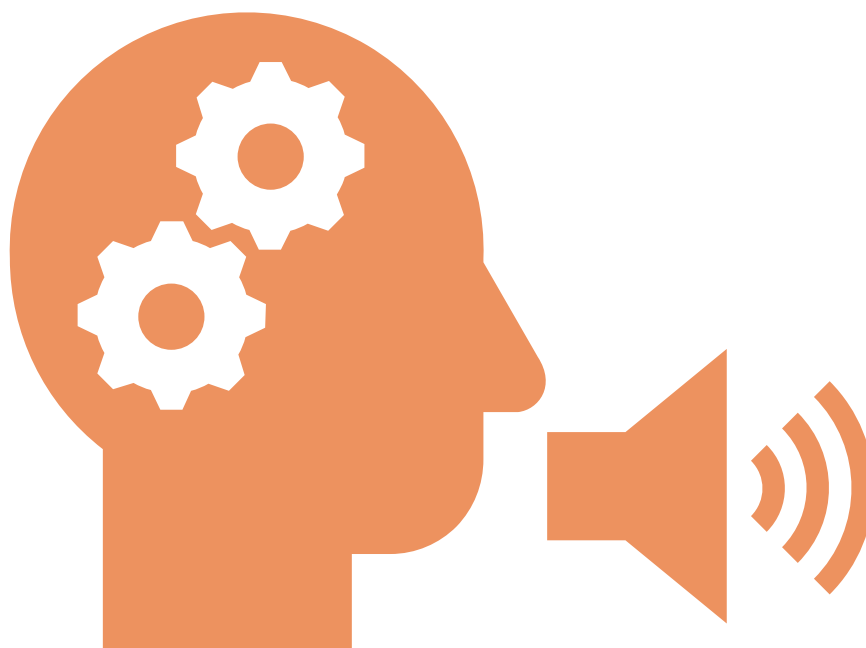


# Unit 5: Self-Advocacy



**Lessons for  
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**Lesson Plan Contents Page**

**Unit: 5 Self-Advocacy**

**Objective 5.1: *Student will be able to identify and apply for appropriate community services and resources***

***STEP ONE: Pre-Planning/Pre-Activities:***

***STEP TWO: The Lesson Plan***

***Appendices & Additional Resources***

|  |  |  |
|--|--|--|
| <b>Unit 5.1: Student will be able to identify and apply for appropriate community services and resources</b>   |  | <b>Total Activities: 4</b>   |
| <b>STEP ONE: Pre-Planning/Pre-Activities: Individualize these sections to make this section more meaningful for the intern.</b>  |  |  |
| <b>Lesson Plan Summary: Students will become more familiar with community agencies, supports and resources to help them meet their transition, employment and other goals.</b> |  |  |
| <b>What you will need: Materials &amp; Resources</b>   |  |  |
| <b>Handouts:</b>   | Self-Interest Transition Assessment  |  |
| <b>Technology:</b>   | <ul style="list-style-type: none"> <li>Internet, AV Equipment, Student Chromebooks</li> </ul>      |  |
| <b>Other materials needed for activities:</b>  | <ul style="list-style-type: none"> <li>Pen, paper, student notebooks</li> </ul>                    |  |
| <b>How to Assess Understanding</b>   |  |  |
| <b>Knowledge</b><br>What will they <b>know</b> because of the lesson?  | <b>Skills</b><br>What will they be able to <b>do</b> because of the lesson?                        | <b>Check for Understanding / Evaluation</b><br>What will the Instructor ask/do to determine interns' level of understanding?<br>How can the intern <b>demonstrate their understanding?</b>   |
| Glossary/Vocabulary:<br>The student will know the self-advocacy vocabulary presented.  | Be able to use the vocabulary presented in a variety of settings                                   | Check the context of the student's vocabulary use to ensure their understanding throughout these lessons   |
| They will know what self-advocacy means.   | They will be able to advocate for themselves.  | They will be able to complete self-advocacy scenarios.   |
| They will know what resources are available in their community.  | They will be able to find the resources available to them in their community.                      | They can determine which resources would apply to their situations/needs. They will also be able to contact at least one of the community resources and find appropriate information and register/apply for their services with minimal support. |
| They will determine their interests.   | They will find things they are interested in doing based on the Self-Assessment Transition Survey. | They will be able to explain what activities of interest they might need support with after high school.   |

## STEP TWO: The Lesson Plan

*Please customize these activities according to your school setting, its policies, vision, and core values. Please use and modify them based on the objective and the needs of your students.*

### Glossary

Ensure the students are familiar with glossary words connected with this lesson.

**Please incorporate any glossary terms utilized at your school that would enhance the lesson plan and make this objective more meaningful for the students.**

#### Glossary Terms

- **Community Agency:** a person, a public or private nonprofit organization or a firm, partnership or business corporation operated for profit, which operates a human service program at the community level. Students will list 2 community agencies that could meet their interests and/or needs.
- **Transition:** The process of changing or moving from one state or condition to another. Example: infants transition to toddlers.
- **Self-Advocacy:** Speaking up for yourself to get the tools you need to be successful. It involves making decisions and knowing how to get the information you need.
- **Adult Service Providers:** Agencies that provide comprehensive services to adults with disabilities. Some examples include, employment, recreational and community-based supports.
- **Vital Information:** Information that is required to fill out forms and applications.
- **Disabilities:** any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities. Disabilities can be physical or cognitive.
- **Post-School/Post-Secondary:** life after graduating from high school.
- **Transition Planning:** a process that helps students with an IEP achieve the post school goals they have for themselves. Transition goals are focused in 3 areas: education and training, employment and independent living.
- **Pre-ETS:** Pre-Employment Transition Services which are activities that provide job exploration for students with disabilities.
- **Vocational Rehabilitation:** Vocational rehabilitation is made up of a series of services that are designed to facilitate the entrance into or return to work by people with disabilities. It is also referred to as Voc Rehab.

### Lesson Activities

#### Activity 1: The Relationship Between Transition and Self-Advocacy

#### VocFit Crosswalk: GENERAL

Listens and pays attention

This activity will be used to introduce the concept of Transition, Self-Advocacy and the relationship between the two.

Make sure students are familiar with glossary words.

Have teacher led discussion:

What does transition mean? When you think about transitioning from high school, What does that mean? What are some things in your life that might change when you become an adult? What could be different? What might remain the same?

Allow students to volunteer responses.

|   |   |
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|   | <p>Watch Video<br/>Video: <a href="#">Students with Disabilities Transitioning from High School</a></p> <p>Continue discussion: (teacher may write student responses on the board)<br/>Have you thought about where you might live or work? Will you continue your education? What will you do for fun? And who will help you do these things? These are questions that require thought and planning. Now that you have some idea about the direction you want your life to take you can start planning. Who will help you and how will they know what you want?</p>  |
| <p><b>Activity 1: Recognizing the Need for Self-Advocacy</b><br/><b>Time:</b> 30-45 minutes</p> <p><b>VocFit Crosswalk:</b><br/><b>General</b><br/>Listens and pays attention<br/>Follows directions<br/>Follows rules and regulations<br/><b>Communication Skills</b><br/>Communicate face-to-face with others<br/>Speak clearly so that others can understand<br/>Understand the speech of another person</p> | <p>Class Discussion: How do you get things that you want or need? Do you wish for them and they appear? Possible student answer: "I ask for them"<br/>Yes! you advocate for yourself. This is something we all need to do in order to get the tools and supports that we need to be successful. This is called Self-Advocacy.<br/>Watch video: <a href="#">Being Your Own Self Advocate</a><br/>Continue discussion: What does Self-Advocacy mean?<br/>Why is it important to speak up for yourself?<br/>Give copies of handouts (<a href="#">Appendix A</a>): 5 steps to Self-Advocacy and Self-Advocacy Scenarios, to each student. Go over each of the 5 steps. They will use these steps to work through the scenarios to: identify the problem, who can help, what can happen if they advocate/what can happen if you don't, how will you ask/what will you say</p>                |
| <p><b>Activity 2: Understanding the VR Website and Practice Applications</b><br/><b>Time:</b> 30-45 minutes<br/><b>VocFit Crosswalk:</b><br/><b>General</b><br/>Listens and pays attention<br/>Follows directions<br/>Follows rules and regulations<br/><b>Cognitive Abilities</b><br/>Comprehend/read instructions<br/>Be very exact/very accurate<br/>Concentrate on a task without becoming distracted</p>   | <p>As a group, look over the Vocational Rehabilitation (VR) website (or equivalent) with students. To find the website for your state use:<br/><a href="https://rsa.ed.gov/about/states">https://rsa.ed.gov/about/states</a></p> <p>Discuss what sort of services are offered, and anything that stands out to them.</p> <p>Watch a video to overview what VR does- use either of the videos below, or if there is one specific to your state.<br/><a href="#">Rhode Island DHS' ORS is Changing Lives Through Project SEARCH</a><br/><a href="#">A 6-Minute Overview of RI's Division of Developmental Disabilities</a><br/><a href="#">NM DVR In-Depth Overview</a></p> <p>Have Students begin filling out the sample VR application (<a href="#">Appendix B</a>) so they understand what information they need to know (their address, Social Security number, disability, etc.)</p> |

|   |   |
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| <p><b>Communication Skills</b><br/> Communicate face-to-face with others<br/> Speak clearly so that others can understand<br/> Understand the speech of another person</p>  |   |
| <p><b>Activity 3:</b> Transition Guest Speaker<br/> <b>Time:</b> 30 minutes</p> <p><b>VocFit Crosswalk:</b><br/> <b>General</b><br/> Listens and pays attention<br/> Follows directions<br/> Follows rules and regulations<br/> <b>Cognitive Abilities</b><br/> Comprehend/read instructions<br/> Be very exact/very accurate<br/> Concentrate on a task without becoming distracted<br/> <b>Communication Skills</b><br/> Communicate face-to-face with others<br/> Speak clearly so that others can understand<br/> Understand the speech of another person</p> | <p><b>Transition Guest Speaker</b><br/> Invite someone to speak to students who is familiar with transition/post-secondary services for your school. Examples include:</p> <ul style="list-style-type: none"> <li>• Current and Former Project SEARCH interns</li> <li>• Transition coordinator</li> <li>• Job developer</li> <li>• Job coach</li> <li>• Vocational Rehabilitation counselor</li> <li>• Representative from center for independent living</li> </ul> <p>Have students create questions to ask the person before their visit.</p> <p>Sample Questions:<br/> How do I get a job?<br/> What is the hardest thing about life after high school?<br/> Is there anyone who can help you?</p>  |
| <p><b>Activity 4: Self-Assessment Transition Survey</b><br/> <b>Time:</b> 30-45 minutes</p> <p><b>VocFit Crosswalk:</b><br/> <b>General</b><br/> Listens and pays attention<br/> Follows directions<br/> Follows rules and regulations<br/> <b>Cognitive Abilities</b><br/> Comprehend/read instructions</p>  | <p>Have students take the <a href="#">Self-Assessment Transition Survey</a>. This can be done as a large group, small group, or 1:1 format. The Self-Assessment Transition Survey correlates to the Post-Secondary areas of the Individual Education Plan (IEP).</p> <p>Discuss the importance of knowing what you like, do not like, and are interested in. Ask students, “Why?”</p> <p>-Why is it important to know what you like, do not like, and are/are not interested in?<br/> -Why is it important to think about those questions in relation to your future?</p> <p>After students have completed the transition survey, have them go through their answers and tell you about themselves. Use the <a href="#">Transition Survey Discussion Script (Appendix C)</a> to help guide the conversation so they can discuss what they like, do not like, are and are not interested in as well as what they would like to do in the future and what would be important to discuss with their future employers and</p> |

