



# Disability Fact Sheets

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## Section Purpose

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Provide specific information and resources concerning various disabilities, so that One-Stop staff can develop a basic understanding of various disabilities

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## Section Contents

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### Fact Sheets

The following fact sheets are contained in this section:

- A) Attention-Deficit/Hyperactivity Disorder
- B) Autism & Pervasive Developmental Disorders
- C) Cerebral Palsy
- D) Developmental Disability
- E) Down Syndrome
- F) Epilepsy
- G) People with Hearing Impairments
- H) Learning Disabilities
- I) Mental Illness
- J) Basic Etiquette: Mental Illness
- K) Mental Retardation
- L) Basic Etiquette: People with Mental Retardation/  
Cognitive Disabilities
- M) Basic Etiquette: People with Mobility Impairments
- N) Basic Etiquette: People with Speech Impairments
- O) Basic Etiquette: People with Visual Impairments

### Screening Tools

This sections contains three screening tools, to assist One-Stop staff in identifying individuals with previously undiagnosed disabilities, in order to obtain the necessary supports and assistance so the individuals can fully benefit from the One-Stop system.

- A) Simple Screening Tool for a Learning Disability
- B) Simple Screening Tool for Possible Emotional Or Mental Health Issues
- C) Simple Screening Tool for Possible Alcohol or Substance Abuse Problems

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# Fact Sheet: ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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## Definition

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a neurobiological disorder. Typically people with AD/HD have developmentally inappropriate behavior, including:

- poor attention skills
- impulsivity
- hyperactivity

People with AD/HD may also experience problems in the areas of social skills and self esteem.

## Incidence

AD/HD is estimated to affect between 3-5 % of the school-aged population.

## Characteristics

An individual with AD/HD is often described as having a short attention span and as being distractible. The individual will have difficulty with one or all parts of the attention process:

- focusing (choosing something to pay attention to)
- sustaining focus (paying attention for as long as is necessary)
- shifting focus (moving attention from one thing to another)

An individual who has symptoms of inattention often:

- fails to give close attention to details, making careless mistakes
- has difficulty sustaining attention to tasks
- appears not to be listening when spoken to directly
- has difficulty following through on instructions; may fail to finish tasks (not due to oppositional behavior or failure to understand instructions)
- has difficulty organizing tasks and activities
- avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- loses things necessary for tasks or activities (e.g., office supplies, books, or tools)
- is easily distracted by extraneous stimuli
- is forgetful in daily activities

Symptoms of hyperactivity include:

- fidgets with hands or feet or squirms in seat
- leaves seat in classroom or in other situations in which remaining seated is expected
- runs about or climbs excessively in situations in which this is inappropriate
- has difficulty playing or engaging in leisure activities quietly; is “on the go” or acts as if “driven by a motor”
- talks excessively

Impulsiveness with AD/HD happens when people act before thinking. An individual who has symptoms of impulsivity often:

- blurts out answers before questions have been completed
- has difficulty awaiting his/her turn
- interrupts or intrudes on others (during conversations or games)

*Note: From time to time all people will be inattentive, impulsive, and overly active. In the case of AD/HD, these behaviors are the rule, not the exception.*

## Vocational Implications

Planning for the vocational needs of a person with AD/HD begins with an accurate diagnosis. People suspected of having AD/HD must be appropriately diagnosed by a knowledgeable, well-trained clinician. Treatment plans may include behavioral and educational interventions and sometimes medication.

Many people with AD/HD experience great difficulty in environments where attention and impulse/motor control are necessary for success. People with AD/HD tend to overreact to changes in their environment. They respond best in a structured, predictable environment with clear and consistent rules and expectations.

Adaptations which might be helpful (but will not cure AD/HD):

- post daily schedules and assignments
- call attention to schedule changes
- set specific times for specific tasks
- design a quiet work space for use upon request
- provide frequent, regularly scheduled breaks
- teach organization and study skills
- supplement verbal instructions with visual instructions
- modify test delivery

## Resources for further information on attention deficit disorders:

CHADD  
(Children and Adults with Attention Deficit Disorders)  
499 NW 70th Avenue  
Suite 101  
Plantation, FL 33317  
Voice: (954) 587-3700 or (800) 233-4050  
(voice mail to request information packet)  
Web site: [www.chadd.org](http://www.chadd.org)

National Attention Deficit Disorder Association (ADDA)  
1788 Second Street, Suite 200  
Highland Park, IL 60035  
Voice: (847) 432-ADDA ; Fax: (847) 432-5874  
E-mail: [mail@add.org](mailto:mail@add.org)  
Web site: [www.add.org](http://www.add.org)

*Additional resources are listed in the resource section at the end of this manual.*

*Adapted from NICHCY Fact Sheet Number 19 (FS19), 1998*

National Information Center for Children and Youth with Disabilities  
P.O. Box 1492  
Washington, DC 20013  
E-mail: [nichcy@aed.org](mailto:nichcy@aed.org)  
web: [www.nichcy.org](http://www.nichcy.org)  
1-800-695-0285 (Voice/TT)

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# Fact Sheet: AUTISM & PERVASIVE DEVELOPMENTAL DISORDERS

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## Definition

Autism and Pervasive Developmental Disorder (PDD) are developmental disabilities that share many characteristics. Usually evident by age three, autism and PDD are neurological disorders that affect an individual's ability to communicate, understand language, play, and relate to others.

## Characteristics

Individuals with autism or PDD vary widely in abilities, intelligence, and behaviors. Some individuals do not speak; others have limited language that often includes repeated phrases or conversations. People with more advanced language skills tend to focus on a small range of topics and have difficulty with abstract concepts. Repetitive activities, a limited range of interests, and impaired social skills are generally evident as well. Unusual responses to sensory information (i.e., loud noises, lights, certain textures of food or fabrics) are also common. Other characteristics are as follows:

- The primary disabilities are in behavior, communication, and social interactions
- Major challenges with verbal and nonverbal communication skills
- Difficulties in relating to people, objects and events; can appear aloof, uninterested, and lacking in concentration
- Repetitive behavior such as hand flapping, touching, twiddling of fingers, and rocking
- A desire for familiar things and set routines
- Difficulty with changes in routine or familiar surroundings

## Vocational Implications

- When teaching someone with autism, the emphasis needs to be on learning ways to communicate, as well as structuring the environment so that it is consistent and predictable
- Individuals with autism or PDD learn better, and are usually less confused, when information is presented visually as well as verbally.

