School

popping pills  
not pain pills  
well maybe pain pills  
brain pain  
the pain you can't explain  
the hurt that isn't worth your savings account  
your choice college  
your next kiss

Here, have some  
Lexapro, or  
Xanax, or  
Zoloft, or  
Omniquil  
Or any other made up brand name  
for the chemicals that fix the malfunction  
in that pretty little head of yours

We do not fully understand what causes it, but you have it.  
Sorry.  
Percents, statistics, group testing,  
all this does not help  
That sunny day where you lie on your back  
and dream  
staring at puffy white clouds long gone in the distance  
– gone to a dark desolation that pounces and rapes you  
of your happiness.  
A sticky infection that quickly kills all motivation.

Glass half full, glass half empty, who really cares?

Just make the sun come back.