|  |  |
|--|--|
| <p>Be very exact/very accurate<br/>Concentrate on a task without becoming distracted</p> <p><b>Communication Skills</b><br/>Communicate face-to-face with others<br/>Speak clearly so that others can understand<br/>Understand the speech of another person</p> | <p>student service personnel at post-secondary educational institutions.</p>   |
| <p><b>Extension Activities: Critical Thinking Questions and Evaluation Tools</b></p>   |  |
| <p><b>Extension Activities: Critical Thinking Questions and Evaluation Tools</b></p>   | <ol style="list-style-type: none"> <li>1. Knowledge / Remembering: Make a list (at least 3) of the type of things that a person with a disability might be able to get help with post school.</li> <li>2. Comprehension / Understanding: What is one of your post-school goals? How can Self-Advocacy help you achieve it? Which community agencies could help you reach that goal?</li> <li>3. Applying: Have students use the information learned to help lead their IEP meeting. Have students create a script or PowerPoint for how they would disclose their disability, learning styles and strengths with their teachers, job coaches, worksite supervisors, etc.</li> <li>4. Analyzing: Have students use the information learned from the Transition Survey to choose something they are interested in learning more about and then use the resources learned about in the first few activities to make a list of agencies and supports they could use to help them.</li> <li>5. Evaluating: The class will create 5 questions to use as a survey with community agency to learn more about their services and if that agency could meet their needs. Then each student will interview a community agency using the 5-question survey. The students should determine if that agency could not meet their needs. What resources would really help that are not available?</li> <li>6. Creating: Have students create an infographic (see attachment that could be customized) of themselves to share with others based on their findings from the Self-Assessment Transition Survey and which resources they would like to learn more about. Have students search for videos that demonstrate activities they are interested in pursuing. Have students present their Infographic findings to the class about why they recommend that activity/video.</li> </ol> |

Lesson Plan modified from:

Wiggins, G. P., & McTighe, J. (2006). *Understanding by design* (Expand 2nd ed.). Upper Saddle River, N.J.: Pearson Education, Inc.

## Appendix A

### Lesson 5.1 Steps to Self-Advocacy Handout

#### **Step 1**

Identify the problem.

What is the problem/what do you need?

#### **Step 2**

Who can help you?

We have lots of supports in our lives, including ourselves. Sometimes we need help from others who may have more information/experience than we do.

#### **Step 3**

Have confidence!

What can happen if you advocate for yourself?

What can happen if you don't?

#### **Step 4**

Speak Up!

How will you ask?

What will you say?

In some instances, this is something you can practice and prepare for.

#### **Step 5**

Say Thank you.

Always show gratitude for any help you receive! People are more willing to help you in the future if they know you are appreciative of their efforts. Saying, "Thank you" ensures they will know this.



**Lesson 5.1**  
**Activity 1**  
**Self-Advocacy Scenarios**

Jake attends Project SEARCH and is working in the laundry dept. at the local hospital. His job is delivering linens to the nursing units. His boss is upset with him because one of the nursing units called and said they had not received their linen delivery. Jake had attempted to make the delivery, but no one was at the unit desk to receive it so he brought it back to the laundry department.

Derek is at his IEP meeting. His parents are there also. Derek has always wanted to get his own apartment after graduation from high school, but his parents want him to continue living with them after he graduates.

Your friend wants you to go to a party on Friday night. You want to go but know you will be out very late and you have to work on Saturday at 6am.

You are in the drugstore looking for allergy medicine. You cannot find it and are getting very frustrated, wandering up and down the aisles looking for it. You are considering leaving the store without it.

Casey's sister is always asking him to stay home and watch her kids. Casey attends Project SEARCH and is trying to improve his attendance, because he has had too many absences. He has been warned that if he misses anymore days there is a chance he might be dismissed from the program. Casey's goal is to complete Project SEARCH and obtain an entry level job, so he will be able to live in his own apartment.

You are at your IEP meeting discussing your post school goals in education and training. You want to attend Project SEARCH because you want to develop your work skills and get a job. Your parents want you to go to college, but you are dreaming of working in a doggy day care center. You love dogs and know you will be happiest doing this.

Appendix B

**Referral for Vocational Rehabilitation Services**

|  |       |                               |                       |                |
|--|-------|-------------------------------|-----------------------|----------------|
| Legal First Name   |       | Preferred First Name          |                       | Middle Initial |
| Legal Last Name  |       | Social Security Number<br>- - | Date of Birth         |                |
| Address or PO Box  |       |                               |                       |                |
| City   | State | Zip Code                      | County of Residence   |                |
| E-mail Address   |       |                               |                       |                |
| Telephone Number   |       |                               | Cell Phone Number     |                |
| Accommodation/Foreign Language Needs (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> ASL Interpreter</li> <li><input type="checkbox"/> Braille.</li> <li><input type="checkbox"/> Large Print Other</li> <li><input type="checkbox"/> Spanish</li> </ul> <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> <li><input type="checkbox"/> Audio Taped Communications</li> <li><input type="checkbox"/> Other (Specify)</li> </ul> </div> </div> |       |                               |                       |                |
| Comments:  |       |                               |                       |                |
| Guardian Name (if under 18 or court appointed)   |       |                               | Guardian Phone Number |                |
| Guardian Address (Including Agency, City, State, & Zip Code)   |       |                               |                       |                |
| Guardian Email Address   |       |                               |                       |                |
| Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose Not to Identify  |       |                               |                       |                |
| Race (check all that apply)<br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American   |       |                               |                       |                |

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Identify |   |   |                                     |
| <b>Disability (check all that apply)</b>  |   |   |                                     |
| <input type="checkbox"/> AIDS/HIV   | <input type="checkbox"/> Alcohol or Other Drug Disorder             | <input type="checkbox"/> Amputation               |                                     |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Attention Deficit Disorder                 | <input type="checkbox"/> Autism                   |                                     |
| <input type="checkbox"/> Back Injury  | <input type="checkbox"/> Blind                                      | <input type="checkbox"/> Brain Injury             |                                     |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Carpal Tunnel<br>(Repetitive Use Syndrome) | <input type="checkbox"/> Cerebral Palsy (CP)      |                                     |
| <input type="checkbox"/> Cognitive Disability   | <input type="checkbox"/> Cystic Fibrosis                            | <input type="checkbox"/> Deaf                     |                                     |
| <input type="checkbox"/> Deaf-Blind   | <input type="checkbox"/> Depression                                 | <input type="checkbox"/> Diabetes                 |                                     |
| <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Fibromyalgia                               | <input type="checkbox"/> Hard of Hearing          |                                     |
| <input type="checkbox"/> Heart Disease<br>Dysfunction   | <input type="checkbox"/> Hemophilia                                 | <input type="checkbox"/> Hip/Knee/Other Joint     |                                     |
| <input type="checkbox"/> Kidney Failure   | <input type="checkbox"/> Mental Illness                             | <input type="checkbox"/> Missing or Deformed Limb |                                     |
| <input type="checkbox"/> Multiple Sclerosis   | <input type="checkbox"/> Muscular Dystrophy                         | <input type="checkbox"/> Myofascial Disorder      |                                     |
| <input type="checkbox"/> Paraplegia or Quadriplegia   | <input type="checkbox"/> Post Traumatic Stress Disorder             |   |                                     |
| <input type="checkbox"/> Respiratory/Pulmonary/Allergies  |   |   |                                     |
| <input type="checkbox"/> Specific Learning Disability   | <input type="checkbox"/> Spinal Cord Injury                         | <input type="checkbox"/> Stroke                   |                                     |
| <input type="checkbox"/> Visual Impairment  | <input type="checkbox"/> Other (Specify) _____                      | <input type="checkbox"/> Unknown (Specify)        |                                     |
| <b>Student with a disability (only select one)</b>  |   |   |                                     |
| <input type="checkbox"/> Student in middle or high school with a 504 plan   |   |   |                                     |
| <input type="checkbox"/> Student in middle or high school with an IEP   |   |   |                                     |
| <input type="checkbox"/> Student in middle or high school with no IEP and no 504 plan   |   |   |                                     |
| Name of the School, if Applicable:  |   |   |                                     |
| Name of School District, if Applicable:   |   |   |                                     |
| <b>Are you a veteran?</b>   |   |   |                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |                                     |
| <b>Are you receiving medical insurance through any of the following services? (select all that apply)</b>   |   |   |                                     |
| Medicaid  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                       | <input type="checkbox"/> Don't Know |
| Medicare  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                       | <input type="checkbox"/> Don't Know |
| State or Federal Affordable Care Act Exchange   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                       | <input type="checkbox"/> Don't Know |
| Public From Other Sources   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                       | <input type="checkbox"/> Don't Know |

Adapted from Wisconsin Department of Workforce Development

**Transition Survey Discussion Script**

In school, the classes I like are: \_\_\_\_\_  
\_\_\_\_\_.

In school, the classes I do not like are: \_\_\_\_\_  
\_\_\_\_\_.

I would like to take classes in \_\_\_\_\_  
\_\_\_\_\_.

I am good at: \_\_\_\_\_  
\_\_\_\_\_.

I would like to get better at: \_\_\_\_\_  
\_\_\_\_\_.

In order to be more independent at home, I need to work on: \_\_\_\_\_  
\_\_\_\_\_.

I already know how to independently do: \_\_\_\_\_  
\_\_\_\_\_.

I would like to learn how to: \_\_\_\_\_  
\_\_\_\_\_.

I am not interested in learning how to:  
\_\_\_\_\_  
\_\_\_\_\_.

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**Lesson Plan Contents Page**

**Unit: 5 Self Advocacy**

**Objective 5.2: The student will be able to identify and explain their disability and when necessary, understand potential accommodations.**

**STEP ONE: Pre-Planning/Pre-Activities:**

**STEP TWO: The Lesson Plan**

**Appendices & Additional Resources**

|  |                     |
|--|---------------------|
| Unit 5.2: The student will be able to identify and explain their disability and when necessary, understand potential accommodations. | Total Activities: 4 |
|--|---------------------|

**STEP ONE: Pre-Planning/Pre-Activities:** Individualize these sections to make this section more meaningful for the intern.

**Lesson Plan Summary:** Students will learn about their own disability, how it affects their learning and how to self-advocate for learning strategies and solutions.