## Resources for further information on autism and PDD:

Autism Society of America  
7910 Woodmont Avenue, Suite 650  
Bethesda, MD 20814  
Telephone: (301) 657-0881  
For information and referral, call 1-800-328-8476.  
Web site: [www.autism-society.org](http://www.autism-society.org)

Autism National Committee  
635 Ardmore Avenue  
Ardmore, PA 19003  
Web site: [www.autcom.org](http://www.autcom.org)

Institute for the Study of Developmental Disabilities  
Indiana Resource Center for Autism  
Indiana University  
2853 East 10th Street  
Bloomington, IN 47408-2601  
Voice: (812) 855-6508  
TTY: (812) 855-9396  
Fax: (812) 855-9630  
E-mail: [prattc@indiana.edu](mailto:prattc@indiana.edu)  
Web site: [www.isdd.indiana.edu/~irca](http://www.isdd.indiana.edu/~irca)

*Additional resources are listed in the resource section at the end of this manual.*

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# Fact Sheet: CEREBRAL PALSY

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## Definition

“Cerebral palsy” is the name given to a group of permanent, usually non-progressive disorders marked by loss or impairment of control over voluntary muscles. It results from damage to the developing brain that may occur before, during, or after birth, up to 5 years of age. Cerebral palsy is not a disease and should not be referred to as such. Forms of cerebral palsy include:

- Spastic: muscles over-contract when stretched, resulting in stiff, jerky motions; joints are sometimes fixed in abnormal positions
- Athetoid: constant movement of muscles; difficulties with speech because of slurred speech and poor hearing
- Ataxic: Inability to maintain balance or coordination; individuals may have to be protected from falling or have to wear a protective helmet

Other types do occur, although infrequently. Any one individual may have a combination of these types. Cerebral palsy is often, but not always, associated with a number of other complications which may include:

- Speech, hearing and vision problems
- Perceptual problems, which often interfere with learning
- Approximately one-third of people with cerebral palsy also have mental retardation

## Resources for further information on cerebral palsy:

United Cerebral Palsy Associations, Inc.  
1660 L Street N.W.; Suite 700  
Washington, DC 20036  
Voice: (202) 776-0406  
TTY: (202) 973-7197  
Voice/TTY: (800) 872-5827  
Fax: (202) 776-0414  
E-mail: [ucpnatl@ucpa.org](mailto:ucpnatl@ucpa.org)  
Web site: [www.ucpa.org](http://www.ucpa.org)

Independent Living Research Utilization Project (ILRU)  
The Institute for Rehabilitation and Research  
2323 South Sheppard, Suite 1000  
Houston, TX 77019  
(713) 520-0232; (713) 520-5136 (TT)  
E-mail: [ilru@ilru.org](mailto:ilru@ilru.org)  
Web site: [www.bcm.tmc.edu/ilru](http://www.bcm.tmc.edu/ilru)

Easter Seals—National Office  
230 West Monroe Street, Suite 1800  
Chicago, IL 60606  
Voice: (312) 726-6200;  
TTY: (312) 726-4258  
(800) 221-6827  
E-mail: [nessinfo@seals.com](mailto:nessinfo@seals.com)  
Web site: [www.easter-seals.com](http://www.easter-seals.com)

National Rehabilitation Information Center (NARIC)  
8455 Colesville Road, Suite 935  
Silver Spring, MD 20910-3319  
Voice: (800) 346-2742; (301) 588-9284  
TTY: (301) 495-5626  
Web site: [www.naric.com](http://www.naric.com)

Both Easter Seals and UCP have many state chapters and affiliated organizations

*Additional resources are listed in the resource section at the end of this manual.*

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## Fact Sheet: DEVELOPMENTAL DISABILITY

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Developmental disability is a general category that includes but is not limited to mental retardation, autism, cerebral palsy, epilepsy, and spina bifida, as well as other neurological impairments where the following criteria are met:

- The disability is attributable to a mental or physical impairment or combination of mental and physical impairments
- The disability occurred before age 22
- The disability is likely to continue indefinitely
- The disability results in substantial functional limitations in three or more of the following areas:
  - self-care
  - receptive and expressive language
  - learning
  - mobility
  - self-direction
  - capacity for independent living
  - economic self-sufficiency
- No one is automatically considered to have a developmental disability because of a diagnosis or IQ score. An individual's strengths and needs are taken into consideration.

Resources for further information on developmental disabilities:

National Association of Developmental Disabilities Councils (NADDC)

1234 Massachusetts Ave, NW, Suite 103

Washington, DC 20005

Voice: (202) 347-1234

FAX : (202)347-4023

Web site: [www.igc.org/NADDC](http://www.igc.org/NADDC)

Developmental Disabilities (DD) Councils provide resources, information, and referral on services for people with developmental disabilities. Every state and territory has a DD Council; a list is available from NADDC.

American Association of University Affiliated Programs (AAUAP)

8630 Fenton St., Suite 410

Silver Spring, MD 20910

Voice: (301) 588-8252

Fax: (301) 588-2842

Web site: [www.aauap.org](http://www.aauap.org)

University Affiliated Programs are federally funded organizations that provide a wide variety of training, technical assistance and other activities, all focused on the inclusion of people with developmental disabilities into the community. At least one UAP is located in every state and territory; a listing is available from AAUAP or online at [www.aauap.org/UAP.HTM](http://www.aauap.org/UAP.HTM).

*Additional resources are listed in the resource section at the end of this manual.*

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# Fact Sheet: DOWN SYNDROME

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## Definition

Down syndrome is the most common and readily identifiable chromosomal condition associated with mental retardation. It is caused by a chromosomal abnormality: for some unexplained reason, cell development results in 47 chromosomes instead of the usual 46. This extra chromosome changes the typical development of the body and brain.

## Incidence

Approximately 4,000 children with Down syndrome are born in the U.S. each year, or about 1 in every 800 to 1,000 live births.

## Characteristics

There are over 50 clinical signs of Down syndrome, but it is rare to find all or even most of them in one person. Individuals with Down syndrome are usually smaller than their non-disabled peers, and their physical as well as intellectual development is slower.

Besides having a distinct physical appearance, individuals with Down syndrome frequently have specific health-related problems. A lowered resistance to infection makes these individuals more prone to respiratory problems. Visual problems such as crossed eyes and far- or near-sightedness are higher in people with Down syndrome, as are mild to moderate hearing loss and speech difficulty.

## Implications Of Down Syndrome On Employment

People with Down syndrome display a wide range of talents, skills, and abilities, and have a wide range of support needs. Some people with Down syndrome can live and work fairly independently, while others need a significant amount of assistance and support. As with people with other disabilities, people with Down syndrome can work successfully in the community if they are placed in jobs that are a good match for their skills, abilities and interests, with appropriate levels of support available.

## Resources for further information on Down Syndrome:

American Association on Mental Retardation (AAMR)  
444 N. Capitol Street N.W.; Suite 846  
Washington, DC 20001-1512  
Voice: (202) 387-1968; (800) 424-3688  
Fax: (202) 387-2193  
Web site: [www.aamr.org](http://www.aamr.org)

The Arc of the United States (formerly the Association for Retarded Citizens)  
1010 Wayne Avenue, Suite 650  
Silver Spring, MD 20910  
500 East Border Street; Suite 300  
Arlington, TX 76010  
Voice: (301) 565-3842  
Fax: (301) 565-5342  
E-mail: [info@thearc.org](mailto:info@thearc.org)  
Web site: [www.thearc.org](http://www.thearc.org)

National Down Syndrome Congress  
7000 Peachtree-Dunwoody Road, N.E.  
Lake Ridge 400 Office Park  
Building #5, Suite 100  
Atlanta, GA 30328  
Voice: (770) 604-9500; (800) 232-6372  
Fax: (770) 604-9898  
E-mail: [NDSCcenter@aol.com](mailto:NDSCcenter@aol.com)  
Web site: [www.ndsccenter.org](http://www.ndsccenter.org)

National Down Syndrome Society  
666 Broadway, 8th Floor  
New York, NY 10012  
Voice: (212) 460-9330; (800) 221-4602  
Fax: (212) 979-2873  
E-mail: [info@ndss.org](mailto:info@ndss.org)  
Web site: [www.ndss.org](http://www.ndss.org)

*Additional resources are listed in the resource section at the end of this manual.*

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National Information Center for Children and Youth with Disabilities  
P.O. Box 1492  
Washington, DC 20013  
E-mail: [nichcy@aed.org](mailto:nichcy@aed.org)  
web: [www.nichcy.org](http://www.nichcy.org)  
1-800-695-0285 (Voice/TT)

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# Fact Sheet: Epilepsy

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## Definition Of Epilepsy

A condition of the nervous system characterized by sudden seizures, muscle convulsions, and partial or total loss of consciousness for a short period.

