

DISABILITIES THAT MIGHT AFFECT A STUDENT'S BEHAVIOR ON THE BUS

Disability Label	Federal Definition	What behaviors are common: Deductions from this information: (The resulting behaviors that manifest can not be controlled by the child and are in no way meant as a personal insult. Yelling at this child will not change the behavior.)	What it means on the bus	What can the bus personnel do?
<p>Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)</p>	<p>There is a long list of defining characteristics that would fill up a whole page now that the Diagnostic and Statistical Manual of Mental Disorders defines ADHD.</p> <p>What you need to know is that the criteria for ADHD and ADD are very specific and require that a child manifest in six or more specific behaviors. These are not just kids who do not want to behave- they have little control over the impulsive actions that occur.</p> <p>According to the CDC, the number of prescriptions written by medical doctors to treat ADHD has increased 500% since 1991.</p> <p>Also, important to note that the CDC says approximately 50% of children with ADHD also have learning disabilities.</p> <p>Another report from the National Institute of Mental Health states that approximately 50% of all children with</p>	<ul style="list-style-type: none"> • Inattention: <ul style="list-style-type: none"> • Doesn't seem to listen • Easily distracted • Has difficulty paying attention • Hyperactivity: <ul style="list-style-type: none"> • runs or climbs on things excessively • can't sit still and is fidgety • has difficulty staying in seat and bothers those seated near • seem to be electrically charged • Impulsivity: <ul style="list-style-type: none"> • often acts w/o thinking & then has remorse • shifts excessively needs a lot of supervision • doesn't wait turn climbing on bus • Emotional Instability: <ul style="list-style-type: none"> • angry outbursts • social loner • blames others for problems • fights with others quickly • very sensitive to criticism 	<p>The bus personnel may tell the child where to sit and the child hears it and forgets it before they get there.</p> <p>The child may throw their shoe across the aisle and not be able to tell you why they did it.</p> <p>The child may bounce up and down and seem to be liquid lava in their seat.</p> <p>The child may have an angry outburst if given a reprimand.</p>	<p>Use the "Incredible 5 Point Scale" http://www.5pointscale.com/ (It's for kids with autism- but I like it for children with bi-polar, ADHD, ODD, and asperger syndrome)</p> <p>Have written expectations:</p> <ul style="list-style-type: none"> (a) Be Safe <ul style="list-style-type: none"> a. Sit with your bumper on the seat b. Keep hands and feet to self (b) Be Respectful <ul style="list-style-type: none"> a. Use a six inch voice so you can hear the bus driver b. Keep backpack on lap so no one trips on it (c) Be Responsible <ul style="list-style-type: none"> a. Be at your stop on time in the morning. b. Pay attention for your stop in the afternoon. <p>A behavioral chart or something as simple as a loop of paper to make a chain for every day that these rules are followed will go a long way in helping the child to remember.</p> <p>Have some self-stimulatory activities available like Velcro on the seat cushion or bus wall- Koosh ball on backpack- etc.</p>

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	ADHD have Oppositional Defiant Disorder.			

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Autism	Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.	<ul style="list-style-type: none"> • Avoiding eye contact • Dislike of being touched • Dislike of certain sounds • Dislike of touching certain textures • Incontinence (urine & defecation) • Insistence on following a set pattern of behavior • Insistence on keeping objects in a certain, often intricate pattern • Preoccupied with parts (knob on window) • Repetitive behaviors (hand flapping, rocking, finger licking) • Rigid routines • Self-injurious behavior • Spinning objects • Temper tantrums 	<p>Routines are very important</p> <ul style="list-style-type: none"> • A different bus driver or route could be upsetting if there is no advance warning <p>Sensory issues are very important</p> <ul style="list-style-type: none"> • Too hot and the child could strip • Too cold and the child could scream • Too noisy and the child could have a tantrum and bite <p>If someone touches them</p> <ul style="list-style-type: none"> • They could have a tantrum • They could injure themselves <p>The long bus ride home with nothing to manipulate could:</p> <ul style="list-style-type: none"> • Mean they defecate or urinate in pull-ups • They tantrum out of boredom or too much incoming sensory stimulation 	<p>Work with the school:</p> <ul style="list-style-type: none"> • Have Picture Exchange Communication cards that show upcoming changes • PowerPoint relationship narratives can be very helpful <p>Have some self-stimulatory items available to reduce stress:</p> <ul style="list-style-type: none"> • Koosh balls on key chains attached to child's clothing or bus so they can't be thrown. • Put loop and hook tape (Velcro) in a spot where the child can rub it for sensory stimulation. • Battery operated fan with soft blades. • Seat the child near the front of the bus- but not right behind the driver. <ul style="list-style-type: none"> ○ This lets you monitor noise, smells, and other changes that might require intervention.