**What you will need: Materials & Resources**

|   |  |
|---|--|
| <b>Handouts:</b>                              | <u>Identifying Areas of Struggle</u><br><u>List of Common Accommodations for students with disabilities</u><br><u>Accommodations I need handout, 5.2.2</u><br><u>Understanding my brain workbook</u> |
| <b>Technology:</b>                            | Laptop with PowerPoint   |
| <b>Other materials needed for activities:</b> | None   |

**How to Assess Understanding**

| <b>Knowledge</b><br>What will they <b>know</b> because of the lesson?              | <b>Skills</b><br>What will they be able to <b>do</b> because of the lesson?    | <b>Check for Understanding / Evaluation</b><br>What will the Instructor ask/do to determine interns' level of understanding?<br>How can the intern <b>demonstrate their understanding?</b> |
|--|--|--|
| Glossary/Vocabulary<br>Be able to know the vocabulary presented                    | Be able to use the vocabulary presented in a variety of settings               | Check context of the student's vocabulary use to ensure their understanding in a class discussion  |
| Students will understand the importance of self-advocacy and how to self-advocate. | Students will recognize situations in which self-advocacy is needed.           | Student's understanding will be determined through completion of lesson activities.  |
| Students will learn about multiple intelligences                                   | Students will be able to identify their strengths and areas of need            | Students will be able to share their strengths and areas of need in a discussion   |
| Students will learn about accommodations they need                                 | Students will be able to identify situations in which they need accommodations | Students will advocate for their accommodations in a school or community setting   |

**STEP TWO: The Lesson Plan**

***Please customize these activities according to your school setting, its policies, vision, and core values. Please use and modify them based on the objective and the needs of your students.***

|  |  |
|--|--|
| <p><b>Glossary</b></p>   | <p>Ensure the students are familiar with glossary words connected with this lesson.</p> <p><b>Please incorporate any glossary terms utilized at your school that would enhance the lesson plan and make this objective more meaningful for the students.</b></p> <p><b>Glossary Terms:</b><br/> <b>Neurotypical</b> - refers to a person whose brain functions in a way that is considered the norm; not affected with a developmental disorder<br/> <b>Neuro diverse</b> - displaying or characterized by autistic or other neurologically atypical patterns of thought or behavior; not neurotypical.<br/> <b>Disability</b> - A condition of the mind or body that limits a person’s movement or activities and makes it harder for them to do certain types of activities and interact with the world around them.”<br/> <b>Accommodations</b>- is a change of environment, curriculum format, or equipment that allows a person with a disability to gain access to content or complete assigned tasks.”<br/> <b>Special education</b> - Special Education is a practice of educating students in a way that provides accommodations based on their individual differences and needs.<br/> <b>Invisible disability</b> - a physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person’s movements, senses, or activities.<br/> <b>Visible disability</b> - a disability that can be noticed or seen by just looking at the person.<br/> <b>Physical disability</b> - a substantial and long-term condition affecting a part of a person's body that impairs and limits their physical functioning, mobility, stamina or dexterity.<br/> <b>Intellectual disability</b> - refers to a condition that limits a person's ability to learn at an expected level and function in daily life.</p> |
| <p><b>Introduction: Connect to Purpose</b><br/> <b>VocFit Crosswalk:</b><br/> <b>Self Determination:</b><br/>         Make choices, decisions, and plans to meet own goals<br/>         Identify and express own strengths and weaknesses<br/> <b>Interpersonal Skills:</b><br/>         Ask clarifying questions<br/>         Show compassion towards others<br/>         Listen actively</p> | <p><b>Teacher will ask:</b> “What is the definition of disability?”<br/> <b>The class:</b> will brainstorm a definition which the teacher will write on the board.</p> <ul style="list-style-type: none"> <li>• Use the Frayer Model or a T-Chart for a broader process to define words and gain more involvement from the class</li> <li>• <i>Frayer Model Handout is part of the Guidance document with this curriculum</i></li> </ul> <p><b>Teacher will then define disability as:</b><br/>         “A condition of the mind or body that limits a person’s movement or activities and makes it harder for them to do certain types of activities and interact with the world around them.”<br/> <b>*Note</b> - It is important to stress here that disability is not “what you can’t do” but rather what you might need help or support to be able to do.<br/> <b>Teacher will talk about the 2 types of disabilities: physical and mental</b> stressing that they can affect people at any age and sometimes you can be born with both.</p>  |



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|   | <p><b>Teacher will list some common disabilities on the board:</b> blindness, deafness, intellectual, ASD, etc., on the board and challenge the students to brainstorm different ways in which said disabilities might affect a student’s life both inside/outside of the classroom.</p>  |
| <p><b>Lesson Activities</b></p>   |   |
| <p><b>Activity 1</b><br/> <b>Identifying Areas of Struggle</b><br/> Time: 20-30 min<br/> <b>VocFit Crosswalk:</b><br/> <b>General:</b><br/> Cooperative and courteous<br/> Listens and pays attention<br/> Respects rights and privacy of others<br/> Asks for help and clarification when needed<br/> Communicates adequately<br/> Completes tasks accurately</p>      | <p>Handouts: <a href="#">Identifying Areas of Struggle</a> and <a href="#">List of Common Accommodations for students with disabilities</a></p> <p>Students will identify the type of disability they have either physical/intellectual and describe how it affects them in the classroom. The students will move from general to specific identification. Students could also identify how their disability affects them in the community and how it could impact a job.</p>   |
| <p><b>Activity 2: Identifying Accommodations I Need</b><br/> Time: 30-45min<br/> <b>VocFit Crosswalk:</b><br/> <b>General:</b><br/> Cooperative and courteous<br/> Listens and pays attention<br/> Respects rights and privacy of others<br/> Asks for help and clarification when needed<br/> Communicates adequately (initiates conversation, does not interrupt)</p> | <p>Handout: Accommodations I need</p> <p><b>Teacher will say:</b><br/> “Let’s talk about accommodations. If we look at our glossary, we know that an accommodation is a change of environment, curriculum format, or equipment that allows a person with a disability to gain access to content or complete assigned tasks.” (An easier explanation is: anything that supplies a need.)</p> <p>“Let’s think about a student that is unable to walk. He has a need to get around. What would be an accommodation that would meet this need?”</p> <p><b>Students should reply: “wheelchair.”</b></p> <p><b>Teacher will say:</b><br/> “How about a student who wears glasses, has an assigned seat in the back of the classroom, but cannot see the board from his seat. “What would be an accommodation that would allow him to be able to see the board?”</p> <p><b>Student response should be: “He should ask to move his seat to the front of the room.”</b></p> <p><b>Teacher will say:</b><br/> ““What about students who take longer to learn things and need many opportunities, practice and individual assistance to gain skills. What sort of accommodations might they need?”</p> |

|  |   |
|--|---|
| <p>Completes tasks accurately</p>  | <p><b>Student response may be: “Special Education”,</b> but if not, the teacher will give the answer of “Special Education” and provide the following definition: <b>Special Education is a practice of educating students in a way that provides accommodations based on their individual differences and needs.</b> A discussion around their IEP and their individual goals could be part of this discussion</p> <p><b>Students will use the information from Activity #1 to complete the Activity #2 “<a href="#">Accommodations I need handout, 5.2.2</a>” to come up with a list of 2-3 accommodations they need, along with the reasons they are needed.</b></p> |
| <p>Activity 3:<br/><b>Writing a self-advocating script</b></p> <p><b>VocFit Crosswalk: General</b><br/>Cooperative and courteous<br/>Listens and pays attention<br/>Respects rights and privacy of others<br/>Asks for help and clarification when needed<br/>Communicates adequately<br/>Completes tasks accurately</p> | <p>What will I say when I advocate for myself?</p> <p>Using handouts from Activities 1 &amp; 2 students will create a script practicing asking for accommodations and advocating for themselves.</p>  |
| <p>Activity 4:<br/><b>My Brain is Unique</b></p> <p><b>VocFit Crosswalk: General</b><br/>Cooperative and courteous<br/>Listens and pays attention<br/>Respects rights and privacy of others<br/>Asks for help and clarification when needed<br/>Communicates adequately (initiates conversation, does not interrupt)</p> | <p>Complete Understanding my Brain workbook</p> <p>Workbook is available for free through Teachers Pay Teachers, sign up for a free account to download</p> <p><a href="https://www.teacherspayteachers.com/Product/How-Does-My-Brain-Work-Back-to-School-Metacognition-Booklet-for-Students-3931816?st=f29cc4245cf495c954927eda31efa09f">https://www.teacherspayteachers.com/Product/How-Does-My-Brain-Work-Back-to-School-Metacognition-Booklet-for-Students-3931816?st=f29cc4245cf495c954927eda31efa09f</a></p> <p>Have students share as appropriate.</p>   |

|   |   |
|---|---|
| <p>Completes tasks accurately</p>   |   |
| <p>Activity 5:<br/> <b>Who am I Presentation</b><br/> <b>VocFit Crosswalk:</b><br/> <b>GENERAL</b><br/> Cooperative and courteous<br/> Listens and pays attention<br/> Respects rights and privacy of others<br/> Asks for help and clarification when needed<br/> Communicates adequately (initiates conversation, does not interrupt)<br/> Completes tasks accurately</p> | <p><b>Who Am I</b><br/> Ask the students to create a short presentation describing their disability to classmates. To layer on technology skills, this could be a PPT presentation and insert pictures, short videos, etc.</p>  |
| <b>Extension Activities: Critical Thinking Questions and Evaluation Tools</b>   |   |
| <p><b>Extension Activities: Critical Thinking Questions and Evaluation Tools</b></p>  | <ol style="list-style-type: none"> <li>1. Knowledge / Remembering: Have the students write a letter to a younger person that explains their disability: how it affects them, and some strategies they used to overcome the effects. They will give 1 or 2 pieces of encouraging advice about common areas of struggle they had and what strategies they used to overcome them.</li> <li>2. Comprehension / Understanding: Vocabulary match using the glossary words on page 3.</li> <li>3. Applying: <ul style="list-style-type: none"> <li>• Create a tip sheet for the steps of self-advocacy with examples for each step.</li> <li>• Students will list accommodations that could help them in all their classes.</li> </ul> </li> <li>4. Analyzing: Each student will create a personal experience narrative about a time they self-advocated and the result. The class will give affirmations and possibly other self-advocacy suggestions.</li> <li>5. Evaluating: The students can work in pairs or small groups to create scenarios and the other students will decide if the self-advocacy approach was appropriate or inappropriate.</li> </ol> |

|  |   |
|--|---|
|  | 6. Creating: Create an informational poster about self-advocacy. (Visual) |
|--|---|

Lesson Plan modified from:

Wiggins, G. P., & McTighe, J. (2006). *Understanding by design* (Expand 2nd ed.). Upper Saddle River, N.J.: Pearson Education, Inc.

**Appendix A**  
**Identifying Areas of Struggle**

**Activity 5.2.1**

**My disability and how it affects me in school**

When you know what your disability is and understand how it affects you, you will be able to **advocate** for yourself and ask for the **accommodations** or **supports** that will help you be successful. Remember, having a disability does not mean that you cannot do things. It means that it may take you longer to learn some things and that you may need a little extra support. It is your responsibility to ask for what you need!

The type of disability I have is

|  |
|--|
|  |
|--|

Put a check beside all the areas you struggle with in school. You may use the empty spaces to include other areas not listed.

It affects my:

|                              |                          |         |                          |
|------------------------------|--------------------------|---------|--------------------------|
| Learning                     | <input type="checkbox"/> | Reading | <input type="checkbox"/> |
| Focus                        | <input type="checkbox"/> | Math    | <input type="checkbox"/> |
| Memory                       | <input type="checkbox"/> | Writing | <input type="checkbox"/> |
| Time management              | <input type="checkbox"/> |         | <input type="checkbox"/> |
| Ability to follow directions | <input type="checkbox"/> |         | <input type="checkbox"/> |

Now that you have identified some general areas you struggle with in school, identify 1 or 2 specific things you have trouble within each area. For example: if you selected Focus as an area of struggle, saying, “you are easily distracted by others around you” is more specific.