## Facts About Epilepsy

- Epilepsy is caused by a sudden, brief change in chemical-electrical charges of the brain
- About two million Americans have epilepsy
- About 65% of seizure disorders are controlled with medication
- A person cannot swallow his/her tongue during a seizure
- It is important to discuss with the person with a seizure disorder what his/her particular needs are

## Characteristics Of Seizures May Include

- Loss of consciousness with severe muscle twitching
- A momentary loss of contact with the environment, with fluttering eyelids or twitching of a limb
- Seizures are partial when the brain cells not working properly are limited to one part of the brain. Partial seizures may cause periods of altered consciousness and “automatic behavior” - purposeful-looking behavior such as buttoning or unbuttoning a shirt. Such behavior, however, is unconscious, may be repetitive, and is usually not recalled afterwards

## Guidelines For Assisting A Person Who Is Having A Seizure

If someone is having a seizure, in most cases, you should simply make sure the area is clear so the individual does not injure him/herself. People who have epilepsy are not violent against themselves or others during a seizure. However, certain safety precautions should be taken so that no one is hurt accidentally. Some safety precautions:

- Move sharp objects, and place a pillow under the person’s head
- Do NOT place anything in the individual’s mouth
- After the seizure has run its course, the person may want to rest for a bit before returning to normal activity
- If a seizure persists for more than a few minutes, emergency medical assistance is necessary

## Resources for further information on epilepsy

Epilepsy Foundation of America (EFA)  
4351 Garden City Drive, Suite 406  
Landover, MD 20785  
Voice: (301) 459-3700; (800) 332-1000  
Publications: (301) 577-0100  
Fax: (301) 577-4941  
E-mail: [postmaster@efa.org](mailto:postmaster@efa.org)  
Web site: [www.efa.org](http://www.efa.org)

National Institute of Neurological Disorders and Stroke (NINDS)  
National Institutes of Health  
Building 31, Room 8A06  
9000 Rockville Pike  
Bethesda, MD 20892  
Voice: (301) 496-5751; (800) 352-9424  
Web site: [www.ninds.nih.gov](http://www.ninds.nih.gov)

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## Basic Etiquette: PEOPLE WITH HEARING IMPAIRMENTS

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- 1) “Hearing disability,” “hard of hearing,” and “deaf” are not the same.
  - “Hearing disability” refers to both persons who are hard of hearing and persons who are deaf
  - “Deaf” people utilize their vision skills for communication
  - “Hard of hearing” persons seek ways to retain their listening and speaking skills.
- 2) It is okay to use the terms “the deaf” or “deaf person”. This is an exception to the “person-first language” rule.
- 3) There are a wide range of hearing losses and communication methods. If you do not know the individual’s preferred communication method, ASK.
- 4) To get the attention of a person with a hearing loss, call his/her name. If there is no response, you can lightly touch him/her on the arm or shoulder, or wave your hand.
- 5) When using an interpreter:
  - Always address your comments, questions, and concerns directly to the person with whom you are talking, never to the interpreter.
  - Always face the individual, and not the interpreter.
- 6) Always look directly at a person who has a hearing loss. Use eye to eye contact.
- 7) Use facial expressions and body language to communicate the emotion of a message, such as displeasure or approval.
- 8) Watch the individual’s eyes to ensure understanding - do not depend on affirmative head nodding only.
- 9) If possible, use e-mail to communicate
- 10) Tips in using a TTY (Teletypewriter):
  - Make your communication clear, simple, and concise.
  - Typical abbreviations:
    - GA - “Go ahead” - means that the person has finished their statement and the other person can start typing
    - Q - Use instead of a question mark
    - SK - Means you want to conclude your conversation
    - When you read “SK”, type “SKSK” if you are completely finished talking.
- 11) Can the person read lips?
  - Not all people who are deaf can read lips
  - Speak clearly, slowly, and expressively to determine if the person can read your lips
  - Do not exaggerate your speech
  - People who read lips only understand 20 to 25% of what is being said
  - Be sensitive to the needs of people who lip read by facing the light source and keeping hands, cigarettes, and food away from your mouth when speaking.
- 12) If you are asked to repeat yourself several times, try rephrasing your sentence.
- 13) When providing information that involves a number or an address, consider alternative ways to provide it; writing, faxing, or e-mailing are great ways to ensure accuracy and decrease frustration.

- 14) Have pencil and paper available and use them if necessary
- 15) If you are experiencing extreme difficulty communicating orally, ask if you can write. Never say, "Oh, forget it, it is not important." Keep messages simple and direct.
- 16) Be aware of the environment. Large, crowded rooms and hallways can be very difficult for hearing impaired persons. Bright sunlight and shadows also present barriers.
- 17) In group settings:
  - let the deaf individual determine the best seating arrangement in order for them to see the speaker and interpreter
  - watch for signals that the deaf individual wishes to contribute
  - ensure that one person speaks at a time
  - do not pace while giving a presentation
  - do not talk with your back to the audience while writing on a flipchart or blackboard
  - incorporate visual aids, demonstrations, flip charts, written agendas, and handouts in presentations.
- 18) Do not change the topic of conversation without warning. Use transitional phrases such as "Okay, we need to discuss. . . ."

#### Resources for further information hearing impairments:

National Association of the Deaf  
 814 Thayer Avenue  
 Silver Spring, MD 20910-4500  
 Voice: (301) 587-1788  
 TTY: (301) 587-1789  
 Fax: (301) 587-1791  
 E-mail: NADinfo@nad.org  
 Web site: www.nad.org

National Information Center on Deafness (NICD)  
 Gallaudet University  
 800 Florida Avenue, N.E.  
 Washington, D.C. 20002-3695  
 Voice: (202) 651-5051  
 TTY: (202) 651-5052 (TTY)  
 E-mail: nicd.infotogo@gallaudet.edu  
 Web site: www.gallaudet.edu/~nicd

National Institute on Deafness and Other  
 Communication Disorders Clearinghouse  
 One Communication Avenue  
 Bethesda, MD 20892-3456  
 Voice: (800) 241-1044  
 TTY: (800) 241-1055  
 E-mail: nidcdinfo@nidcd.nih.gov  
 Web site: www.nih.gov/nidcd/

National Technical Institute for the Deaf  
 Rochester Institute of Technology  
 Lyndon Baines Johnson Building  
 Center on Employment  
 52 Lomb Memorial Drive  
 Rochester, NY 14623-5604  
 Voice/TTY: (716) 475-6219  
 Fax: (716) 475-7570  
 E-mail: ntidcoe@rit.edu  
 Web site: www.rit.edu/~435www/

Has variety of information and materials related to employment of individuals who are deaf and hard of hearing, including information for employers

Registry of Interpreters for the Deaf  
 8630 Fenton Street, Suite 324  
 Silver Spring, MD 20910  
 Voice/TTY: (301) 608-0050  
 Fax: (301) 608-0508  
 E-mail: admin@rid.org  
 Web site: www.rid.org  
 Maintains nationwide registry of where employers can find sign language interpreters

*Additional resources are listed in the resource section at the end of this manual.*

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# Fact Sheet: LEARNING DISABILITIES

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## Definition of Learning Disabilities

A disorder in one or more of the basic processes involved in understanding or using spoken or written language, that impacts an individual's ability of in one of the following areas:

- listening
- thinking
- speaking
- reading
- writing
- spelling
- doing mathematical calculations

Learning disabilities include such conditions as:

- perceptual disabilities
- brain injury
- minimal brain dysfunction
- dyslexia
- developmental aphasia.

