

# **The Contribution of Adult Leaders with Disabilities to the Boy Scouts of America**

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*Ralph G. Booher III  
Unit Commissioner  
Assistant Scoutmaster Troop 3  
Ocanosta District  
Sequoyah Council (713)  
Boy Scouts of America*

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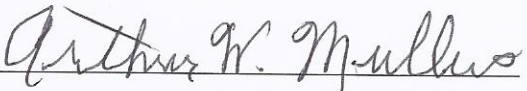
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**Dr. Arthur Mullins, Advisor**

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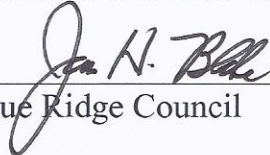
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I am submitting a Dissertation written by Ralph Booher III, entitled "**The Contribution of Adult Leaders with Disabilities to the Boy Scouts of America**". I have examined the final copy of this report for format and content and recommend that it be accepted in partial fulfillment of the requirements for the Degree of Doctor of Commissioner Science.



Dr. Arthur W. Mullins

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## ABSTRACT

This dissertation is written as an informational guide to assist both Ocanosta District and Sequoyah Council in how to best utilize adults with disabilities in various leadership roles. The information is organized into areas of disabilities and how these disabilities can serve as learning opportunities for scouts of all ages. It includes is a section on the Americans With Disabilities Act (ADA). This dissertation does not cover the huge amount of materials available on each of the areas. Instead it is designed to provide ways that adults might be best utilized in any scout program.

I was born with collapsed lungs and brain anoxia, as a result I am unable to read and write. I had a great deal of difficulty in school. I was in Special Education Classes, on the Special Olympics teams, and graduated with a Special Educations Diploma. I have a visual disorder called Keratoconus which prevents me from doing many different things like driving. But even with these problems I have been able to adapt to my situation and help others. That is what I want to do with this paper.

Now at age 33, I have been able to give back to others from my experiences, courage, and determination the opportunity for them to be as successful as I have been.

## ACKNOWLEDGEMENTS

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Their love will always last forever.

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## CHAPTER 1

### INTRODUCTION

Each year many highly qualified individuals make applications to become trained leaders in the Boy Scouts of America. Yet each year many more qualified and talented individuals do not apply because of some type of disability. Also, each year hundreds of Boy Scout leaders discover they have some type of disability. This document addresses some of the most common disabilities that adults are faced with in their lifetime. It attempts to offer suggestions as to how these individuals may be used as resources to units of all types.

The Boy Scouts of America have long accepted youths with disabilities. This is very apparent because in 1923 the Scouting program created a special award for Scouts with disabilities and in 2007 the revised manual *Scouting for Youth with Disabilities Manual* was published. One of the most important points about the manual is a section that discusses things to think about when you have a disabled Scout. The same things apply to a disabled adult. So I have listed them below.

1. Talk directly to the disabled Scout. Don't talk to others about him or other Scouts in front of him or behind his back.
2. Assume the disabled Scout is capable of doing things.
3. Realize the disabled Scout has the same needs as others—to be accepted and to feel a part of the group—to have true friends.
4. Help the disabled Scout when help is wanted. Offer to help, but if turned down do not take it personally, and be glad he wants to do things himself.

5. When help is wanted, do not over help or try to do everything for him. Let him do as much as he can on his own.

6. Understand some disabled Scouts may take what you say literally. They don't understand when you are "just joking."

7. It is OK to get frustrated about things not going as they should. Do not make things worse by acting out yourself. Calm down and go talk to the leader about how to handle the situation. If the problem is with the disabled Scout, include the disabled Scout in the conversation and let him also help find the solution" ( Boy Scouts of America, 15).

These points are sound advice for all individuals who work with someone that has any type of disability. The small difference is that adults may be better able to address the reasons for their circumstances and to use the questions of younger individuals as a teaching moment. Boy Scouts of America have also recognized the importance of working with all individuals with disabilities. They have the Disabilities Awareness Merit Badge which is designed to make scouts more familiar with individuals with different abilities.