**Area Of Difficulty**

|  |
|--|
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**Specific Difficulties**

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|  |
|  |

**Area Of Difficulty**

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**Specific Difficulties**

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**Area Of Difficulty**

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|--|
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|--|

**Specific Difficulties**

|  |
|--|
|  |
|  |

**Appendix B**  
**Lesson 5.2**  
**Self-Advocacy**

For use with Activity 5.2.1

**List of Common Areas of Challenge for Students with Disabilities**

**Reading**

**Writing**

|                                     |  |
|-------------------------------------|--|
| Trouble sounding out words          | Hard to hold pen or pencil               |
| Trouble understanding what you read | Organization                             |
| Not able to read fast enough        | Trouble Spelling                         |
| Forgetting/not recognizing words    | Trouble with punctuation, capitals, etc. |

**Math**

**Memory/Forgetting Instructions**

|                               |                                  |
|-------------------------------|----------------------------------|
| Counting, recognizing numbers | Forget how to do things          |
| +, −, X, ÷                    | Forget what was said             |
| Telling time / manage time    | To many instructions at one time |
| Counting money                |                                  |

**Learning**

**Focus**

|                                |                                     |
|--------------------------------|-------------------------------------|
| Need more time to learn things | Easily distracted                   |
|                                | Hard to concentrate for a long time |

**Corresponding list of accommodations for common areas of struggle**

**Reading**

**Writing**

|                                   |   |
|-----------------------------------|---|
| Written information read          | Oral instead of written response, visual projects |
| Audio recordings                  | Use of scribe/pencil grip                         |
| Designated reader                 | Graphic organizer                                 |
| Shorter reading assignments       | Digital recorder to dictate answers or responses  |
| More time to complete assignments | More time to complete assignments                 |

**Math****Memory/Forgetting instructions**

|   |  |
|---|--|
| Use of number chart                                       | Checklists made from pictures or words |
| Use of calculator   | Instructions repeated                  |
| Use of alarms to help with time management                | Additional learning time               |
| More practice in smaller doses                            |  |
| Use of real life scenarios that could occur in daily life |  |

**Learning****Focus**

|  |  |
|--|--|
| Larger tasks/information broken up into smaller pieces                 | Seated in a quiet area                       |
| Use of a variety of strategies   | 5-minute breaks, spaced throughout work time |
| More time/opportunities to master skills                               |  |
| More opportunities to practice skills in real life settings/role plays |  |

**Appendix C**  
**Lesson 5.2**  
**Self-Advocacy**

**Activity 5.2.2**



Accommodations I need

Use the information from activity #1 to identify 1 or 2 areas of struggle and 1 or 2 accommodations that you feel can help you be successful in that area. Don't forget to include the reason why the accommodation is needed.

| Area of struggle | Accommodation | Reason needed |
|------------------|---------------|---------------|
|                  |               |               |
|                  |               |               |
|                  |               |               |
|                  |               |               |

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**Lesson Plan Contents Page**

**Unit: 5 Self-Advocacy**

**Objective 5.3: *Students will be able to describe their learning style across environments***

***STEP ONE: Pre-Planning/Pre-Activities:***

***STEP TWO: The Lesson Plan***

***Appendices & Additional Resources***

|   |  |  |
|---|--|--|
| Unit 5.3: Students will be able to describe their learning style across environments  |  | Total Activities: 4  |
| <b>STEP ONE: Pre-Planning/Pre-Activities: Individualize these sections to make this section more meaningful for the intern.</b>                             |  |  |
| <b>Lesson Plan Summary:</b> The students will learn about their learning styles and how to advocate for themselves based on their learning style and needs. |  |  |
| <b>What you will need: Materials &amp; Resources</b>  |  |  |
| <b>Handouts:</b>  |  |  |
| <b>Technology:</b>  | <ul style="list-style-type: none"> <li>• Internet, AV Equipment, Student Chromebooks</li> </ul>              |  |
| <b>Other materials needed for activities:</b>   | <ul style="list-style-type: none"> <li>• Pen, paper, student notebooks</li> </ul>                            |  |
| <b>How to Assess Understanding</b>  |  |  |
| <b>Knowledge</b><br>What will they <b>know</b> because of the lesson?   | <b>Skills</b><br>What will they be able to <b>do</b> because of the lesson?                                  | <b>Check for Understanding / Evaluation</b><br>What will the Instructor ask/do to determine interns' level of understanding?<br>How can the intern <b>demonstrate their understanding?</b> |
| Glossary/Vocabulary<br>Students will be able to know the vocabulary presented   | Student will be able to use the vocabulary presented in a variety of settings.                               | Students will be able to check context of their vocabulary use to ensure their understanding in class discussions and other observable situations.   |
| Students will know their own learning style   | Students will be able to advocate for themselves based on their learning style and what works best for them. | Students will be able to describe the characteristics of their own specific learning style and how it affects their learning.  |
| Students will learn about teaching tips that relate to each learning style  | Students will be able to identify tips that work with their preferred learning style.                        | Students will discover and share tips on how their learning style relates to presentation styles of their teachers and other support staff.  |

### **STEP TWO: The Lesson Plan**

***Please customize these activities according to your school setting, its policies, vision, and core values. Please use and modify them based on the objective and the needs of your students.***

|  |   |
|--|---|
| <p><b>Glossary</b></p>   | <p>Ensure the students are familiar with glossary words connected with this lesson.</p> <p><b>Please incorporate any glossary terms utilized at your school that would enhance the lesson plan and make this objective more meaningful for the students.</b></p> <p><b>Glossary Terms</b></p> <ul style="list-style-type: none"> <li>● <b>Assume:</b> to accept something to be true without question or proof</li> <li>● <b>Learning style:</b> the method a person uses to learn.</li> <li>● <b>Consequences:</b> a result or effect of an action or condition.</li> <li>● <b>Auditory:</b> relating to the sense of hearing</li> <li>● <b>Visual:</b> relating to seeing or sight</li> <li>● <b>Kinesthetic:</b> having to do with movement or sensation, especially within the body</li> <li>● <b>Verbal:</b> relating to or in the form of words</li> </ul>  |
| <p><b>Introduction: Connect to Purpose - Style</b></p> <p><b>VocFit Crosswalk:</b></p> <p><b>General:</b><br/>Listens and pays attention</p> <p><b>Self Determination:</b><br/>Identify and express own strengths and weaknesses</p> | <p>Teacher will introduce the concept of style. By asking: <b>“What is style?”</b> and then explaining: Style is a manner of doing something. There are styles of music, dressing, and wearing our hair. There are even styles of communicating and thinking.</p> <p>Teacher will brainstorm with the class a few examples of each style and write them on the board.</p> <p>Next the teacher will ask the students to imagine they were planning a party for a friend. <b>“Would it be important to know the style of music they like?” Why? “What might the consequences be if you didn’t have that information?”</b> The teacher will then ask: <b>“Is it safe to assume that knowing a person’s style preferences can be helpful in many different situations?”</b> Students should reply “Yes” and, teacher will confirm. The teacher will continue to brainstorm other types of style i.e., martial arts, dance, writing, food preferences (vegetarian), eating (corn on the cob for example).</p> <p>Emphasizing that: <b>“There are styles for just about everything a person can do.”</b></p> <p>Teacher will say: <b>“Oftentimes information about a particular style is unimportant, like your corn eating style, but sometimes information we have about someone’s style of doing something is important, such as a person’s learning style. Based on the glossary work we have done we know that a Learning Style is the way or way a person learns best. It could be by reading, listening, doing, touching or even a combination of several different ways.”</b></p> <p>Questions to introduce the video:</p> <ul style="list-style-type: none"> <li>● <b>Why might it be important for a student to know the style with which they learn best?</b></li> <li>● <b>How could this information help you?</b></li> <li>● <b>How would you even know what your learning style might be?</b></li> </ul> <p>Let’s watch this video to find out the answers to these questions. Things to think about while watching the video:</p> <ul style="list-style-type: none"> <li>● What is my learning style?</li> <li>● What are some accommodations that can help me?</li> </ul> <p>After the video the students will share/discuss what type of learners they think they identify with and if they remember any of the tips given.</p> |

|   |   |
|---|---|
|   | <p>Watch <a href="#">What kind of learner are you? - The 4 different learning styles</a><br/>         *Please note the “Read/Write learning style mentioned in the video is referred to as the “Verbal” learning style in the survey which the students will take in Activity 1</p>   |
| <b>Lesson Activities</b>  |   |
| <p><b>Activity 1:<br/>Learning Style Survey</b></p> <p><b>Time:</b> 30-45 minutes<br/> <b>VocFit Crosswalk:</b><br/> <b>General:</b><br/>         Listens and pays attention<br/>         Follows directions<br/>         Follows rules and regulations<br/> <b>Communication Skills:</b><br/>         Communicate face-to-face with others<br/>         Speak clearly so that others can understand<br/>         Understand the speech of another person</p>   | <p>Students will take the “Kids Learning Style Survey” to determine what type of learners they are. Go to <a href="#">Kids Learning Style Survey</a>. After the survey is completed, group students by Learning Style if possible and allow them to discuss with each other within their group. Have each group report out about their Learning Style.</p> <p>Next have the students, still in their groups, watch the video <a href="#">Learning Styles - HOW YOU LEARN BEST - Learning Tips</a>, and try to come up with a list of at least 2 learning tips per Group.</p> <p>After the list is created, have the whole class work on creating a tip sheet or power point presentation containing all the learning styles and the tips for learning that were generated in the groups. This may be shared with other teachers</p> |
| <p><b>Activity 2:<br/>Learning Style Scripts</b></p> <p><b>Time:</b> 30-45 minutes<br/> <b>VocFit Crosswalk:</b><br/> <b>General:</b><br/>         Listens and pays attention<br/>         Follows directions<br/>         Follows rules and regulations<br/> <b>Cognitive Abilities:</b><br/>         Comprehend/read instructions<br/>         Be very exact/very accurate<br/>         Concentrate on a task without becoming distracted<br/> <b>Communication Skills:</b><br/>         Communicate face-to-face with others<br/>         Speak clearly so that others can understand<br/>         Understand the speech</p> | <p><b>Learning Style Scripts</b></p> <p>Now that the students know what type of learner they are, it is important that they know and practice how to talk about that to other people. Using the provided <a href="#">example script</a> or create your own for each student to present to the class what type of learner they are, what the characteristics are for that type of learner, and what accommodations are most helpful to work independently.</p>   |

|  |  |
|--|--|
| of another person  |  |
| <p><b>Activity 3: Real World Connections</b><br/> <b>Time:</b> 30 minutes</p> <p><b>VocFit Crosswalk:</b><br/> <b>General:</b><br/> Listens and pays attention<br/> Follows directions<br/> Follows rules and regulations</p> <p><b>Cognitive Abilities:</b><br/> Comprehend/read instructions<br/> Be very exact/very accurate<br/> Concentrate on a task without becoming distracted</p> <p><b>Communication Skills:</b><br/> Communicate face-to-face with others<br/> Speak clearly so that others can understand<br/> Understand the speech of another person</p> | <p><b>Characteristics of Learning Styles</b><br/> Complete a visual chart to help the students distinguish different characteristics of each type of learner.<br/> <a href="#">Visual Chart of Learner Types</a></p> <p>Some examples of items to include could be:<br/> “Can you show me that again?”<br/> “Can you write that down for me because I can understand that better.”<br/> “I do better if my tasks for the day are written down.”</p>  |
| <p><b>Activity 4:</b><br/> <b>Learning Style Profile</b><br/> <b>Time:</b> 30-45 minutes</p> <p><b>VocFit Crosswalk:</b><br/> <b>General:</b><br/> Listens and pays attention<br/> Follows directions<br/> Follows rules and regulations</p> <p><b>Cognitive Abilities:</b><br/> Comprehend/read instructions<br/> Be very exact/very accurate<br/> Concentrate on a task without becoming distracted</p> <p><b>Communication Skills:</b><br/> Communicate face-to-</p>  | <p><b>Learning Style Profile</b></p> <p>Students will complete a profile to give to teachers and other support staf. This profile will allow students to practice stating the supports they need without disclosing disability. Go over the sample profile with students while discussing some ways to ask for support including:</p> <p>“Show me again”<br/> “Write it down for me because I can understand that better?”<br/> “I do better if my tasks for the day are written down?”<br/> “Could we create a picture checklist?”<br/> “Could you make a video of me doing it the right way?”<br/> “Can I do it after you do it?”</p> <p><a href="#">Appendix One Page Profile</a></p> |