Learning disabilities do not include learning problems that are primarily the result of:

- visual, hearing, or motor disabilities
- mental retardation
- environmental or cultural factors
- economic disadvantage

## Incidence

Estimates of the number of individuals with learning disabilities vary greatly, ranging from 1% to 30% of the general population. (Differences in estimates may reflect variations in the definition used.) In 1987, the Interagency Committee on Learning Disabilities concluded that 5% to 10% is a reasonable estimate of the percentage of people affected by learning disabilities.

## Characteristics

- People with learning disabilities are usually of average or even above average intelligence. Learning disabilities are characterized by a significant difference between the individual's achievement in different areas, as compared to his or her overall intelligence.
- Learning disabilities may occur in the following areas:
  - Spoken language: Delays, disorders, or discrepancies in listening and speaking;
  - Written language: Difficulties with reading, writing, and spelling;
  - Arithmetic: Difficulty performing arithmetic functions or in comprehending basic concepts
  - Reasoning: Difficulty organizing and integrating thoughts
  - Organization skills: Difficulty organizing all facets of learning

It is important to remember that there is a high degree of interrelationship and overlapping among areas of learning. Individuals with learning disabilities may exhibit a combination of characteristics.

The following may also be associated with learning disabilities:

- hyperactivity
- inattention
- perceptual coordination problems

A variety of other symptoms may be present, including:

- uneven and unpredictable test performance
- perceptual impairments
- motor disorders
- impulsiveness
- low tolerance for frustration
- problems in handling day-to-day social interactions and situations

### Vocational And Employment Issues

The label “learning disabilities” is all-embracing; it describes a syndrome, not a specific individual with specific problems. Therefore, assisting an individual with a learning disability to obtain employment requires a very personalized approach that takes into account an individual’s strengths and support needs. An individual’s learning disability may mildly, moderately, or severely impair the learning process.

### Guidelines For Working With Individuals With Learning Disabilities

- Capitalize on the individual’s strengths
- Provide high structure and clear expectations
- Provide opportunities for success in a supportive atmosphere to help build self-esteem
- Allow flexibility in procedures (e.g., when individuals have trouble with written language allow them to use of tape recorders for note-taking; allow completion of forms and diagnostic tests orally)

### Resources for further information on learning disabilities:

Directory of facilities and services for the learning disabled, 17th ed. (1997). Novato, CA: Academic Therapy.  
Voice: 1-800-422-7249 (outside CA); (415) 883-3314.

MacKenzie, L. (1997). The complete learning disabilities directory. Lakeville, CT: Grey House.  
Voice: (806) 435-0867

Council for Learning Disabilities (CLD)  
P.O. Box 40303  
Overland Park, KS 66204  
Voice: (913) 492-8755  
Fax: (913) 492-2546  
E-mail: [webmaster@cldinternational.org](mailto:webmaster@cldinternational.org)  
Web site: [www.cldinternational.org](http://www.cldinternational.org)

International Dyslexia Association  
International Office  
8600 LaSalle Road  
Chester Building, Suite 382  
Baltimore, MD 21286-2044  
Voice: (410) 296-0232; (800) 222-3123  
Fax: (410) 321-5069  
E-mail: [info@interdys.org](mailto:info@interdys.org)  
Web site: [www.interdys.org](http://www.interdys.org)

Learning Disabilities Association of America  
4156 Library Road  
Pittsburgh, PA 15234-1349  
Voice: (412) 341-1515  
Fax: (412) 344-0224  
E-mail: [ldanat1@usaor.net](mailto:ldanat1@usaor.net)  
Web site: [www.ldanat1.org](http://www.ldanat1.org)  
A listing of state affiliates is available at:  
[www.ldanat1.org/StatePages.shtml](http://www.ldanat1.org/StatePages.shtml)

National Center for Learning Disabilities  
381 Park Avenue South, Suite 1401  
New York, NY 10016  
Voice: (212) 545-7510; (888) 575-7373  
Fax: (212) 545-9665  
Web site: [www.nclcd.org](http://www.nclcd.org)

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National Information Center for Children and Youth  
with Disabilities  
P.O. Box 1492  
Washington, DC 20013  
E-mail: [nichcy@aed.org](mailto:nichcy@aed.org)  
web: [www.nichcy.org](http://www.nichcy.org)  
1-800-695-0285 (Voice/TT)

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*Additional resources are listed in the resource section at the end of this manual.*

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# Fact Sheet: MENTAL ILLNESS

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## Definition

Mental illnesses are disorders of the brain that disrupt a person's thinking, feeling, moods, and ability to relate to others. Mental illness is an illness that affects or is manifested in a person's brain that often results in a diminished capacity for coping with the ordinary demands of life. It may affect the way a person thinks, behaves, and interacts with other people.

## Incidence

Mental illnesses can affect persons of any age, race, religion, or income. Five million people in the United States alone suffer from a serious chronic brain disorder.

## Characteristics

The term "mental illness" encompasses numerous psychiatric disorders, and just like illnesses that affect other parts of the body, they can vary in severity. Many people suffering from mental illness may not look as though something is wrong, while others may appear confused, agitated, or withdrawn.

It is a myth that mental illness is a weakness or defect in character and that sufferers can get better simply by "pulling themselves up by their bootstraps." Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing. Mental illnesses are real illnesses—as real as heart disease and cancer—and they require and respond well to treatment.

The term "mental illness" is an unfortunate one because it implies a distinction between "mental" disorders and "physical" disorders. Research shows that there is much that is "physical" in "mental" disorders (and vice-versa). For example, the brain chemistry of a person with major depression differs from that of a nondepressed person, and medication can be used (often in combination with psychotherapy) to bring the brain chemistry back to normal. Similarly, a person who is suffering from hardening of the arteries in the brain—which reduces the flow of blood and thus oxygen in the brain—may experience "mental" symptoms such as confusion and forgetfulness.

Mental illness is characterized by a wide range of behaviors which include, but are not limited to:

- depression
- feelings of hopelessness
- sadness
- apathy
- inattention
- poor concentration
- fatigue
- sleep or eating disturbances
- anxiety
- withdrawal
- constant talking, joking, fantasizing
- extreme fear or panic

## Advances In Treatment

In the past 20 years especially, psychiatric research has made great strides in the precise diagnosis and successful treatment of many mental illnesses. Whereas once mentally ill people were warehoused in public institutions because they were disruptive or feared to be harmful to themselves or others, today most people who suffer from a mental illness — including those that can be extremely debilitating, such as schizophrenia — can be treated effectively and lead full lives. As a diabetic takes insulin, most people with serious mental illness need medication to help control symptoms. Supportive counseling, self-help groups, housing, vocational rehabilitation, income assistance, and other community services can also provide support and stability, allowing the individual to focus on recovery.