## CHAPTER 2

### AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act of 1990 considers an individual to have a “disability” if s/he has:

- “a physical or mental impairment that substantially limits one or more major life activities – seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, and working.
- a record of such an impairment, or
- is regarded as having impairment” (Americas with Disabilities Act of 1990).

The ADA states that there should be reasonable accommodation. It is defined as “any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities” (ADA).

Another very important term in the ADA is what does “readily achievable” mean? It means “easily accomplishable and able to be carried out without much difficulty or expense” (ADA). This basically means that all Scouting programs should consider how to best meet the needs of both youth and adults. When new construction is part of an improvement plan for a Scout camp that any new construction would have to meet the ADA code for new facilities. However existing facilities may be improved upon by adding hand rails, ramps, or electrical outlets to recharge batteries, or for some types of electrical equipment.



## CHAPTER 3

### PHYSICAL DISABILITIES

There is a wide range of physical disabilities and I am selecting the ones that can be found most frequently in the Scouting world. Humans may have one of their senses that do not work; however often the other senses will compensate and become keener. For the purpose of this paper I will address them under three sub groups. They are vision, speech and hearing, and mobility.

#### **Vision**

As adults age, sight is one of the things that frequently change. Young Scouts rarely think about a person who wears glasses, even if they do not know the reason for them. One of the most common of the aging-sight-related problems is cataracts. A cataract is the clouding of the normally clear lens of the eye. It is generally located near the front of the eye, and it does not allow the lens to send light to the retina at the back of the eye (Health Encyclopedia). In today's medical environment cataracts are often removed without serious complications. Other sight-related problems, such as birth-related sight problems, accidental sight-related problems, or medical related problems have their own issues. A sight-related problem that I have personal experience with is Keratoconus. Keratoconus is a medical degenerative disorder of the eye. It results in structural changes to the cornea by causing it to develop a more conical shape and ultimately blindness if left untreated (National Keratoconus Foundation). Between 10% and 25% of individuals with this disease may progress to the point that a Corneal transplant is the only possible solution ("Keratoconus.").

One of the obvious problems that need to be addressed is the transporting of Scouts on their many activities. If a leader is not able to drive because of a sight-related issue that does not mean that they cannot help. By being a part of the two-deep leadership in a vehicle, an adult is serving a very important role. Scouters with more permanent sight problems can teach skills to Scouts without a sight problem. By using games requiring a blindfold, Scouters can help Scouts to experience how important the other senses become (Boy Scouts of America, 81). A Scouter, who already has had to learn to use touch and hearing, may be able to show how he has adapted to a world where most people can see. Another way that a leader might be utilized is to relate the use of Braille to other types of communication. The possibilities are limitless as to the way that persons with limited sight may be active and informative members of a unit. A blind Scouter can teach a sighted Scout many other useful tools. Most of these skills center on using the senses that have not been a problem. Sound is one such skill. Teaching how to distinguish the location of a sound is a skill which helps both sighted as well as blind individuals. Quite often a greater understanding develops between a sighted person and a blind person. Just because someone cannot see does not mean that the Scouter is physically unfit. The skills needed to pitch a tent or pack his own gear can be transferred to other areas of life. There has been a blind thru hiker who completed the Appalachian Trail. One of the core values of the BSA is duty to self and another is duty to others.

### **Speech and Hearing**

The inability to communicate provides a wide range of complicated issues. Hearing and speech often go hand in hand. Just as with sight, these problems can be related to birth

defects or medical conditions (Mixed Hearing Loss). Some of the possible causes of Conductive hearing loss is the result of sound not traveling to the ear canal and that can be corrected by surgery. Things like ear infections allergies, impacted ear wax and Swimmers' Ear are common causes for such losses (Conductive Hearing Loss). A more serious type of hearing loss is sensorineural hearing loose which is the result of damage to the inner ear or the nerve pathways of the ear. This may be the result of getting old, exposure to very loud noise, or illnesses (Sensorineural Hearing Loss).