|   |  |
|---|--|
| <p>face with others<br/>Speak clearly so that others can understand<br/>Understand the speech of another person</p>   |  |
| <p><b>Activity 5:</b><br/><b>Learning Style Scripts</b><br/><b>Time: 20 minutes</b></p> <p><b>Voc Fit Crosswalk</b><br/><b>Self-Determination:</b><br/>Identify and express own strengths and weaknesses</p> <p><b>Communication Skills:</b><br/>Communicate face-to-face with others</p> | <p><b>Learning Style Scripts</b></p> <p>Students will complete the following script and role play reading them to teachers, job coach, boss, etc.</p> <p>“I have discovered that I am a _____ learner. This means that I _____.<br/>Some things that will help me be a better, (student, employee) are</p> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul> <p>Thanks for helping me learn!”</p>   |
| <p><b>Extension Activities: Critical Thinking Questions and Evaluation Tools</b></p>  |  |
| <p><b>Extension Activities:</b><br/><b>Critical Thinking Questions and Evaluation Tools</b></p>   | <ol style="list-style-type: none"> <li>1. <b>Knowledge / Remembering:</b> When presenting a lesson, discuss learning styles of your presentation style and have students identify theirs.</li> <li>2. <b>Comprehension / Understanding:</b> Have students present on their specific learning style and what it entails. Projects could include posters, PowerPoints, songs, sketches.</li> <li>3. <b>Applying:</b> Ask students to choose one learning style tip that is suggested for their learning style in one of their classes/subjects and reflect on how it was helpful for them</li> <li>4. <b>Analyzing:</b> Break the class into two groups. Each group will compare 2 learning styles, in what ways are they similar or different. They will need to create an interactive report using technology.</li> <li>5. <b>Evaluating:</b> After a lesson, have the students determine which parts or activities worked best for each of the learning styles.</li> <li>6. <b>Creating:</b> Have students develop an inventory/checklists of learning style tips they would use for a particular class/subject and share it with the teacher of that class/subject.</li> </ol> |

Lesson Plan modified from:

Wiggins, G. P., & McTighe, J. (2006). *Understanding by design* (Expand 2nd ed.). Upper Saddle River, N.J.: Pearson Education, Inc.

### What Type of Learner Am I?

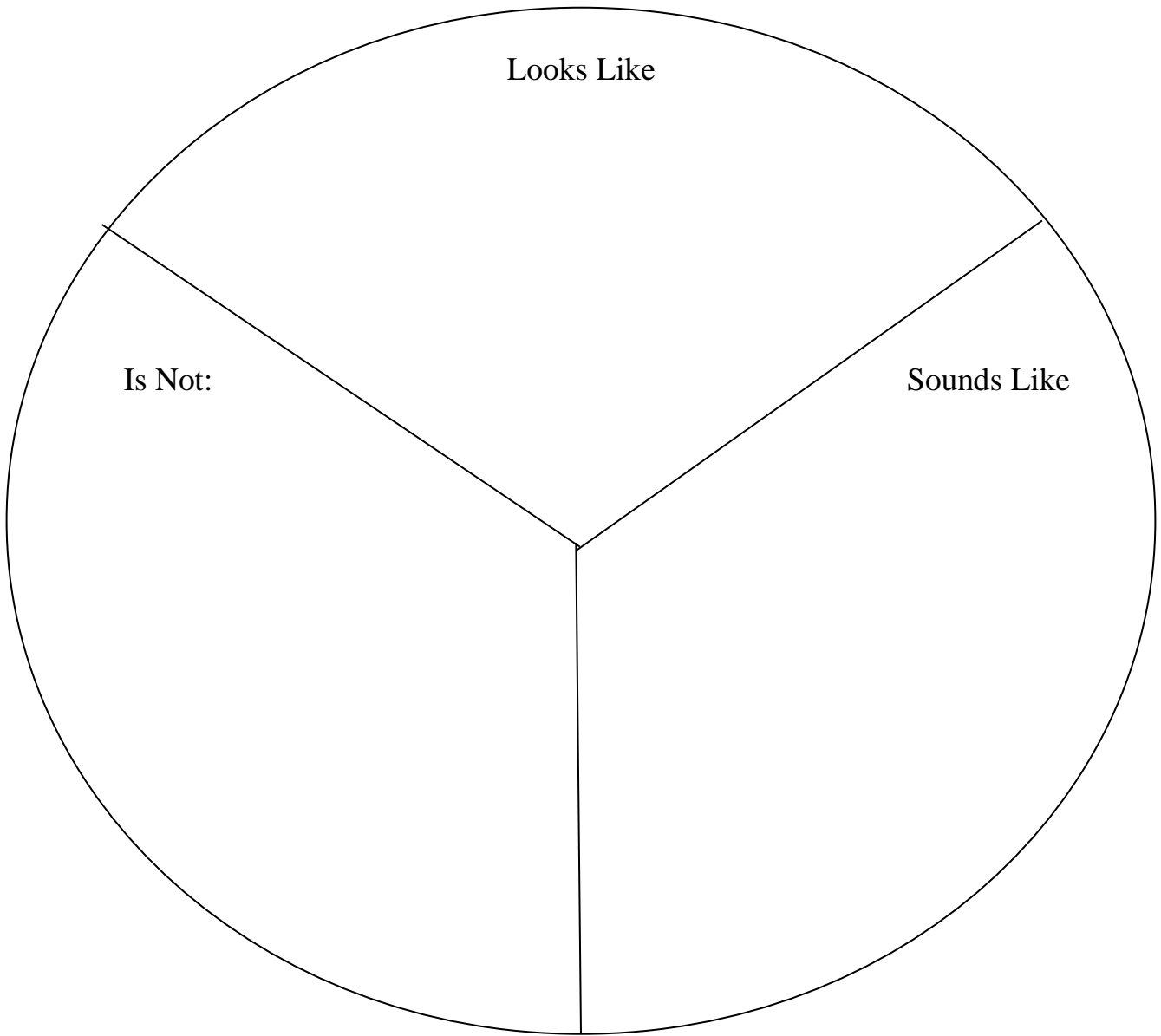
| <b>Type of Learner?</b><br><i>visual/ auditory/ reading and writing/ kinesthetic</i> | <b>Characteristics?</b><br><i>Retains information best in graphic format</i> | <b>How Is This Information Useful?</b><br><i>Use graphic organizers, arrows, highlighters</i> |
|--|--|---|
|  |  |   |
|  |  |   |

**Script:**

- 
- I am a \_\_\_\_\_ (*Type of Learner*) \_\_\_\_\_.
- 
- That means that I learn best with \_\_\_\_\_ (*Characteristics of Learner Type*) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.
- 
- Can you use more \_\_\_\_\_ (*accommodations that are helpful*) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.



**Visual Chart of Learners**



## One Page Profile

Name:

|  |
|--|
| <p><b>I'm good at...</b></p>   |
| <p><b>Some of my interests and hobbies:</b></p>  |
| <p><b>The support I need to be successful (learning style, accommodations needed):</b></p> |
| <p><b>My future goals for work and life</b></p>  |

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**Unit: 5 Self-Advocacy**

**Objective 5.4: *The student will be able to access and apply their personal information across environments.***

***STEP ONE: Pre-Planning/Pre-Activities:***

***STEP TWO: The Lesson Plan***

***Appendices & Additional Resources***

|   |                     |
|---|---------------------|
| Unit 5.4: <i>The student will be able to access and apply their personal information across environments.</i> | Total Activities: 4 |
|---|---------------------|

**STEP ONE: Pre-Planning/Pre-Activities:** *Individualize these sections to make this section more meaningful for the intern.*

**Lesson Plan Summary:** The students will learn about different types of personal information, why we have personal information and how we use it in society.

**What you will need: Materials & Resources**

|   |  |
|---|--|
| <b>Handouts:</b>                              | <ul style="list-style-type: none"> <li>• Personal Information Sheet</li> <li>• Personal Information Checklist</li> </ul> |
| <b>Technology:</b>                            | <ul style="list-style-type: none"> <li>• Internet, AV Equipment, Student Chromebooks</li> </ul>                          |
| <b>Other materials needed for activities:</b> | <ul style="list-style-type: none"> <li>• Pen, paper, student notebooks</li> </ul>  |

**How to Assess Understanding**

| <b>Knowledge</b><br>What will they <b>know</b> because of the lesson?                   | <b>Skills</b><br>What will they be able to <b>do</b> because of the lesson?  | <b>Check for Understanding / Evaluation</b><br>What will the Instructor ask/do to determine interns' level of understanding?<br>How can the intern <b>demonstrate their understanding?</b>                                  |
|---|--|---|
| Students will know the vocabulary presented   | Students will be able to use the vocabulary presented in a variety of settings   | Check the context of the student's vocabulary use to ensure their understanding in class discussions and other environments   |
| The students will know how to locate personal information and accurately complete forms | Students will have the ability to complete varied applications and forms both online and paper format                        | <ul style="list-style-type: none"> <li>• The students will complete forms that are relevant to their current desires and needs: Library Cards</li> <li>• Transportation Applications</li> <li>• Job Applications</li> </ul> |
| The students will know what personal information can and can't be shared                | The students can identify situations when personal information can be shared such as paying bills, filling out certain forms | The students will complete forms using some personal information and know where to find that information.   |

## STEP TWO: The Lesson Plan

***Please customize these activities according to your school setting, its policies, vision, and core values. Please use and modify them based on the objective and the needs of your students.***

### Glossary

Ensure the students are familiar with glossary words connected with this lesson.

**Please incorporate any additional glossary terms utilized at your school or in your community that would enhance the lesson plan and make this objective more meaningful for the students.**

#### Glossary Terms

- **Personal Information-** any information about a person that can be used to identify, locate or contact a person.
- **Social Security Card-** a numerical identifier assigned to U.S. citizens and other residents to track income and determine benefits.
- **Sensitive information-** information that is kept secret or shared with restrictions on disclosure to avoid endangering our identities.
- **Specific-**restricted to a particular individual, situation, relation, or effect
- **Identifiers-** attributes that make something identifiable

### Introduction: Connect to Purpose

**VocFit Crosswalk**  
**General:**  
Listens and pays attention

Teacher will ask the following questions and provide the following explanations:

- What is personal information?
- Why do we have it?
- How do we use it?
- How can you determine which personal information is okay to share and with whom?

“Personal information is any information about us that can be used to identify, locate or contact us. Every person has personal information that is unique to them. Even two people with the same name will each have personal information or identifiers, specific to them, that can be used to tell them apart. We use our personal information every day. It is important to have access to our personal information. We need it to gain access to services and other things, such as when we are put on the waiting list to be the first to be notified when that new video game is released, when we go to a doctor’s office, or when we apply for services such as bank accounts, credit or ID cards. The personal information we share in these instances allows us to be contacted and identified.

“Let’s brainstorm some other identifiers or personal information that might be used to help identify, locate or contact us.”

