



PSIA-E / AASI - Season 2009/2010

The Goals and Challenges of Inclusion: Managing the Mainstreamed Student

Traditionally, students with special needs have been segregated from other students within our educational system and have turned to our adaptive programs for ski and snowboard instruction. However, current educational trends demonstrate that including students with special needs within mainstream classrooms may have a positive influence on learning. Due to an increase of the number of children diagnosed with special needs particularly autism spectrum disorders, many parents are registering their children into snowsports schools for regular group lessons. **The educational inclusion model impacts our ski and snowboard schools by often having a student with special needs in a ski or snowboard group lesson without disclosure of the student's diagnosis. Success in this lesson scenario is determined by the ability of snow sport professionals to integrate special instructional methodology within the total group lesson. Just how this will unfold depends upon many factors.**

The dilemma for snow sport schools is when parents place children with special needs in "regular" ski or snowboard group lessons. The parent may or may not disclose that the child has special needs with the expectation that your schools are able to include the student in the lesson successfully. This situation can create a problem for the unsuspecting instructor – the special needs student's behavior may create challenges for the lesson. If this happens, not only may the identified child fail but the other class participants and the instructor may leave with a negative experience.

The philosophy of inclusion of students with special needs within regular classrooms is accepted widely within the American educational system. Therefore, many parents have expectations that their child will be successful within a snow sport lesson.

In order to prepare your snow sport pros with the tools needed to be successful, the Adaptive Board of Educators (ABOE) is offering a one-day consultation event for instructors, supervisors and trainers. This consult session will assist attendees on how to address the needs and teaching techniques for a class that may include a student with special needs.

Session Objectives

- To introduce the concept of traditional inclusive education and mainstreaming
- To identify and describe the types of disabilities an instructor may encounter
- To explore the types of behaviors that may be exhibited by a student with a special need and how to appropriately manage them
- To offer guidance for Snowsports school management policy ; how to develop guidelines to address individuals or parents who expect inclusionary group lessons
- To offer techniques for including students with special needs in the lesson and be able to adapt curricula and instructional methods.

Course Description: Length of program: one day - 9am – 4pm

Ideal number of participants per session: 8 – 10

Some important notes about Mainstreaming clinics:

- These one-day sessions do not fulfill PSIA-E/AASI member continuing education credit requirements.

- **Participants can ski or ride. Our clinicians can address a group with both disciplines in attendance!**

- Pricing for these clinics is based on the 09-10 PSIA-E Consulting Services program. An estimate will be provided to you for approval prior to confirmation.

To request a Managing the Mainstreamed Student Clinic at your resort please complete the **Request Form for Consulting or 1-Day Clinic Services** and fax it to the PSIA-E office at 518-452-6099, attention Eileen Carr.

For further information, please contact Eileen at 518-452-6095 x 111 or ecarr@psia-e.org

REQUEST FORM for CONSULTING or 1-DAY Clinic Services



Mail completed form to:
Eileen Carr
PSIA-E/AASI
1-A Lincoln Ave.
Albany, NY 12205-4900

Or, Fax completed form to:
(518) 452-6099

Questions?
(518) 452-6095 X111



Type of Event (Circle One):

SPARK-Kids Clinic - \$250
 (On-Snow/1-Day/2 clinic groups, 1grp-AM and 1grp-PM)

AASI "Droppin In" Clinic - \$300
 (On-Snow/1-Day/2 clinic groups, 1grp-AM and 1grp-PM)

OR

Safe Coaching in Freestyle Venues*
 (On-Snow/1-Day/1 full-day clinic group)

Managing the Mainstreamed Student*
 (On-Snow/1-Day/1 full-day clinic group)

Other Consulting Topic*
 (Tailored to your specific needs)

* A cost estimate will be provided for engagements other than SPARK or AASI fixed price offerings. Your engagement will be confirmed after your approval of the estimate.

Requesting Snowsports School: _____ Today's Date: _____

Person Requesting Event _____
Name Title

Business Phone _____ Home or Cell Phone _____ E-mail _____

Alternative Contact/Administrator _____
Name Business Phone E-mail

Billing Details for invoicing _____
ATTN: Address Details – Resort Name, Number, Street/Road

City State Zip

Consulting Dates Requested _____
(Please provide days of week and dates ie Mon/Tues, Dec 18/19)
First Choice Second Choice

Number of Groups and therefore # of participants anticipated*: _____
of groups estimated # of total participants

*We firmly suggest group size for On-Snow Consulting engagements be limited to 10 per clinic group

If Other Consulting Topic – Tailored to your specific needs, please provide us with some details:

Which Discipline: Alpine Snowboard Adaptive Nordic T/S Nordic Downhill

Content/Topic Requested:
 (e.g. Exam Prep, Skiing/Riding Improvement, Teaching & Professional Knowledge or other)

Type of Event/Location (Circle One): On Snow Off Snow Both ___

Time of Day: _____

Will your resort be able to provide and cover the cost of lodging (or discounted lodging) for clinician(s): Yes No
 If yes, please provide coordinator with lodging details below:

Will your resort be able to provide and cover the costs of meals (or discounted meals) for clinician(s): Yes No
 If yes, please provide coordinator with meal details below:

Other Important Information and Special Requests: _____

For Office Use Only:

Date Request Received: _____ Date Confirmed: _____

Assigned Staff

Consultant(s) (Name/confirmation check): _____

Invoice #: _____ Date of Invoice: _____ Date Payment Received: _____