## Types Of Psychiatric Disabilities

Some of the more commonly known psychiatric disorders are depression; manic depression (also known as bipolar disorder); anxiety disorders, including specific phobias (such as fear of heights), social phobia, panic disorder, agoraphobia, obsessive-compulsive disorder, and generalized anxiety disorder; schizophrenia and other psychotic disorders, such as delusional disorder; substance abuse and disorders related to substance abuse; delirium; dementia, including Alzheimer's disease; eating disorders, such as bulimia and anorexia; sleep disorders; sexual disorders; dissociative disorders, such as multiple personality disorder; and personality disorders, such as borderline personality disorder and antisocial personality disorder.

## Resources for further information on mental illness:

The Center for Psychiatric Rehabilitation  
Boston University  
940 Commonwealth Avenue West  
Boston, MA 02215  
Voice: (617) 353-3549  
Fax: (617) 353-7700  
TTY: (617) 353-7701  
Web site: [www.bu.edu/sarpsych](http://www.bu.edu/sarpsych)

National Alliance for the Mentally Ill (NAMI)  
200 North Glebe Road; Suite 1015  
Arlington, VA 22203-3754  
Voice: (703) 524-7600; (800) 950-6264  
TTY: (703) 516-7227  
Fax: (703) 524-9094  
E-mail: [napsec@aol.com](mailto:napsec@aol.com)  
Web: [www.nami.org](http://www.nami.org)

National Depressive & Manic-Depressive Association  
730 North Franklin Street; Suite 501  
Chicago, IL 60610-3526  
Voice: (800) 826-3632  
Fax: (312) 642-7243  
E-mail: [myrtis@aol.com](mailto:myrtis@aol.com)  
Web: [www.ndmda.org](http://www.ndmda.org)

International Association of Psychosocial Rehabilitation  
Services (IAPSRS)  
10025 Governor Warfield Parkway #301  
Columbia, MD 21044-3357  
Voice: (410) 730-7190  
TTY: (410) 730-1723  
Fax: (410) 730-5965  
E-mail: [general@iapsrs.org](mailto:general@iapsrs.org)  
Web site: [www.iapsrs.org](http://www.iapsrs.org)

National Institute of Mental Health  
NIMH Public Inquiries  
6001 Executive Blvd, Rm. 8184, MSC 9663  
Bethesda, MD 20892-9663  
Voice: (301) 443-4513  
Fax: (301) 443-4279  
E-mail: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)  
Web site: [www.nimh.nih.gov](http://www.nimh.nih.gov)

National Mental Health Association  
1021 Prince Street  
Alexandria, VA 22314-2971  
Voice: (800) 969-6642; (703) 684-7722  
TTY: (800) 433-5959  
E-mail: [nmhainfo@aol.com](mailto:nmhainfo@aol.com)  
Web site: [www.nmha.org](http://www.nmha.org)

O.C. Foundation, Inc.  
P.O. Box 70  
Milford, CT 06460-0070  
Voice: (203) 878-5669  
E-mail: [info@ocfoundation.org](mailto:info@ocfoundation.org)  
Web site: [www.ocfoundation.org](http://www.ocfoundation.org)  
*(for information on Obsessive-Compulsive disorder)*

*Based in part on material from:*

*National Alliance for Mentally Ill -  
[www.nami.org](http://www.nami.org)*

*American Psychiatric Association -  
[www.psych.org/public\\_info/what\\_is\\_mi.html](http://www.psych.org/public_info/what_is_mi.html)*

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## Basic Etiquette: PEOPLE WITH MENTAL ILLNESS

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- 1) The terms mental illness and psychiatric disability are essentially interchangeable. Some groups and individuals prefer one term to the other, but in general both terms are considered acceptable. A possible alternative is to describe a person as someone who has “mental health issues”.
- 2) Do not assume that people with psychiatric disabilities are more likely to be violent than people without psychiatric disabilities; this is a myth.
  - The wide range of behaviors associated with mental illness vary from passivity to disruptiveness.
  - When the illness is active, the individual may or may not be at risk of harming him or herself, or others.
- 3) People with mental illness do not have mental retardation; however, some people who have mental retardation also have mental illness. Do not assume that people with psychiatric disabilities also have cognitive disabilities or are less intelligent than the general population. In fact, many people with mental illness have above-average intelligence.
- 4) Do not assume that people with psychiatric disabilities necessarily need any extra assistance or different treatment.
- 5) Treat people with psychiatric disabilities as individuals. Do not make assumptions based on experiences you have had with other people with psychiatric disabilities.
- 6) Do not assume that all people with psychiatric disabilities take or should take medication.
- 7) Do not assume that people with psychiatric disabilities are not capable of working in a wide variety of jobs that require a wide range of skills and abilities.
- 8) Do not assume that people with psychiatric disabilities do not know what is best for them, or have poor judgment.
- 9) If someone with a psychiatric disability gets upset, ask calmly if there is anything you can do to help and then respect their wishes.
- 10) Do not assume that a person with a psychiatric disability is unable to cope with stress.

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# Fact Sheet: MENTAL RETARDATION

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## Definition

People with mental retardation develop at a below average rate and experience difficulty with learning and social adjustment.

## Incidence

Research indicates that between 1% - 2% of the U.S. population experiences some form of mental retardation.

## Basic Criteria

- Significantly sub-average general intellectual functioning, which may be indicated by an IQ of 70 or below
- Significant challenges in adapting to living and work environments

Mental retardation is a very broad category that includes a wide range of skills, abilities and support needs.

## Levels:

- Mild - needs minimal help in some areas of life, with no help in most areas.
- Moderate - needs more help in some areas of life than others.
- Severe - needs help in most areas of life.
- Profound - needs maximum help in all areas of life.

Most individuals with mental retardation are in the mild to moderate range.

## Learning Characteristics Of A Person With Mental Retardation

Persons with mental retardation have the capacity to learn, to develop, and to grow. The great majority of these individuals can become productive and full participants in society. However, they do face challenges in learning. A person with mental retardation tends to have one or more of the following characteristics:

- 1) Slow rate of learning - Person has the ability to learn, but takes longer to do so
- 2) Thinks in a concrete way - Has difficulty with abstract thinking
- 3) Difficulties generalizing - Cannot take knowledge learned in one situation and apply it to another
- 4) Needs to be taught how to make choices - Has difficulty weighing pros and cons, and applying past experiences to present decision-making
- 5) Challenges in setting goals and problem solving - Needs help to figure out problems and determine steps required to reach goals. Tasks that many people learn without instruction may need to be structured or broken down into small steps.
- 6) Memory problems - Has difficulty remembering how to complete tasks that take several steps, or that are not routine; training needs to include lots of opportunities for practice and repetition.