Ask one of the students to scribe the student responses on the board. Some examples could be:

- Phone number

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Mailing address</li> <li>• Email address</li> <li>• Date of birth, etc.</li> </ul> <p>You could add the include the following to the list if students do not mention:</p> <ul style="list-style-type: none"> <li>• Social Security #</li> <li>• Bank account numbers</li> <li>• Credit card numbers</li> <li>• Passwords</li> </ul> <p>Teacher will continue with the following:<br/>         “As you are discovering, we share some of our personal information almost every day, such as our name or address. However, some of our personal information is very sensitive and should not be shared with anyone unless it is being done in an official capacity that you know will be protected. For example, if you are applying for a state ID, bank account, credit card or any type of state services you will need to supply your Social Security number. A Social Security number is specific to you. No two people have the same SS#, and it is used to identify you individually. If you share your Social Security number with the wrong people, they can use it to steal your identity.” Your birth certificate is also another piece of personal information that is very sensitive and should not be readily shared.<br/>         It can be tricky to decide which personal information to share. Let’s watch this video to help us learn when and when not to share our personal information.<br/> <a href="#">NetSafe Episode 2: What is Personal Information? (Grades K-3)</a></p> |
|--|---|

**Lesson Activities**

|   |  |
|---|--|
| <p><b>Activity 1:</b><br/> <b>Personal Information Sheet</b><br/> <b>Time:</b> 30-45 minutes</p> <p><b>VocFit Crosswalk:</b><br/> <b>General:</b><br/>         Listens and pays attention<br/>         Follows directions<br/>         Follows rules and regulations</p> <p><b>Communication Skills</b><br/>         Communicate face-to-face with others<br/>         Speak clearly so that others can understand<br/>         Understand the speech of another person</p> | <p><b>Personal Information Sheet</b></p> <p>Complete this <a href="#">Personal Information Sheet</a> with each student so they can keep all of their information in one place to refer back to when filling out forms.</p> |
|---|--|

|   |   |
|---|---|
| <p><b>Activity 2:<br/>Locating Personal Information</b><br/><b>Time:</b> 30-45 minutes</p> <p><b>VocFit Crosswalk:</b><br/><b>General:</b><br/>Listens and pays attention<br/>Follows directions<br/>Follows rules and regulations</p> <p><b>Cognitive Abilities:</b><br/>Comprehend/read instructions<br/>Be very exact/very accurate<br/>Concentrate on a task without becoming distracted</p> <p><b>Communication Skills:</b><br/>Communicate face-to-face with others<br/>Speak clearly so that others can understand<br/>Understand the speech of another person</p> | <p><b>Locating Personal Information</b></p> <p><i>This activity will require communication ahead of time with family members. Email the parents / guardians to let them know their student will be asking to find this information.</i></p> <p>Ask the students to locate (with the families help) their:</p> <ul style="list-style-type: none"> <li>• SS Card</li> <li>• ID Card</li> <li>• Birth Certificate</li> <li>• Immunization Record</li> </ul> <p>Instructions for students- get a blank folder, staple <a href="#">this checklist</a> of important docs to find. Include page protectors to help keep things organized and protected. The folders and page protectors might be available from school.</p>  |
| <p><b>Activity 3: Real World Connections</b><br/><b>Time:</b> 30 minutes</p> <p><b>VocFit Crosswalk:</b><br/><b>General:</b><br/>Listens and pays attention<br/>Follows directions<br/>Follows rules and regulations</p> <p><b>Cognitive Abilities:</b><br/>Comprehend/read instructions<br/>Be very exact/very accurate<br/>Concentrate on a task</p>  | <p><b>Fill Out an Application for a Library Card</b></p> <p>Discuss the importance of knowing your personal information and using it to fill out forms to sign up for stuff.</p> <p>Discuss the importance of not signing up for things that are unnecessary or may be scams.</p> <p>Discuss one thing to sign up for is a local library card and how you can use it to download books and audiobooks.</p> <p>Look up your local library and fill out an electronic form to get a library card or download the application and fill out a paper form.</p> <p>Here is an electronic example for the NC Library Card:<br/><a href="https://ghl.nccardinal.org/eg/opac/register#librarycardsignup">https://ghl.nccardinal.org/eg/opac/register#librarycardsignup</a></p> |

|   |   |
|---|---|
| <p>without becoming distracted</p> <p><b>Communication Skills:</b><br/>         Communicate face-to-face with others<br/>         Speak clearly so that others can understand<br/>         Understand the speech of another person</p>  | <p>Download the free Libby App to download books electronically.</p>  |
| <p><b>Activity 4:</b><br/> <b>Applying for Public Transportation</b><br/> <b>Time:</b> 30-45 minutes</p> <p><b>VocFit Crosswalk:</b><br/> <b>General:</b><br/>         Listens and pays attention<br/>         Follows directions<br/>         Follows rules and regulations<br/> <b>Cognitive Abilities:</b><br/>         Comprehend/read instructions<br/>         Be very exact/very accurate<br/>         Concentrate on a task without becoming distracted<br/> <b>Communication Skills:</b><br/>         Communicate face-to-face with others<br/>         Speak clearly so that others can understand<br/>         Understand the speech of another person</p> | <p><b>Applying for Public Transportation</b></p> <p><a href="#">Green Apple Bus Form</a></p> <p>Have students fill out the mock paratransit application, edit as best fits your students.</p> <p>Another option is to fill out the application for para-transit in your community.</p>  |
| <p><b>Activity 5:</b><br/> <b>Job Applications</b><br/> <b>Time:</b> 30 – 45 minutes<br/> <b>Voc Fit Crosswalk</b></p>  | <p><b>Mock Job Application</b></p> <p><a href="#">Printable Job Application</a></p> <p>Google Forms- Blacks Bar and Grill<br/>         Make a copy of the job application for Blacks Bar and Grill, once it is shared with students the teacher can then see their responses<br/> <a href="https://docs.google.com/forms/d/1ZvLZgVg833k9BjZkemJiR4hIez5NyyvJCZf_U1-uGSKA/copy">https://docs.google.com/forms/d/1ZvLZgVg833k9BjZkemJiR4hIez5NyyvJCZf_U1-uGSKA/copy</a></p> |



|   |  |
|---|--|
|   |  |
|   | <b>Extension Activities: Critical Thinking Questions and Evaluation Tools</b>  |
| <b>Extension Activities:<br/>Critical Thinking<br/>Questions and<br/>Evaluation Tools</b> | <ol style="list-style-type: none"> <li>1. <b>Knowledge / Remembering:</b> Matching activity for acronyms to actual words. Here is a short, informational video about the origin of SS cards. <a href="#">Social Security Cards Explained</a></li> <li>2. <b>Comprehension / Understanding:</b> Create a Kahoot game for students to play for extra practice. Have students choose from a list of places they would like to apply for a rewards/membership card they would be interested in completing.</li> <li>3. <b>Applying:</b> Take a trip to the local library to fill out a library card form and/or to check out books. Have students sign up for a grocery store rewards card.</li> <li>4. <b>Analyzing:</b> Why do employers require you to provide your social security number when applying for a job?</li> <li>5. <b>Evaluating:</b> Have students explain when to give out personal information, what type of information should not be shared, and who personal information should not be shared with.</li> <li>6. <b>Creating:</b> Have students design their own “cheat sheet” with their information. Have students create a wallet-sized cheat sheet to laminate and keep with them. Have students create a wallet-sized emergency contact card to keep with them.</li> </ol> |

Lesson Plan modified from:

Wiggins, G. P., & McTighe, J. (2006). *Understanding by design* (Expand 2nd ed.). Upper Saddle River, N.J: Pearson Education, Inc.

## PERSONAL INFORMATION SHEET

Full Name:

Address:

Social Security:

Date of Birth:

Telephone #:

### EDUCATION HISTORY:

|             | Name of School | Address | Last year completed | Did you graduate? |
|-------------|----------------|---------|---------------------|-------------------|
| High School |                |         |                     |                   |
| College     |                |         |                     |                   |
| Other       |                |         |                     |                   |

### AVAILABILITY

|      | Sunday                | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|-----------------------|--------|---------|-----------|----------|--------|----------|
| From | <i>(example: 8-5)</i> |        |         |           |          |        |          |
| To   |                       |        |         |           |          |        |          |

Position Desired:

Desired Wage: \$

## EMPLOYMENT HISTORY

|                 |                      |  |
|-----------------|----------------------|--|
| Company Name    |                      |  |
| Address         | Job Duties           |  |
| Dates Worked:   | Starting/ Final Wage |  |
| Supervisor Name | Reason for Leaving   |  |
| Phone Number    |                      |  |

|                 |                      |  |
|-----------------|----------------------|--|
| Company Name    | Job Title            |  |
| Address         | Job Duties           |  |
| Dates Worked:   | Starting/ Final Wage |  |
| Supervisor Name | Reason for Leaving   |  |
| Phone Number    |                      |  |

|               |                      |  |
|---------------|----------------------|--|
| Company Name  | Job Title            |  |
| Address       | Job Duties           |  |
| Dates Worked: | Starting/ Final Wage |  |

|                 |                    |  |
|-----------------|--------------------|--|
|                 |                    |  |
| Supervisor Name | Reason for Leaving |  |
| Phone Number    |                    |  |

|                 |                      |  |
|-----------------|----------------------|--|
| Company Name    | Job Title            |  |
| Address         | Job Duties           |  |
| Dates Worked:   | Starting/ Final Wage |  |
| Supervisor Name | Reason for Leaving   |  |
| Phone Number    |                      |  |

|                 |                      |  |
|-----------------|----------------------|--|
| Company Name    | Job Title            |  |
| Address         | Job Duties           |  |
| Dates Worked:   | Starting/ Final Wage |  |
| Supervisor Name | Reason for Leaving   |  |
| Phone Number    |                      |  |


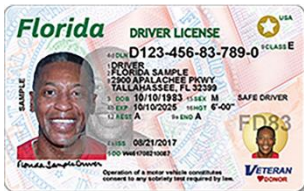

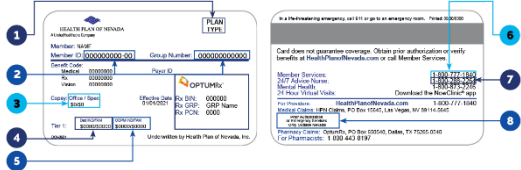
**REFERENCES**

| Name of Reference | Address and Phone Number | Relationship to Reference |
|-------------------|--------------------------|---------------------------|
| 1.                |                          |                           |
| 2.                |                          |                           |
| 3.                |                          |                           |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Appendix B

Personal Information Checklist

| Item                 | What it looks like   | Where it is located |
|----------------------|--|---------------------|
| Social Security Card |     |                     |
| State ID Card        |     |                     |
| Birth Certificate    |    |                     |
| Insurance Card       |  |                     |

# List of Computer logins and passwords

## password LIST

TemplateLAB

www: [templatelab.com](http://www.templatelab.com)

User Name: testusername  
Password: xxxxxxxx  
Linked Email: myemail@gmail.com  
Notes: note to myself

www: \_\_\_\_\_

User Name: \_\_\_\_\_  
Password: \_\_\_\_\_  
Linked Email: \_\_\_\_\_  
Notes: \_\_\_\_\_

www: \_\_\_\_\_

User Name: \_\_\_\_\_  
Password: \_\_\_\_\_  
Linked Email: \_\_\_\_\_  
Notes: \_\_\_\_\_

www: \_\_\_\_\_

User Name: \_\_\_\_\_  
Password: \_\_\_\_\_  
Linked Email: \_\_\_\_\_  
Notes: \_\_\_\_\_

TemplateLAB.com

**GREEN APPLE TRANSIT**  
**Application for Paratransit Service**

This application is an opportunity for you to provide the Green Apple Transit with a description of the barriers in your environment and how your disability prevents you from using the bus and rail service. In order to be considered complete, every question on the application must be answered. If not, it will be returned to you for completion.