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Asperger Syndrome	Asperger syndrome is a pervasive developmental disorder that is characterized by the inability to understand how to interact socially. They may have limited interests, preoccupations with particular routines or rituals, speech and language peculiarities and non-verbal communication problems.	<ul style="list-style-type: none"> • Monotone voice output • Little eye contact • Not listening when others speak • Obsession of a particular topic of interest to them • Ritualistic behaviors- always tapping the top of three seats before sitting in the fourth • Language is above level of peers • Little or no empathy for others' suffering 	<p>Children with Asperger syndrome do not "read" facial cues such as a mad face.</p> <p>They take all language literally: If you say "freeze" they will say- Well, according to the weather channel it will freeze on November 23rd at 3:00 a.m. when the temperature drops to 32 degrees; which is 0 degrees Celsius.</p>	<p>Work with the school:</p> <ul style="list-style-type: none"> • PowerPoint relationship narratives are good tools to teach expected behavior on the bus. • Incredible 5 point scales are great for showing the student where they are on the emotional scale and where you are on the emotional scale. (The school should know how to get you a copy and teach you how to use this simple bookmark size tool.)
Communication Impairment	The capacity to use expressive and/or receptive language is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: speech, such as articulation and/or voice; conveying, understanding, or using spoken, written, or symbolic language. The term may include a student with impaired articulation, stuttering, language impairment, or voice impairment if such impairment adversely affects the student's educational performance.	<p>The child with communication disabilities may:</p> <ul style="list-style-type: none"> • Not make eye contact • Look off into space • Not respond when given a directive • Shake head "yes" and mean "no" • May tantrum due to inability to speak the words they are thinking <ul style="list-style-type: none"> ○ All behavior is communication- we have to decode the message 	<p>The child may not be able to vocalize that someone is bullying them on the bus.</p> <p>It may be too noisy on the bus for the child to use their assistive technology.</p>	<p>Work with the school for a list and picture of any students who may have this communication impairment so that it is not mistaken for insolence or disobedience.</p> <p>Understand that it may take a few minutes for a child to tell you what they are thinking.</p> <p>Seat the child directly behind the bus driver so you can hear their device and see if anyone is bothering them.</p>

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Developmental Delay	The learning capacity of a young child (3-9 years old) is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: receptive and/or expressive language; cognitive abilities; physical functioning; social, emotional, or adaptive functioning; and/or self-help skills.	<p>A child with developmental delay may:</p> <ul style="list-style-type: none"> • Be incapable of following directions • Have difficulty comprehending what you say • Have difficulty maneuvering in the aisle if crowded • Be unable to put seatbelt on if available • Be unable to tie their own shoes • Cry uncontrollably when unable to get their message across in words that you understand • Just stare at you when you tell them to do something 	<p>The child may need more processing time when hearing a spoken command.</p> <p>The child may not understand words spoken in anger- focusing only on the loudness of the words and not the actual words.</p> <p>Two and three step commands may be too much for the child to handle.</p>	<p>Work with the school:</p> <p>This child may show no outward signs of having a disability and therefore may seem to be disobedient when given verbal prompts. Make sure the school identifies the student and their needs.</p> <p>Speak clearly, slowly (not overly) and give one command prompt at a time.</p> <p>Example:</p> <ol style="list-style-type: none"> 1. Sit here 2. Put your backpack on your lap 3. Keep your hands and feet to yourself <p>Give time between each prompt to have the child comply.</p>