- 7) Short attention span - Has trouble sticking with an activity or focusing attention for long periods of time
- 8) **Expressive language** - Has difficulty conveying ideas and feelings to other people; explaining that he/she doesn't understand something; and asking questions

**Resources for further information on mental retardation:**

American Association on Mental Retardation (AAMR)

444 N. Capitol Street N.W.; Suite 846  
Washington, DC 20001-1512  
Voice: (202) 387-1968; (800) 424-3688  
Fax: (202) 387-2193  
Web site: [www.aamr.org](http://www.aamr.org)

The Arc of the United States (formerly the Association for Retarded Citizens)

1010 Wayne Avenue, Suite 650  
Silver Spring, MD 20910  
500 East Border Street; Suite 300  
Arlington, TX 76010  
Voice: (301) 565-3842  
Fax: (301) 565-5342  
E-mail: [info@thearc.org](mailto:info@thearc.org)  
Web site: [www.thearc.org](http://www.thearc.org)

National Down Syndrome Congress

7000 Peachtree-Dunwoody Road, N.E.  
Lake Ridge 400 Office Park; Building #5, Suite 100  
Atlanta, GA 30328  
Voice: (770) 604-9500; (800) 232-6372  
Fax: (770) 604-9898  
E-mail: [NDSCcenter@aol.com](mailto:NDSCcenter@aol.com)  
Web site: [www.ndsccenter.org](http://www.ndsccenter.org)

National Down Syndrome Society

666 Broadway, 8th Floor  
New York, NY 10012  
Voice: (212) 460-9330; (800) 221-4602  
Fax: (212) 979-2873  
E-mail: [info@ndss.org](mailto:info@ndss.org)  
Web site: [www.ndss.org](http://www.ndss.org)

*Additional resources are listed in the resource section at the end of this manual.*

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# Basic Etiquette: People With Mental Retardation/Cognitive Disabilities

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- 1) People with mental retardation are not “eternal children.” Adults with mental retardation should be treated and spoken to in the same fashion as other adults. Do not “talk down” to a person with mental retardation. Assume that an adult with mental retardation has had the same experiences as any other adult.
- 2) Like everyone else, people with mental retardation are extremely diverse in their capabilities and interests. Avoid stereotypes, such as the assumption that all people with mental retardation enjoy doing jobs that are repetitive, or want to work in fast food restaurants or supermarkets.
- 3) Many people with mental retardation can read and write. Don’t assume that a person with mental retardation lacks academic skills, such as reading, writing, and the ability to do mathematics. While an individual’s disability may significantly impact these areas, many people with mental retardation have at least some level of these academic skills.
- 4) Even if people’s academic skills are limited, they still have much to share and contribute. A low level of academic skills does not mean that people don’t have valuable ideas and thoughts. Provide opportunities for people with limited academic skills to contribute verbally, and take what they have to say seriously. Ensure that people who have difficulties reading or writing have equal access to written materials (for example, by taping them or having someone review the materials with them orally). Use pictures or simple photographs to identify rooms, tasks, or directions.
- 5) Treat the individual as you would anyone else. If engaging in a conversation with someone with mental retardation, bring up the same topics of conversation as you would with anyone else such as weekend activities, vacation plans, the weather, or recent events.
- 6) Giving instructions. People with mental retardation can understand directions if you take your time and are patient. Use clear language that is concise and to the point. When giving instructions, proceed slowly, and ask the person to summarize the information, to ensure that it has been understood. You may have to repeat yourself several times in order for the individual to take in all the information. “Walk through” the steps of a task or project. Let an individual perform each part of the task after you explain it.
- 7) Don’t defer to a staff person or caregiver. When a person with mental retardation is accompanied by another person such as a staff person, caregiver, or family member, don’t direct questions and comments to them. Speak directly to the person with mental retardation. Also, don’t allow someone else to speak for the person with a disability.
- 8) Avoid the term “mental retardation.” If you need to speak about a person’s disability, people with mental retardation prefer the term “developmental disability” rather than “mental retardation”. (Mental retardation is one type of developmental disability.)

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## Basic Etiquette: People With Mobility Impairments

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- 1) My Chair, My Body - Wheelchairs are NOT footstools, stepladders, or fire hazards. People who use a wheelchair, walker, or cane often consider this technology to be an extension of their body. They are part of an individual's "personal space" and should be treated with the same dignity and respect. Do not lean on them, push them, or move them without explicit permission.
- 2) Talk face to face. If an individual uses a wheelchair, sit down and/or position yourself at the same eye contact level.
- 3) **ALWAYS ASK** if you can offer assistance **BEFORE** you provide assistance. If your offer is accepted, ask for instructions and follow them.
- 4) When given permission to push a wheelchair, push slowly at first. Wheelchairs can pick up momentum quickly.
- 5) Personally check locations of events for accessibility. Use a checklist (such as those found in Section 3). If barriers cannot be removed, alert persons with mobility impairments before the event so that they can make decisions and plan ahead.
- 6) Do not ask people how they acquired their disability, how they feel about it, or other personal questions unless it is clear that they want to discuss it. It is not their job to educate you.
- 7) It is considered patronizing to pat an individual who uses a wheelchair on the back or on the head.
- 8) Remember that, in general, persons with mobility impairments are not deaf, visually impaired, or cognitively impaired. The only accommodations that you need to make are those that relate to mobility impairment.

### Resources for further information on mobility impairments:

National Institute of Neurological Disorders and Stroke (NINDS)  
Office of Communications and Public Liaison  
Bethesda, MD 20892  
Voice: (301) 496-5751; (800) 352-9424  
Fax: (301) 402-2186  
Web: [www.ninds.nih.gov/](http://www.ninds.nih.gov/)

National Spinal Cord Injury Association  
8300 Colesville Road, Suite 551  
Silver Spring, MD 20910  
Voice: (800) 962-9629; (301) 588-6959  
E-mail: [nscia2@aol.com](mailto:nscia2@aol.com)  
Web site: [www.spinalcord.org](http://www.spinalcord.org)

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## Basic Etiquette: People With Speech Impairments

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- 1) Take your time, relax, and listen.
  - With a little time and patience, you can comfortably converse with a person who has a communication disability.
  - Don't try to rush the conversation or second-guess what a person has to say.
  - Plan for a conversation with a person with impaired speech to take longer.
- 2) It's okay to say, "I don't understand."
- 3) Solicit and provide feedback. If necessary, repeat your understanding of the message in order to clarify or confirm what the person said.
- 4) Do not ignore a person with a speech impairment because of your concern that you will not understand them.
- 5) Do not pretend you understand what is being said if you do not. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.
- 6) Do not interrupt a person with a speech impairment. Be patient and wait for the person to finish, rather than correcting or speaking for the person.
- 7) If necessary, ask short questions that can be answered with a few words, a nod, or a shake of the head.
- 8) Face the individual and maintain eye contact. Give the conversation your full attention.
- 9) If the individual is accompanied by another individual, do not address questions, comments, or concerns to the companion.
- 10) Do not assume that a person with a speech impairment is incapable of understanding you.
- 11) Some people with speech impairments have difficulty with inflections. Do not make assumptions based on facial expressions or vocal inflections unless you know the individual very well.
- 12) Do not play with or try to use someone's communication device. Such aids are considered an extension of an individual's "personal space" and should be respected as such.
- 13) If you are having trouble communicating, ask if an individual can write the message or use a computer or TTY.