PLEASE PRINT/ TYPE IN BLUE OR BLACK INK.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (Home): \_\_\_\_\_ (Work) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: Male Female

Emergency Contact Person: \_\_\_\_\_  
Phone: (Home): \_\_\_\_\_ (Work). \_\_\_\_\_

Please Check All That Apply

- I ride the buses frequently.
- I ride the buses sometimes if the conditions are right.
- I ride the buses when I am feeling well.
- I can only ride the buses if they have a wheelchair lift or low floor.
- I have a vision impairment that prevents me from ever getting to and from the bus, even with training.
- I could learn to use the bus service if someone taught me.
- I am not sure if I can use the bus service.
- I can never use the bus service by myself.
- There is no bus service in my area.
- I am not able to use the bus service for other reasons.

Please explain:

- I don't like to use the fixed route bus service.

Have you ever used the fixed/ regular bus service? Yes No

Can you get to the bus stop nearest to you home by yourself? Yes No

If no, why not? \_\_\_\_\_

Can you cross any street by yourself? Yes No

If no, please explain. \_\_\_\_\_

Can you wait at the bus stop for up to 30 minutes? Yes No

If no, please explain. \_\_\_\_\_

Are you able to grasp handles or railings, or coins or tickets while boarding or exiting the transit vehicle? Yes No

If no, please explain. \_\_\_\_\_

Are you able to maintain your balance and tolerate public transit movement when seated?



Yes No

If no, please explain. \_\_\_\_\_

Can you understand and follow directions to get you to your destination? Yes No

If no, please explain. \_\_\_\_\_

Have you ever received training on how to use the bus system? Yes No

If yes, Which agency provided the training? \_\_\_\_\_

When? \_\_\_\_\_ Did you successfully complete the training? Yes No

Would you like to receive travel training? Yes No

How would you describe the terrain where you live? (e.g., flat, steep hills, gradual sloping hills, etc.) \_\_\_\_\_

Are there sidewalks in your neighborhood? Yes No

List the last 3 most frequent destinations you traveled to and how you traveled there: Destination Address / Frequency of Travel / How do you get there now?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What is/are your disability/ disabilities? \_\_\_\_\_

Do you use a mobility aid? Yes No

If Yes, please circle all that apply to you.

Manual wheelchair/ Motorized Wheelchair/ Scooter/Service Animal (Guide Dog)/ Cane/ Crutches Brace(s)/ Walker/ Portable Oxygen/White Cane

Other (please specify) \_\_\_\_\_

I understand that the purpose of this application is to determine if I am eligible for Green Apple Transit's Paratransit services and that Transit staff may need to talk to me later to get more information. Additionally, I understand that I may be required to attend an in-person interview as part of this application process.

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. I understand that falsification of this information could result in a loss of Paratransit service. I agree to notify Green Apple Transit if I no longer need to use the Paratransit service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SAMPLE JOB APPLICATION

**PLEASE NOTE:** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

| Name and Address   |                               |  |                               |  |                               |   |                               |
|--|-------------------------------|--|-------------------------------|--|-------------------------------|---|-------------------------------|
| Name (First, MI, Last)   |                               |  |                               | Social Security Number                 |                               |   |                               |
| Mailing Address  |                               |  |                               |  |                               |   |                               |
| City, State, and Zip Code  |                               |  |                               |  |                               |   |                               |
| Telephone  |                               |  |                               | Alternate Phone                        |                               |   |                               |
| If under 18, please list age   |                               |  |                               | Email                                  |                               |   |                               |
| Job Type   |                               |  |                               |  |                               |   |                               |
| Days/hours available to work   |                               |  |                               |  |                               |   |                               |
| <input type="checkbox"/> I have no preference.   | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues.         | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thurs.        | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sat.               | <input type="checkbox"/> Sun. |
| I am seeking a:  |                               | <input type="checkbox"/> Full-time job |                               | <input type="checkbox"/> Part-time job |                               | <input type="checkbox"/> Full- or Part-time |                               |
| How many hours can you work weekly?  |                               |  |                               | Can you work nights?                   |                               | Date available to begin                     |                               |
| Additional Information   |                               |  |                               |  |                               |   |                               |
| Have you ever been employed by this organization in the past?  |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?              |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| If Yes, please explain:  |                               |  |                               |  |                               |   |                               |
| Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                               |  |                               | Driver's license number                |                               | Issued in what state?                       |                               |

|   |           |
|---|-----------|
| Have you had any accidents during the past three years?         | How many? |
| Have you had any moving violations during the past three years? | How many? |

**Education**

| School | Location (mailing address) | Years Completed | Major | Degree or Diploma |
|--------|----------------------------|-----------------|-------|-------------------|
|--------|----------------------------|-----------------|-------|-------------------|

**High School**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**College or Business/Trade School**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Military**

|   |                              |                             |              |
|---|------------------------------|-----------------------------|--------------|
| Have you even been in the Armed Forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date entered |
|---|------------------------------|-----------------------------|--------------|

|   |                              |                             |                |
|---|------------------------------|-----------------------------|----------------|
| Are you now a member of the National Guard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discharge date |
| Specialty                                   |                              |                             |                |

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

|  |                         |                 |
|--|-------------------------|-----------------|
| Company  | Name of last supervisor | Hrs/week        |
| Address  | Start Date              | Starting Salary |
| City, State, and Zip Code  | End Date                | Final Salary    |
| Phone number   | Your last job title     |                 |
| Reason for leaving (be specific)   |                         |                 |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                 |

May we contact this employer?     Yes     No

|                                  |                         |                 |
|----------------------------------|-------------------------|-----------------|
| Company                          | Name of last supervisor | Hrs/week        |
| Address                          | Start Date              | Starting Salary |
| City, State, and Zip Code        | End Date                | Final Salary    |
| Phone number                     | Your last job title     |                 |
| Reason for leaving (be specific) |                         |                 |
|                                  |                         |                 |

## Work Experience (continued)

|         |                         |                 |
|---------|-------------------------|-----------------|
| Company | Name of last supervisor | Hrs/week        |
| Address | Start Date              | Starting Salary |

|   |                     |              |
|---|---------------------|--------------|
| City, State, and Zip Code   | End Date            | Final Salary |
| Phone number  | Your last job title |              |
| Reason for leaving (be specific)  |                     |              |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  |                     |              |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |              |
| <b>References</b>   |                     |              |
| <i>Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.</i>   |                     |              |
| 1.  |                     |              |
| 2.  |                     |              |
| 3.  |                     |              |
| 4.  |                     |              |
| <i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.</i> |                     |              |
| Signature   |                     | Date         |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  |                     |              |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |              |

**Lessons for  
Living, Learning,  
and  
Working**



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**Lesson Plan Contents Page**

**Unit: 5 Self-Advocacy**

**Objective 5.5: *Students will recognize natural supports across environments.***

***STEP ONE: Pre-Planning/Pre-Activities:***

***STEP TWO: The Lesson Plan***

***Appendices & Additional Resources***

|   |  |  |
|---|--|--|
| Unit 5.5: <i>Students will recognize natural supports across environments.</i>  |  | Total Activities: 4  |
| <b>STEP ONE: Pre-Planning/Pre-Activities: Individualize these sections to make this section more meaningful for the intern.</b> |  |  |
| Lesson Plan Summary: The students will be able to recognize natural supports across environments.                               |  |  |
| <b>What you will need: Materials &amp; Resources</b>  |  |  |
| <b>Handouts:</b>  | Scenario Cards, Circle of Support  |  |
| <b>Technology:</b>  | Internet, AV Equipment, Student Chromebooks  |  |
| <b>Other materials needed for activities:</b>   | Pen, paper, student notebooks  |  |
| <b>How to Assess Understanding</b>  |  |  |
| <b>Knowledge</b><br>What will they <b>know</b> because of the lesson?   | <b>Skills</b><br>What will they be able to <b>do</b> because of the lesson?                    | <b>Check for Understanding / Evaluation</b><br>What will the Instructor ask/do to determine interns' level of understanding?<br>How can the intern <b>demonstrate their understanding?</b> |
| Glossary/Vocabulary<br>Be able to know the vocabulary presented   | Be able to use the vocabulary presented in a variety of settings                               | Check context of their vocabulary use to ensure their understanding through class discussions and other school environments  |
| Students will be able to identify natural supports.   | Students will be able to determine if they need natural supports and who to ask.               | Students will complete the Circle of Support identifying their natural supports.   |
| Students will be able to personalize natural supports.  | Students will be able to anticipate personalized natural supports in a variety of environments | Check the understanding of personalized natural support through the activities in this lesson.   |

### **STEP TWO: The Lesson Plan**

***Please customize these activities according to your school setting, its policies, vision, and core values. Please use and modify them based on the objective and the needs of your students.***



|   |   |
|---|---|
| <p><b>Glossary</b></p>  | <p>Ensure the students are familiar with glossary words connected with this lesson.</p> <p><b>Please incorporate any glossary terms utilized at your school that would enhance the lesson plan and make this objective more meaningful for the students.</b></p> <p><b>Glossary Terms</b></p> <ul style="list-style-type: none"> <li>● <b>Support:</b> to give assistance to. If you support someone or their ideas or goals, you agree with them, and perhaps help them because you want them to succeed.</li> <li>● <b>Natural:</b> not artificial, or man-made, existing in or formed by nature</li> <li>● <b>Supportive:</b> providing encouragement or help</li> </ul>   |
| <p><b>Introduction: Connect to Purpose</b></p> <p><b>VocFit Crosswalk: General</b><br/>Listens and pays attention</p> | <p>Intro:<br/>Teacher will initiate discussion about natural supports, by defining what natural supports are based on the glossary definition.</p> <p>“Natural Supports are sources of support or help that come from the people we interact with in a wide variety of settings and occur naturally. That is why they are called natural supports. They are the result of the connections we already have with people as well as the connections we can make with people.”</p> <p>“Natural supports are all around us. They can include giving someone a ride somewhere, listening, friendship, and helping someone solve a problem. To get a clearer idea of how natural supports work, let’s brainstorm a list of all the people in our families that help us all the time, and some of the ways they help us.”</p> <p>Ask a student to write the brainstormed list on the board. Once enough answers are generated, the teacher will reiterate that natural supports are all around us and sometimes occur so naturally we take them for granted and don’t recognize them as being supportive.</p> <p>The teacher will conclude with the following:<br/>“There are generally four broad areas in which natural supports occur:</p> <ul style="list-style-type: none"> <li>● Home</li> <li>● School</li> <li>● Community</li> <li>● Work.</li> </ul> <p>We will explore these areas and identify some situations in each of them where a person might need natural supports, who can provide them and how to ask.</p> |
| <p><b>Lesson Activities</b></p>   |   |
| <p><b>Activity 1:</b><br/><b>Circle of Support</b><br/><b>Time:</b> 30-45 minutes<br/><b>VocFit Crosswalk:</b></p>    | <p>Complete this <u>Circle of Support</u> (from InReach NC). (Appendix A)</p> <p>Who might be your natural supports? Circle of Support Model:</p>   |

**General:**  
 Listens and pays attention  
 Follows directions  
 Follows rules and regulations  
**Communication Skills:**  
 Communicate face-to-face with others  
 Speak clearly so that others can understand  
 Understand the speech of another person

Unit III: The Circle of Support Model



- 1) **First Circle: The Circle of INTIMACY** List the people who you cannot imagine living without
- 2) **Second Circle: The Circle of FRIENDSHIP** List those who are good friends (almost made it to the first circle)
- 3) **Third Circle: The Circle of PARTICIPATION** List people, organizations, clubs, networks, groups, etc. that you are involved with (Co-workers, church choir, craft club, neighborhood group, etc.)
- 4) **Fourth Circle: The Circle of EXCHANGE** List those that you pay to provide services in your life (Teachers, hair stylists, medical professionals, pet groomers, etc.) \*Note: People can be in more than one circle. For example, your hairstylist may also be a good friend.