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Emotional Impairment Emotional Behavior Disorders/ Disabilities Oppositional Defiant Disorder Severe Emotional Behavior Disorders/ Disabilities Conduct Disorder	Student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.	Behaviors may manifest as: <ul style="list-style-type: none"> • Cussing • Yelling • Taking eye contact as confrontation • Hitting • Kicking • Punching • Flicking • Screaming • Spitting • Jumping up and down • "flying off the handle" Even if you compliment them: <ul style="list-style-type: none"> • They may react with the above behaviors. This stems from their low self-esteem. 	This child may take eye contact as "fighting words". The child may confuse their inability to have success with school and associate it with riding the bus and take aggressive action on the bus to avoid confronting academic problems. These students will not have any outward sign of having a disability and yet they are the ones that will need the utmost care in verbal prompting.	Work with the school: Use the one sentence intervention (www.loveandlogic.com) - This child has very low self-esteem. Use choices whenever possible: <ul style="list-style-type: none"> • Would you rather sit behind me in this seat or over in this seat? (Instead of saying, "Sit down and hold on.") Use enforceable statements: <ul style="list-style-type: none"> • "I'll be happy to drive the bus as soon as everyone is seated appropriately for safety." • Instead of saying, "I'm not driving this bus until Joe Fabuloso sits his carcass down."
Health Impairment Other Health Impaired	A chronic or acute health problem such that the physiological capacity to function is significantly limited or impaired and results in one or more of the following: limited strength, vitality or alertness including a heightened alertness to environmental stimuli resulting in limited alertness with respect to the educational environment.	This could manifest in these behaviors: <ul style="list-style-type: none"> • Depression • Anger • Resentment • Frailty • Physical Clumsiness • Vomiting • Inability to breathe • Sleepiness • Lethargy 	This could include: <ul style="list-style-type: none"> • Asthma • Diabetes • Epilepsy • Heart conditions • Hemophilia • HIV • Lead poisoning • Leukemia • Nephritis 	Work with the school: The child may need: <ul style="list-style-type: none"> • Inhaler (Asthma) • Injections (Diabetes) • Sugar (juice- special candy- etc.) • Epinephrine Pen (bee stings) A child with ADHD might need to sit on a special cushion that provides more pro-prioceptive input or they might need some Velcro on the seat to rub

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		<ul style="list-style-type: none"> • Seizures • Bloating • Encopresis • Incontinence 	<ul style="list-style-type: none"> • Rheumatic fever • Severe Allergies • Sickle cell anemia 	for self-stimulation to assist with calming activities.
Intellectual Impairment	The permanent capacity for performing cognitive tasks, functions, or problem solving is significantly limited or impaired and is exhibited by more than one of the following: a slower rate of learning; disorganized patterns of learning; difficulty with adaptive behavior; and/or difficulty understanding abstract concepts.	Behaviors may include what would be perceived as: <ul style="list-style-type: none"> • Immaturity • Obsessive compulsive behaviors • Non response to verbal prompts • Non response to non-verbal prompts Inability to articulate thoughts may come out as: <ul style="list-style-type: none"> • Tantrums • Crying • Pointing and crying/screaming • Frustration behaviors 	May not understand simple directions. May need more time to process verbal prompts.	Work with the school: Place the child's picture on the window of the seat where they should sit. (They may not recognize their name) Use PowerPoint Relationship Narratives about what the expected behaviors are: <ul style="list-style-type: none"> • Keep your bottom on the seat • Keep hands and feet to self • Put backpack in box at front of bus • Talk softly
Intellectually Disabled or Intellectual Disabilities				
Mental Retardation (Non-preferred term)				
Neurological Impairment Traumatic Brain Injury TBI	The capacity of the nervous system is limited or impaired with difficulties exhibited in one or more of the following areas: the use of memory, the control and use of cognitive functioning, sensory and motor skills, speech, language, organizational skills, information processing, affect, social skills, or basic life functions. The term includes students who have received a traumatic brain injury.	Certain areas of the brain, such as the frontal and temporal lobes, monitor and direct behaviors. When these areas are damaged, a child may have difficulty controlling temper, actions and feelings. Common changes in behaviors after brain injury include restlessness, hitting, swearing, impulsiveness and difficulty following directions.	These students may not remember the rules from day one to day two. May have meltdowns if things don't go as expected - for instance if the bus has to stop for a train or an accident, the child may have a tantrum.	Work with the school to help develop a: <ul style="list-style-type: none"> • Picture schedule of what's expected and the order that it's expected will help • A tape recording of calming exercises to help with the stress of riding on the bus. <ul style="list-style-type: none"> ○ Breathe in-2-3-4 ○ Breathe out-2-3-4 ○ Think happy thoughts-2-3-4 ○ Breathe out 2-3-4