### Resources for further information on speech impairments:

American Speech-Language-Hearing Association (ASHA)  
10801 Rockville Pike  
Rockville, MD 20852  
Voice/TTY: (800) 638-8255; (301) 897-5700  
E-mail: [actioncenter@asha.org](mailto:actioncenter@asha.org)  
Web site: [www.asha.org](http://www.asha.org)

Stuttering Foundation of America  
3100 Walnut Grove Road #603  
P.O. Box 11749  
Memphis, TN 38111  
Voice: (800) 992-9392  
E-mail: [stuttersfa@aol.com](mailto:stuttersfa@aol.com)  
Web site: [www.stuttersfa.org](http://www.stuttersfa.org)

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# Basic Etiquette: People With Visual Impairments

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- 1) Blind doesn't mean blind - having a vision disability does not necessarily mean that a person lives in total darkness.
- 2) **Saying Hello & Good-bye**
  - Don't assume that people with vision disabilities will remember your voice.
  - It is considered rude to ask a person with a visual disability, "Do you remember my voice?"
  - Identify yourself by name when you approach a person with a vision disability and tell them when you are leaving the conversation or area.
- 3) **Communication**
  - Use a normal tone of voice (for some reason, people with vision disabilities are often shouted at).
  - It is okay to use vision references such as "see" or "look".
- 4) **Orientation**
  - It is considered polite to indicate your position with a light tap on the shoulder or hand.
  - However, keep your physical contact reserved.
- 5) Give a person with visual impairment a brief description of the surroundings. For example:
  - "There is a table in the middle of the room, about six feet in front of you," or
  - "There is a coffee table on the left side of the door as you enter."
- 6) Use descriptive phrases that relate to sound, smell, and distance when guiding a visually impaired person.
- 7) **Mobility Assistance**
  - Offer the use of your arm.
  - If your assistance is accepted, the best practice is to offer your elbow and allow the person with the vision disability to direct you.
  - Don't grab, propel, or attempt to lead the person.
  - Do not clutch the person's arm or steer the individual.
  - Walk as you normally would.
- 8) Do not be offended if your offer to assist a visually impaired person is declined.
- 9) **Service Animals**
  - Guide dogs are working animals and should not be treated as pets.
  - Do not give the dog instructions, play with, or touch it without the permission of its owner.
- 10) Avoid clichéd phrases such as "the blind leading the blind", "What are you...blind?" "I'm not blind, you know."

- 12) Do not grab or try to steer the cane of a person with visual impairments.
  - The usual formats are Braille, large print, audiotape, or computer disk/electronic text.
  - Do not assume what format an individual uses or prefers.
- 13) Always determine the format in which a person with visual impairments wants information.
- 14) Direct your comments, questions or concerns to the person with a visual impairment, not to his or her companion.
- 15) If you are reading for a person with a visual impairment:
  - First describe the information to be read.
  - Use a normal speaking voice.
  - Do not skip information unless requested to do so.

Resources for further information on blindness and visual impairments:

American Council of the Blind  
1155 15th Street N.W., Suite 720  
Washington, DC 20005  
Voice: (800) 424-8666; (202) 467-5081  
E-mail: ncrabb@erols.com  
Web site: [www.acb.org](http://www.acb.org)  
State affiliates listed at [www.acb.org/Affiliates/index.html](http://www.acb.org/Affiliates/index.html)

American Foundation for the Blind (AFB)  
11 Penn Plaza, Suite 300  
New York, NY 10001  
Voice: (800) 232-5463  
TTY: (212) 502-7662  
E-mail: [afbinfo@afb.org](mailto:afbinfo@afb.org)  
Web site: [www.afb.org/afb](http://www.afb.org/afb)

National Federation of the Blind  
1800 Johnson Street  
Baltimore, MD 21230  
Voice: (410) 659-9314  
E-mail: [epc@roudley.com](mailto:epc@roudley.com)  
Web site: [www.nfb.org](http://www.nfb.org)  
State chapters listed at [www.nfb.org/chapsite.htm](http://www.nfb.org/chapsite.htm)  
Professional divisions listed at [www.nfb.org/nfbdvlst.htm](http://www.nfb.org/nfbdvlst.htm)  
As a consumer and advocacy organization, this resource offers extensive information regarding the blindness field including the latest technology & devices. Services include:

- “Jobline” (national employment listings via phone). Many states are investigating the use of this system for One-Stop Centers.
- “Newline” (free spoken newspaper service).

*Additional resources are listed in the resource section at the end of this manual.*

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# Simple Screening Tool for a Learning Disability

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When a One-Stop customer experiences difficulty performing certain tasks, there is a possibility they may have a learning disability (which may not have been previously identified). One-Stop staff are not intended to be diagnosticians. However, this simple screening tool can assist One-Stop staff in determining the possible presence of a learning disability.

- Keep in mind, a checklist is a guide, a list of characteristics. It is difficult to provide a checklist of typical characteristics of adults with learning disabilities because their most common characteristics are their unique differences. In addition, most adults exhibit or have exhibited some of these characteristics. In other words, saying yes to any one item – or several items – on this checklist does not mean that an individual has a learning disability. However, if the customer answers “yes” to most of the items, and experiences these difficulties to such a degree that they cause problems in employment, education, and/or daily living, it might be a sign that the person could benefit from further specialized assessment from a qualified professional.
- This information should obviously be collected discreetly and in a way that respects the individual’s right to privacy.
- A specialized assessment from a qualified professional will help the One-Stop staff determine how best to support the individual’s employment and training goals, and help the individual obtain additional support services. Such an assessment cannot and should not be used to exclude the individual from One-Stop services.

*There are many useful checklists available from a number of organizations. The following checklist was adapted from lists developed by the following organizations: Learning Disabilities Association of America, For Employers... A Look at Learning Disabilities, 1990; ERIC Clearinghouse on Disabilities and Gifted Education, Examples of Learning Disability Characteristics, 1991; The Orton Dyslexia Society’s Annals of Dyslexia, Volume XLIII, 1993; and the Council for Learning Disabilities, Infosheet, October 1993*

## Checklist for Possible Presence of a Learning Disability

- Does the person perform similar tasks differently from day to day?
- Does the person read well but not write well, or write well but not read well?
- Is the person able to learn information presented in one way, but not in another?
- Does the person have a short attention span, impulsivity, and/or difficulty maintaining focus?
- Does the person have difficulty telling or understanding jokes?
- Does the person misinterpret language and/or have poor comprehension of what is said?
- Does the person have difficulty with social skills?
- Does the person misinterpret social cues?

- Does the person find it difficult to memorize information?
- Does the person have difficulty following a schedule, being on time, or meeting deadlines?
- Does the person get lost easily, either driving and/or moving around large buildings?
- Does the person have trouble reading maps?
- Does the person often misread or miscopy?
- Does the person confuse similar letters or numbers, reverse them, or confuse their order?
- Does the person have difficulty reading the newspaper, following small print, and/or following columns?
- Is the person able to explain things orally, but not in writing?
- Does the person have difficulty writing ideas on paper?
- Does the person reverse or omit letters, words, or phrases when writing?
- Does the person have difficulty completing job applications correctly?
- Does the person have persistent problems with sentence structure, writing mechanics, and organizing written work?
- Does the person spell the same word differently in one document?
- Does the person have trouble dialing phone numbers or reading addresses?
- Does the person have difficulty with math, math language, and math concepts?
- Does the person reverse numbers in a checkbook and have difficulty balancing a checkbook?
- Does the person confuse right and left, up and down?
- Does the person have difficulty following directions, especially multiple directions?
- Does the person appear to be poorly coordinated?
- Is the person unable to tell you what has just been said?
- Does the person hear sounds, words, or sentences imperfectly or incorrectly?