At the forefront of Scouting is the concern for safety. For example, not being able to hear the word "stop" or to even speak it can put a person in serious danger. The issue of orientation (balance) is also a common problem for an individual with a hearing loss, because the two systems are controlled together in humans (Boy Scouts of America, 69). A person who uses sign language is communicating but if you do not understand what is being signed, then the chances are good that you will not react appropriately.

Scouters can bridge the communication gap by teaching sign language or other forms of communication. Scouts and Scouters that become proficient in sign language can earn the Interpreter Strip. In some Scouting activities, other forms of communication are used such as a whistle, a raised paddle, trail signs, a finger to the lips, and more. Also sign language can be an effective way to communicate quietly in the woods when animal or bird watching. A Scouter with a communications disability is a great resource to explain how they communicate (Conductive Hearing Loss). More importantly just because someone cannot communicate does not mean that they are not smart; it just means they do things differently.



## **Physical Disabilities**

The phrase physical disability is a very broad term. They can range from disorders like cerebral problems to disorders like limb deformities or loss. These physical disabilities are not of the contagious type. Scout-age boys may have such physical disabilities as Progressive Muscular Atrophy, Muscular Dystrophy, Downs Syndrome, or Spinal Bifida; however, these conditions are not common in adults. While limb deformities at birth are rare they do happen. More common in youth are injuries from some type of fall or physical activity. They tend to be temporary and the Scout will be back to regular activity in a relatively short time (Boy Scouts of America, 89).

Adults tend to have more heart, diabetes and neurological problems as they age. Adults may have Acquired Cerebral Palsy as a result of some type of head injury. Typically this disability is the result of a car crash or some type or serious fall (Boy Scouts of America, 87). Adults with the loss of a limb usually have them as the result of diabetes or serious accident. The loss of a limb is serious and can make mobility difficult, but again someone with such a situation can still offer Scouts their wide area of expertise.

The most obvious thing that a Scouter can provide is knowledge. Teaching a Scout how to prevent the limb loss is at the top of the list. BSA is very concerned with safety. If an adult has lost a limb because of an accident then experience is a great teacher. Sometime just seeing what can happen and hearing why it happened can prevent a Scout from doing the same thing such as using a table saw. We all make mistakes but it is important for the Scouter to be the spokesperson for safety and the importance of how quickly bad things can happen. People with adaptive equipment consider it an extension of their bodies. This



means that the Scouter needs to accommodate Scouts by never moving the equipment out of reach of the Scout. Games using wheelchairs and crutches can be useful experiences for Scouts. An individual with a prosthetic limb might even be willing to show how it works and what types of prosthesis are available. This would help Scouts understand and maybe they would not stare at someone with such a limb in the future. Also, when a Scout can ask questions they can develop a greater bond with the Scouter (Connecting the Disabilities Community to Information and Opportunities).

## CHAPTER 4

### HEALTH DISABILITIES

Both the internet and medical journals indicate that there are many different types of health related disabilities. I will cover the ones that are the most commonly found in adults. These are the ones that I have seen in Scouters.

#### **Multiple Sclerosis**

Multiple sclerosis is a disease that attacks the central nervous system. It is thought to be an autoimmune disease which attacks myelin. Myelin is the fatty substance that surrounds and protects the nerve fibers (National Multiple Sclerosis Society). Typically MS takes four different courses and each can have its own level of severity. It is unpredictable and different people experience very different symptoms. Most people with MS will have a normal or near-normal life expectancy which makes such people very good resources in a scouting unit. One way a Scouter might be used is as a Committee Chairman or Committee Member. Another ways to use a Scouter with MS is to have him be the Chartered Organization Representative. These positions are very important to any unit and while they are not necessarily working with Scouts directly they make the program possible for Scouts. Just as with all disabilities Scouters have a great deal to offer Scouts they understand the core value of scouting which is duty to others. Most Scouters have been employed in some field and their expertise in their area can be helpful as a Merit Badge Counselor.