Naturalsupports.pdf (InReachNC)

**Activity 2:**  
**Supports in Different Environments**  
**Time:** 30-45 minutes

**VocFit Crosswalk:**  
**General:**  
 Listens and pays attention  
 Follows directions  
 Follows rules and regulations  
**Cognitive Abilities**  
 Comprehend/read instructions  
 Be very exact/very

**Supports in Different Environments**

Students will work in pairs to identify supports they would need in each of the following settings and circumstances, and who could possibly help/or support them. Each group will be responsible for 1 area to brainstorm. The teacher should remind them to think about the things they might need help within each situation. The student task is to identify:

- **What are some supports they may need in each setting?**
- **Who could possibly help them?**

**School:** Today is your first day at a new school

**Work:** Today is your first day at your new job

**Home:** You are at home making cookies for the first time

**Community:** You are at the drugstore and have several things on your shopping list that you are not sure where to find.

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| <p>accurate<br/>Concentrate on a task without becoming distracted</p> <p><b>Communication Skills</b><br/>Communicate face-to-face with others<br/>Speak clearly so that others can understand<br/>Understand the speech of another person</p>  | <p>Allow Approx. 15-20 mins for this activity. Once the groups are done, have each group share their work.</p>  |
| <p><b>Activity 3: Support Role Plays</b><br/><b>Time:</b> 30 minutes</p> <p><b>VocFit Crosswalk:</b><br/><b>General</b><br/>Listens and pays attention<br/>Follows directions<br/>Follows rules and regulations</p> <p><b>Cognitive Abilities:</b><br/>Comprehend/read instructions<br/>Be very exact/very accurate<br/>Concentrate on a task without becoming distracted</p> <p><b>Communication Skills:</b><br/>Communicate face-to-face with others<br/>Speak clearly so that others can understand<br/>Understand the speech of another person</p> | <p>Teacher will explain that we do not always have to ask for natural supports. Sometimes people will provide them to us when they realize we need them. This is the nature of the relationships we as humans naturally form with one another. For example, if you are in a store and one of the store employees notices you standing around looking a little lost or confused, they may approach you and ask if you need help. This is an example of a natural support. You did not ask for it, but it is welcome. Conversely, sometimes we do have to ask for the supports that we need and knowing who we can ask, and how to ask for them is important.</p> <p>For this activity students work in the same groups they were in for activity #1. Using the same settings and circumstances they were assigned in Activity #1; students will work to create a role play that illustrates the information they came up with in Activity#1.</p> <p>The role play will illustrate <b>the specific natural support needed:</b> (a new employee at work might need help knowing where the break room is).</p> <ul style="list-style-type: none"> <li>• <b>Why it is needed:</b> (because he is new and does not know where it is).</li> <li>• <b>Who they could ask:</b> a coworker, or supervisor if available</li> <li>• <b>How they would ask them:</b> “Excuse me I am new here. Would please show me where the break room is?”</li> </ul> |

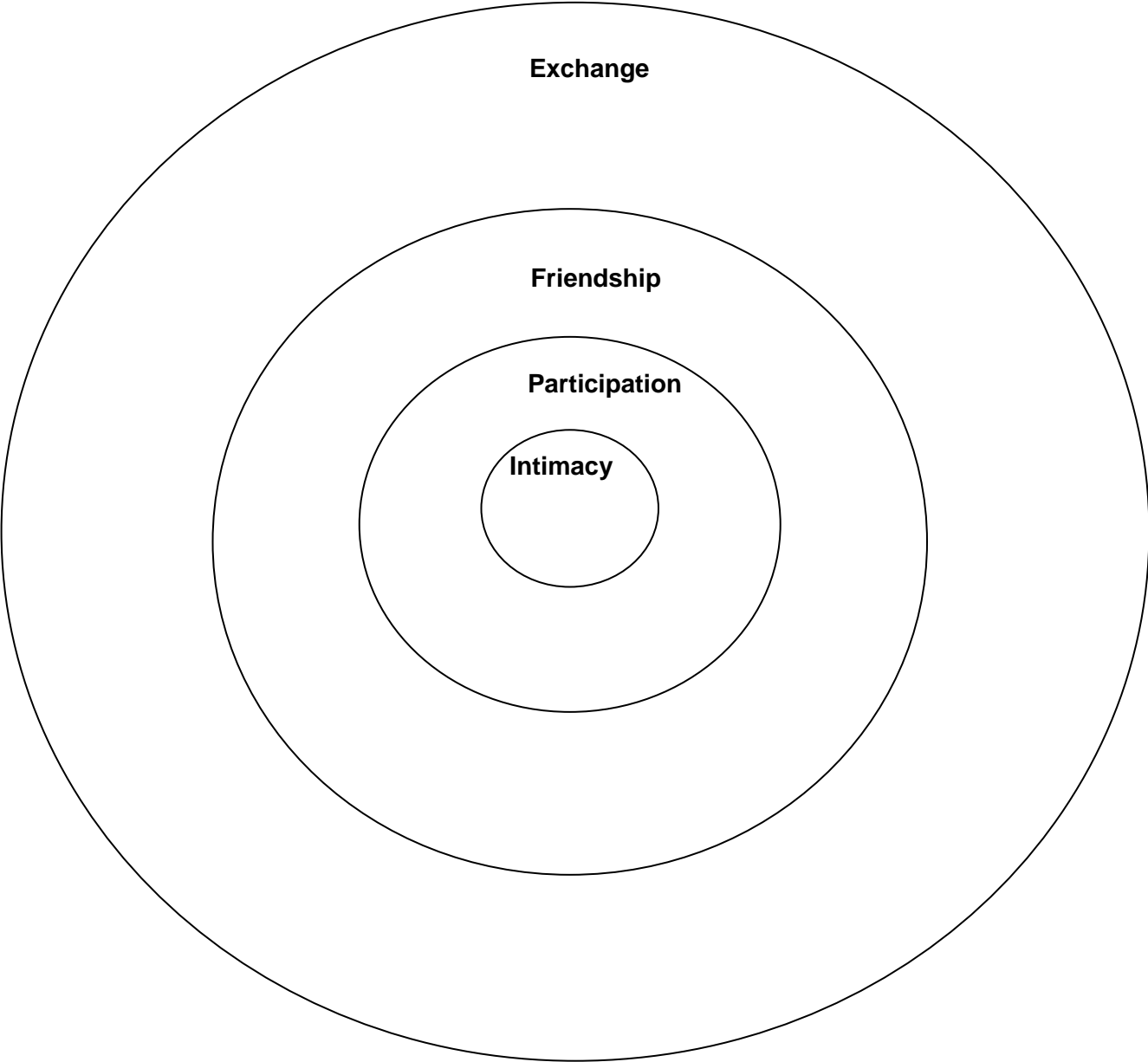
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| <p><b>Activity 4:</b><br/> <b>Support Scenarios</b><br/> <b>Time:</b> 30-45 minutes</p> <p><b>VocFit Crosswalk:</b><br/> <b>General:</b><br/> Listens and pays attention<br/> Follows directions<br/> Follows rules and regulations</p> <p><b>Cognitive Abilities:</b><br/> Comprehend/read instructions<br/> Be very exact/very accurate<br/> Concentrate on a task without becoming distracted</p> <p><b>Communication Skills:</b><br/> Communicate face-to-face with others<br/> Speak clearly so that others can understand<br/> Understand the speech of another person</p> | <p>In small groups, students will be given scenarios (<a href="#">Appendix B</a>) about people needing help or natural supports. Students will decide as a group who the person in the scenario can ask and how they should ask that person. This can also be done with the whole class as a short activity.</p> <p>Small groups will present their answers to the whole group at the end of the lesson.</p> <p>Blank <a href="#">scenario cards</a> have been included for students/staff to write their own scenarios.</p>  |
| <p><b>Activity 5:</b><br/> <b>Identifying Natural Supports</b><br/> <b>Time:</b> 30 – 45 minutes</p> <p><b>Voc Fit Crosswalk</b><br/> <b>Self-Determination:</b><br/> Identify and express own needs<br/> Make decisions independently<br/> Anticipate the thoughts actions of others</p> <p><b>Communication Skills:</b><br/> Communicate face-to-face with others</p>  | <p><b>Identifying Natural Supports</b></p> <p>Working individually each student will come up with a setting in which they currently or in the future might need natural supports. It can be a community, school, work or home setting.</p> <p>Students will:</p> <ul style="list-style-type: none"> <li>● Identify a setting of their choice</li> <li>● Identify at least 1 support they might need to help them</li> <li>● Identify who could help them</li> <li>● Describe what they would say or how they would ask</li> </ul> <p>Each student will report out to the class. Layer on technology to make the activity more interactive. Possible examples:</p> <ul style="list-style-type: none"> <li>● PowerPoint</li> <li>● Video of the student asking for help (might need to work in pairs for this)</li> </ul> |

| Extension Activities: Critical Thinking Questions and Evaluation Tools                    |  |
|---|--|
| <b>Extension Activities:<br/>Critical Thinking<br/>Questions and<br/>Evaluation Tools</b> | <ol style="list-style-type: none"> <li>1. <b>Knowledge / Remembering:</b> Create a matching worksheet with the definitions and examples of natural supports.</li> <li>2. <b>Comprehension / Understanding:</b> Create a Kahoot or Jeopardy game to determine understanding of concepts of natural supports.</li> <li>3. <b>Applying:</b> Have students recognize when other people need natural supports and identify what supports might help them. It could be a family member, friend or someone who supports them.</li> <li>4. <b>Analyzing:</b> Create a new circle of support for college, a worksite, an athletic team, etc.</li> <li>5. <b>Evaluating:</b> Create more scenarios and give a choice of two options for the students to answer. Ex. You are in the classroom, and you need help with a project. Your teacher is working with another student, who else could you ask?</li> <li>6. <b>Creating:</b> Design posters that recognize, thank or advertise different types of natural supports in school.</li> </ol> |

Lesson Plan modified from:

Wiggins, G. P., & McTighe, J. (2006). *Understanding by design* (Expand 2nd ed.). Upper Saddle River, N.J: Pearson Education, Inc.

**Appendix A: Circle of Support**



## Appendix B

### NATURAL SUPPORTS SCENARIOS

Janet has many chores at home, including feeding the dogs. One night there is not enough food. Who could help Janet?

Kayla works in an office, one of her jobs is to refill the copy machine with paper. One day Kayla cannot find the paper she needs. What should she do?

Ana's work study is in the cafeteria. Her job is to add the silverware to the plate. The line is moving too fast for her to keep up, what should she do?

Adrian gets to school and realizes he didn't bring lunch and doesn't have any money to pay for one. What should he do?



Stephan misses the bus to school. His cell phone got taken away last night because he spent too much time on TikTok. What should he do?

Joon is staying at a friend's house when he starts feeling sick to his stomach. What should he do?

**Make your Own Scenarios**