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		<p>Many children and adolescents remember how they were before their brain injury. This also can result in emotional reactions that contribute to changes in behaviors as they struggle to gain a new sense of self.</p>		
Physical Impairment Cerebral Palsy Physical Disabilities Muscular dystrophy	<p>The physical capacity to move, coordinate actions, or perform physical activities is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.</p>	<p>Behaviors that may manifest from physical disabilities:</p> <ul style="list-style-type: none"> • Encopresis • Incontinence • Stiff muscles from being in the same position for too long (60 minutes is the top limit) • Crying from pain <p>Extreme changes in temperature can cause behaviors such as:</p> <ul style="list-style-type: none"> • Heat <ul style="list-style-type: none"> ○ Prosthesis may become sweaty and itchy • Cold <ul style="list-style-type: none"> ○ Inability to cover themselves when cold may cause behaviors. <p>May not be able to bend over and pick up items that fall on floor.</p> <p>May need more time to get off and on bus.</p>	<p>This may include cerebral palsy, muscular dystrophy, juvenile rheumatoid arthritis, and similar.</p> <p>Hypertonic muscles- appear stiff and rigid (also called spastic)</p> <p>Hypotonic muscles- chronically overstretched and weak (also called decreased muscle tone)</p>	<p>Work with the school:</p> <ul style="list-style-type: none"> • Make sure they take the child out of their wheelchair and stretch them before they get on the bus <ul style="list-style-type: none"> ○ If a child is in a wheelchair, we typically take them out for a stretch every hour. If they were taken out at 2 p.m. and then get on the bus at 2:45 and have an hour long ride home, they could be in extreme pain by the time they reach their destination.

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Sensory Impairment	<ol style="list-style-type: none"> 1. Hearing - The capacity to hear, with amplification, is limited, impaired, or absent. 2. Vision - The capacity to see, after correction, is limited, impaired, or absent. 3. Deaf-Blind - Concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational needs. 	<p>Behaviors may manifest as:</p> <ul style="list-style-type: none"> • Tantrums <ul style="list-style-type: none"> ○ Due to inability to communicate and be understood • Children who are deaf: <ul style="list-style-type: none"> ○ Children may put their hands over their eyes when you are trying to sign to them. ○ This could be because they don't like what you are saying; or it may be because you are signing and it isn't making sense. • Children who are blind: <ul style="list-style-type: none"> ○ May lie down flat on surface and refuse to move 	<p>The child will be using sign language or assistive technology to communicate if unable to communicate. The child may have a cochlear implant. This device can not get wet and should avoid static electricity.</p> <p>The child may be using a cane to maneuver on the bus or a visual companion either in human or canine form. The cane may fold up or be a solid piece of plastic, metal, or wood. In the case of a young child, there may be a tennis ball on the end to avoid accidental poking.</p>	<ol style="list-style-type: none"> 1. Ask the school to print off sign language cards for words like: <ol style="list-style-type: none"> a. Please sit down here. b. Thank you c. Here is your stop 2. This child may need assistance getting up the steps. It will be important to not have a child behind or in front of this child as then ascend into the bus. Sit the child by a responsible student who could help in the case of a bus emergency. Have a discussion about what that means. 3. This child would benefit from having a tactile map of the bus layout and possibly a tactile map of the route so they can follow along. They at least need something in their lap that can help them pass the time.

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		<ul style="list-style-type: none"> ○ This could be because it feels like the safest place. 	This child may be using a cane and a hearing device. They may be using sign language or an auditory output device.	
Specific Learning Disability	This is a general term meaning a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.	<p>According to the Center for Disease Control at least 50% of all children with ADHD have learning disabilities as well.</p> <p>It may appear that this child is not complying with commands and it is possible that the child has to process the language and put it in the right file in their brain before they can respond.</p> <ul style="list-style-type: none"> • If this child is around an adult who repeats instructions before they have time to process, it will disrupt the first filing system they had going and they will take even longer for the child to respond to the original request. 	<p>This child may have difficulty expressing to the bus driver a problem or issue they are having.</p> <p>This child may not listen or may remember things in a different order than they were told.</p>	<p>This child should be seated near the front of the bus. This will help them cue into the visual surroundings so they don't miss their bus stop.</p> <p>Extra time may be needed for the child to process verbal prompts.</p> <ul style="list-style-type: none"> • Only give the direction once • Determine the amount of wait time before the student responds and make a mental note of this time. <ul style="list-style-type: none"> ○ Share with others who work with the child.

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		<ul style="list-style-type: none"> Frequently adults over talk and cause behaviors to erupt because the thought processes get over stimulated to the point of frustration. 		