#### **Heart**

A more common problem in adults is related to the heart. This is referred to as coronary heart disease or cardiovascular disease. Young Scouts may have congenital heart

defects, diabetes, or a wide range of cardiovascular conditions. Other problems can include arrhythmia and heart valve problems. It is the heart that distributes life giving blood to all parts of the body. For this reason it is an area where adults can provide a lot of great training. The BSA has long held that first aid is important. So teaching about how to help someone with a heart-related problem is one of the core values of scouting. A Scout is helpful. A Scouter can discuss such issues as cardiac arrest, high blood pressure, heart attack, stroke, and high cholesterol. This knowledge can be a win-win situation for both the scout and the Scouter. If a Scout recognizes the signs and symptoms of a heart issue the chances are much improved for the victim. It is important to get the victim to medical help as soon as possible. A stroke is the fourth leading cause of death yet many risk factors are preventable. Even when a Scouter is leading by example, heart issues can still happen. Understanding the importance of living healthy at a young age can have a huge impact on issues at a later life ("Coronary Artery Disease").

One way a Scouter can teach about heart issues is to have a period of physical activity at each meeting. Just getting out and about promotes good health. Another way is to have demonstrations of good first aid techniques, such as CPR and AED training. A Scouter can arrange training with the Red Cross or the American Heart Association.

### **Cancer**

Cancer is the uncontrolled growth of abnormal cells in the body. Cancer seems to appear when the growth of cells in the body is out of control (A.D.A.M. Editorial Board). There are many different types of cancer and even though we know what some of the causes



of cancer are, there are many more that we do not know about. The most common types of cancer in men are prostate cancer, lung cancer, and colon cancer.

Generally there are four ways of treating the disease: surgery, radiation, chemotherapy or a combination of them. Being diagnosed with any type of cancer is very difficult to cope with and it does not matter if it is a youth or an adult. Fear is the most common reaction to the diagnosis. For this reason it is very important to have a caring base of support. Some of the common symptoms associated with the disease are fatigue, loss of appetite, and fever or chills. Young Scouts are often more accepting of their condition than Scouters. The reason for this is because they have not developed emotionally nor do they have the knowledge of the seriousness of the disease. It can also be a very educational and emotional maturing experience for a Scout to see an adult through the treatment process of cancer, even to the point of death.

### **Diabetes**

“Diabetes is the least disabling of the diseases for which there is no cure” (Boy Scouts of America, 91). The best approach is to be sure that the Scouter knows his/her own medical needs and informs someone else of the medical condition. All Scouters need to have a clear understanding of the seriousness of diabetes and what needs to be done to help someone with this disease.

Adults with similar disabilities as scouts tend to be able to help Scouts with their own issues. At the same time just because a person has a disability does not make him/her an expert on that particular type of physical disability (Boy Scouts of America, 95).



## CHAPTER 5

### LEARNING DISABILITIES

People with cognitive or development disabilities may learn at a slower pace and have a difficult time using their knowledge (Boy Scouts of America, 49). Many Scouts today have been diagnosed with ADD or ADHD (Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder); others have mental development delays.

#### **Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder**

Sitting still, being easily distracted, or focusing on a single task are conditions of ADD/ADHD that make it more of a challenge for Scouts to complete a task. Today five out of one hundred children have been diagnosed with this condition (Intellectual Disability). Many Scouts are also on medication for this condition. As a result it is another issue that Scouters must work with. ADD/ADHD was originally thought to be a childhood condition which they grew out of as they matured. Today many studies have proven that adults have the same condition (Intellectual Disability). A good example is when it takes an adult nearly twice as long to do a task that others are able to accomplish. However, the outcome is just as good as the person who does the task in half the time.