### Locating a Qualified Professional

To find a qualified professional who can assess whether an individual has a learning disability, One-Stop staff should begin with the resources available for assessment from various One-Stop partners, including Vocational Rehabilitation, education, and others. The resource section of this manual contains a listing of learning disability resources that can provide referrals to professionals qualified to conduct adult-appropriate assessments.

**Additional local resources to check include:**

- adult education in the public school system
- adult literacy programs or literacy councils
- community mental health agencies
- educational therapists or learning specialists in private practice
- local college/university counseling or study skills centers
- high school guidance counselors
- private schools or institutions that specialize in learning disabilities
- special education departments and/or disability support service offices in colleges or universities
- university-affiliated hospitals

*Adapted from a document produced by the National Institute for Literacy Health Resource Center - National Clearinghouse on Post-secondary Education for Individuals with Disabilities – American Council on Education and National Adult Literacy and Learning Disabilities Center*

**Full text of the original document is available at: [www.nifl.gov/nalld/resource](http://www.nifl.gov/nalld/resource)**

National Adult Literacy and Learning Disabilities Center  
Academy for Educational Development  
1875 Connecticut Avenue, NW  
Washington, DC 20009  
Voice: (202) 884-8185; (800) 953-ALLD

*NOTE: Several states over the last few years have piloted various screening and intervention tools specifically targeted towards assisting people on TANF with undiagnosed learning disabilities. The states of Washington and Kansas have the most experience with these pilots as of this writing (June, 2000) and readers may want to contact these agencies for more specific information*

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# Simple Screening Tool for Possible Emotional Or Mental Health Issues

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There are times when One-Stop staff may see indications that a customer may have emotional or mental health issues. One-Stop staff are not intended to be diagnosticians. However, this simple screening tool can assist One-Stop staff in determining the possible presence of an emotional or mental health issue.

- This information should obviously be collected discreetly and in a way that respects the individual's right to privacy. Also, to the extent possible, the information should be based on direct information from the person seeking assistance as well as the direct observation of staff.
  - Please be aware that saying "yes" to any of these items, even in combination, does not necessarily indicate any form of emotional or mental health problem. An individual's responses could simply be signs of a bad day, legitimate anger at events, a specific problem troubling them, or physical disability. However, if the customer answers "yes" to most of the items, and experiences these difficulties to such a degree that they cause problems in employment, education, and/or daily living, it might be a sign that the person could benefit from further specialized assessment from a qualified professional. Vocational Rehabilitation (a One-Stop partner), the state or county mental health agency, local mental health center, or other disability organization should be able to assist in obtaining such an assessment (see list of mental health resources at the end of this manual).
  - A specialized assessment from a qualified professional will help the One-Stop staff determine how best to support the individual's employment and training goals, and help the individual obtain additional support services. Such an assessment cannot and should not be used to exclude the individual from One-Stop services.
- 
- Does the person report feeling worried about something wrong with their thinking or their mind?
  - Does the person report that they are taking prescribed medication to either help them be less anxious, help them with their thinking, or help them be less depressed?
  - Does the person exhibit any unusual physical movements such as facial tics, muscle spasms, drooling?
  - Has the person ever mentioned doing harm to themselves or others?
  - Has the person ever mentioned hearing voices in their head or seeing things that aren't really there?
  - Does the person seem extremely lethargic and uninterested in everything?
  - Does the person seem unduly distracted (acting as if they are not paying attention or do not hear you even when you are speaking directly to them)?
  - Does the person appear very angry even when there is no immediate problem?
  - Does the person appear to be speaking to themselves frequently or to others who aren't in the immediate area?

- Does the person seem very distrustful for no good reason you can ascertain?
- Has the person ever been arrested or had other legal problems?

Has the person ever gotten help from a community mental health center, a community counseling agency, or a private counselor for one or more of the following:

- Depression
- Drinking or drug problems
- Doing harm to themselves
- Doing harm to others
- Disorganized thinking
- Agitation or nervousness

*Based on a tool developed for the Welfare to Work program of the Columbia River Mental Health Services, Inc. in Vancouver, WA.*

For more information, contact:

Joe Marrone, ICI  
 4517 NE 39th Ave.  
 Portland, OR 97211-8124  
 TEL: 503-331-0687  
 EMAIL: jm61947@aol.com

*NOTE: Several states have recently begun to pilot assessment instruments for people with mental illness on TANF. The state of Minnesota is the furthest along as of this writing (April, 2000) and readers may want to contact the Minnesota DSHS, both the Family Investment Program and Mental Health Division, for more specific information about recent results.*

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## Simple Screening Tool for Possible Alcohol or Substance Abuse Problems

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There are times when One-Stop staff may see indications that a customer may have an alcohol or substance abuse problem. One-Stop staff are not intended to be diagnosticians; however, the following simple screening tool can assist One-Stop staff in determining the possible presence of alcohol or substance abuse.

- This information should obviously be collected discreetly and in a way that respects the individual's right to privacy. Also, to the extent possible, the information should be based on direct information from the person seeking assistance as well as the direct observation of staff.
- Please be aware that saying "yes" to any of these items, even in combination, does not necessarily indicate that an individual has an alcohol or substance abuse problem. However, if the customer answers "yes" to most of the items ("no" to item 12), and experiences these difficulties to such a degree that they cause problems in employment, education, and/or daily living, it might be a sign that the person could benefit from

further specialized assessment from a qualified professional. Vocational Rehabilitation (a One-Stop partner), the state or county mental health agency, local mental health center, or other disability organization should be able to assist in obtaining such an assessment (see list of mental health resources at the end of this manual).

- A specialized assessment from a qualified professional will help the One-Stop determine how best to support the individual's employment and training goals, and help the individual obtain additional support services. Such an assessment cannot and should not be used to exclude the individual from One-Stop services.

Within the last six months:

- Has the person ever used alcohol or other drugs?
- Has the person ever felt that [s]he uses too much alcohol and drugs?
- Has the person tried to quit drinking or using drugs?
- Has the person had to get some kind of help due to problems associated with alcohol or other drugs?

Has drinking or using other drugs ever caused problems for the person in one or more of the following areas?

- Work
- Family
- Friendships?
- School
- Has the person ever gotten into a fight or argument while drinking?
- Has the person ever come in with the smell of alcohol on his/her breath?

Has the person ever had one or more of the following?

- Blackouts or memory loss
- Convulsions or DTs
- Hepatitis or liver problems
- Used needles to shoot drugs
- Does the person spend time thinking about getting alcohol or drugs?
- Does the person feel bad or guilty about his/her alcohol or drug use?
- Has the person ever driven under the influence of alcohol or other drugs?
- Has the person had periods of one week or more of not using alcohol or any other drugs?

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Portland, OR 97211-8124  
TEL: 503-331-0687  
EMAIL: jm61947@aol.com

*This instrument shown above is based in most part on a standardized instrument for substance abuse assessment called the SASSI. The actual tool shown was developed for the Welfare to Work program of the Columbia River Mental Health Services, Inc. in Vancouver, WA.*