Scouters can use some very good techniques with scouts with ADD/ADHD. They are natural consequences, posting rules, reward programs, graphic organizers and even time out. Scouts often do not hear the complete set of directions so breaking down the task into smaller parts is also a good strategy. Scouters with ADD/ADHD know the same frustrations as Scouts and can offer a wide range of techniques that have worked for them.

## **Intellectual and Developmental Disabilities**

According to the American Association on Intellectual and Developmental Disabilities the term “mental retardation” is a term used to refer to someone under the age of 18. It is characterized by significant limitations in intellectual functioning and adaptive behavior. By many advocates the term is often considered offensive but it does offer special protection in federal and state policy. Generally there are three characteristics. The first is having an IQ 70 – 75, or below. The second is having significant limitations in adaptive behavior. And the last is that the disability occurs before the age of 18. The common causes are genetic conditions, problems during pregnancy, problems at birth, or health problems. In school many students are placed in classes for students with special needs while others are placed in regular classrooms with instructional assistants. Success is one of the factors that is used to determine a student’s placement but studies indicated that students have better socialization skills if they have inclusion classes. Inclusion classes help both the student with the special need and the students with no accommodations to work together (Supporting Full Inclusion). When I was in school my parents had to fight for me to be in inclusion classes. I feel sure that if they had not pushed so hard I would not be as independent as I am today.

An organization that serves as an advocate for individuals with intellectual disabilities is The Arc of the United States. It states that “intelligence refers to general mental capability and involves the ability to reason, plan, solve problems ...” (Intellectual Disability). Sometimes intellectual disability is called developmental disability. As adults,

some people are able to lead independent lives and some are able to function very well with a minimum amount of paid support because of caring family members.

Scouters who have developmental disabilities still have much to offer. Most of the time they are very caring and kind and they are very task oriented. This makes a good connection point for working with younger Scouts. In their quest to be good leaders Scouters may also feel the same frustrations that Scouts feel. Setting clear guidelines by the Scouter also helps the Scout. Scouters should be understanding, patient, natural, and kind. Just because a Scout has a disability does not mean that he is sick nor does it mean that he does not have feelings.



## CHAPTER 6

### CONCLUSION

The core values of Scouting center on duty to God and Country, duty to others, and duty to self. It is important for Scouters to demonstrate all three. It is just as important for all members of a Scouting unit to recognize the needs of individuals with disabilities and to incorporate these core values. Self-esteem is something that both adults and youth alike need to have. It is important to be enthusiastic when working with a youth but it is also important for the youth to grow from the experience. Scouters can create a greater handicap for a youth with a disability by doing everything for the youth. The same things hold true for an adult leader with a disability. One of the most important concepts that all individuals with a disability want is independence which equals duty to self. A common misconception is that a disability is more serious than it really is. A disability in one area often creates a greater ability in another area.

Scouters with disabilities want and need the same amount of self-esteem that youth need. They may more fully appreciate the obstacles which are encountered with a disability and may more fully recognize the need for patience from a Scout with a disability, since they have had to encounter the issue themselves. Scouters with disabilities may also have more time to donate to Scouts with disabilities; however the “two deep” leadership should always be followed.

Scouting should always be fun, outdoor friendly, experience based and helpful. Boy Scouts of America recognizes that everyone has something to offer, duty to others. Using



adults with physical, mental, or health disabilities just enhances the program that much more and at the same time it does not allow discrimination.

I have learned a great deal while doing this paper. The first thing that I learned is it was very hard for me to say things the right way and for someone else to type it for me. I learned that there are a lot of different types of disabilities but that they can also be abilities when it comes to helping Scouts. I learned more about the most common disabilities that adults are faced with in their lifetime. Another thing that is important is the way the Americans with Disabilities Act defines a disability. I also learned that it does not do any good to get frustrated. It is best to talk out your problems first. I have tried very hard to complete this paper to the best of my ability not to my disability.

I feel that my paper can be used by my unit, district, and council in several ways. The first area is to encourage people to give of their talents to becoming Scouters no matter what type of personal disability they have. Next I hope to encourage the unit, district, and council to seek out and use individual Scouters as Merit Badge Counselor's. The last and most important way that this paper might be used is to help Scouts with disabilities to advance in rank and to enjoy the friendship, fellowship and fun of Scouting and to be comfortable working with Scouters who have disabilities.

### TRANSCRIBER'S NOTES

As I assisted Ralph in the process of completing this dissertation, it was important to me to preserve his voice in the project. Ralph cannot read or write, therefore, it was necessary to read to him every article used in his paper. In many cases I had to read and reread information many times as well as explain the contents in terms that he would comprehend. It was necessary that he dictate his thoughts to me. It was my task to record these ideas and keep him organized and on the subject.

This paper is not of the caliber one might see produced in a college class. If it was, then I haven't stayed true to my goal of this being his voice. I have tried to keep to the MLA format requested. This dissertation is as much Ralph's personal story as it is a guide for utilizing the often overlooked resource of Scouters with disabilities.

## WORKS CITED

- "ADA Home Page - Ada.gov - Information and Technical Assistance on the Americans with Disabilities Act." *ADA Home Page*. U. S. Department of Justice, Oct. 2011. Web. 02 Oct. 2011. <<http://www.ada.gov/>>.
- A.D.A.M. Editorial Board. "*Cancer Causes, Incidence, and Risk Factors*". U.S. National Library of Medicine, 18 Nov. 0000. Web. 02 Jan. 2012. <<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002267/>>.
- Boy Scouts of America. *Scouting for Youth with Disabilities Manual*. Web. Sept. 2011. <<http://scouting.org/filestore/pdf/34059.pdf>>.
- "Conductive Hearing Loss." *American Speech-Language-Hearing Association, Spring 1997*. Web. 12 Oct. 2011. <<http://www.asha.org/public/hearing/Conductive-Hearing-Loss/>>.
- "Connecting the Disabilities Community to Information and Opportunities." *Disability.Gov*. Web. 29 Jan. 2012.
- "Coronary Artery Disease - The ABCs of CAD." *bbwww.heart.org*. The Heart Organization, 2012. Web. 02 Jan. 2012. <[http://www.heart.org/HEARTORG/Conditions/More/MyHeartandStrokeNews/Coronary-Artery-Disease---The-ABCs-of-CAD\\_UCM\\_436416\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/More/MyHeartandStrokeNews/Coronary-Artery-Disease---The-ABCs-of-CAD_UCM_436416_Article.jsp)>.
- "Intellectual Disability." *The Arc*. The Arc of the United States, 2012. Web. 02 Jan. 2012. <<http://www.thearc.org/page.aspx?pid=2543-2545>>.
- "Keratoconus." *Wikipedia*. Wikimedia Foundation, 04 Jan. 2012. Web. 02 Mar. 2012. <<http://en.wikipedia.org/wiki/Keratoconus>>.
- "Mixed Hearing Loss." *American Speech-Language-Hearing Association, Spring 1997*. Web. 12 Oct. 2011. <<http://www.asha.org/public/hearing/Mixed-Hearing-Loss/>>.
- "National Keratoconus Foundation." *National Keratoconus Foundation*. Web. 02 Jan. 2012. <<http://www.nkcf.org/>>.
- "National Multiple Sclerosis Society." *What Is Multiple Sclerosis? : National MS Society*. National M S Society. Web. 10 Feb. 2012. <<http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/what-is-ms/index.aspx>>.



"Sensorineural Hearing Loss". *American-Speech-Language-Hearing Association*, Spring 1997. Web. 12 Oct. 2011. <<http://www.asha.org/public/hearing/Sensorineural-Hearing-Loss/>>.

"Supporting Full Inclusion." *The Arc*. The Arc of the United States, 2012. Web. 02 Jan. 2012. <<http://www.thearc.org/>>.