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Coach-Volunteer Orientation Handbook

Special Olympics
Indiana





***Special
Olympics***
Indiana

Coach / Volunteer Orientation Handbook

Special Olympics Indiana

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A. Special Olympics Mission, Philosophy, Oath, & Logo

Special Olympics Mission

The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes, and the community.

Official Logo



Special Olympics Philosophy

Special Olympics is founded on the belief that people with intellectual disabilities can, with proper instruction and encouragement, learn, enjoy, and benefit from participation in individual and team sports. These must be adapted only as necessary to meet the needs of those with mental and physical limitations.

Special Olympics believes that consistent training is indispensable to the development of an individual's sports skills. In addition, competition among those of equal abilities is the most appropriate means of testing these skills, measuring progress, and providing incentives for personal growth.

Special Olympics Athlete's Oath

"Let me win; but if I cannot win,
let me be brave in the attempt."

B. Benefits of Special Olympics

Participation in sports brings significant benefits to people with mental disabilities of all ages and abilities. The following benefits also reflect benefits of sports for everyone.

Physical:

Physical fitness along with increased coordination, cardiovascular fitness, and endurance. The Healthy Athletes program and STRIVE program also promote physical fitness.

Mental:

Knowledge of rules and strategy along with increased self-esteem, self-confidence, and pride. The Athlete Leadership Program is also a way in which athletes benefit from Special Olympics.

Social:

Teamwork, interaction with peers and people without intellectual disabilities, opportunity to travel and learn about other places and interests, family pride, and increased community awareness and acceptance.

Dr. Elisabeth Dykens and Dr. Donald Cohen have verified the above benefits in their study entitled "Effects of Special Olympics International on Social Competence in Persons with Mental Disabilities." In February 1996, this study went to press in the Journal of the American Academy of Child and Adolescent Psychiatry (Volume 35, Number 2).

C. Organizational Structure

Special Olympics Incorporated (SOI)

Founded by Eunice Kennedy Shriver, SOI is the international governing body of the Special Olympics Movement. SOI is based in Washington D.C. and provides the official Special Olympics rules and policies, as well as coordinating global initiatives and competitions.

Special Olympics Indiana (SO Indiana)

Based in Indianapolis, SO Indiana is accredited to conduct all aspects of the program in the state. In addition to conducting an annual schedule of competition events, the State Office manages fundraising, public relations, coaches training, volunteer registration, Area & County Programs, outreach and general administration.

Regional Managers

Regional Managers lead SO Indiana's efforts to increase participation and improve the athlete experience. Growth and quality improvement are accomplished by the development of new County Programs, cultivation and support of existing County Program efforts, and training volunteers who have the biggest impact on the athlete experience. Regional Managers oversee an accreditation process for County Programs that serve as the framework for development of annual plans customized by locality – but with focus on recruitment of new athletes and development of the capacity to support quality growth.

Area Programs

Ten geographic sub-divisions of Indiana consisting of seven (7) to 13 counties, Areas are responsible for conducting competitions and support of County Programs. Each Area is run by a committee of volunteers known as the Area Management Team. The Area Director and Area Competition Director oversee the Area Program, which includes regular coaches meetings, sectional competitions, and at least one bowling tournament and one track & field meet a year.

County Programs

County Programs have a committee of volunteers responsible for making a year-round program of sports training and competition available to all eligible athletes within its boundaries. Though usually consisting of one county, some county programs may consist of two (2) or three (3) counties in rural areas or a portion of a county in urban areas. The County Coordinator is the person appointed to oversee the operation of a SO Indiana program.

D. Eunice Kennedy Shriver, Founder of Special Olympics

As Executive Vice President of the Joseph P. Kennedy Jr. Foundation, and Founder of Special Olympics International, Eunice Kennedy Shriver continued to be a leader in the worldwide effort to improve and enhance the lives of individuals with intellectual disabilities for over three decades.

Born in Brookline, Massachusetts, the fifth of nine children of Joseph P. Kennedy and Rose Fitzgerald Kennedy, Eunice Kennedy received a Bachelor of Science degree in Sociology from Stanford University, Palo Alto, California.

Following graduation, Mrs. Shriver worked for the U.S. Department of State and held various positions in the field of Social Work. In 1957, Mrs. Shriver took over the direction of the Joseph P. Kennedy, Jr. Foundation, created for the benefit of citizens with intellectual disabilities. Under her leadership, the Foundation helped achieve significant advances in areas such as medical research and public education. Mrs. Shriver received international recognition for her work including the Presidential Medal of Freedom, the United States' highest civilian award.

In 1968, Mrs. Shriver created Special Olympics. Tim Shriver, her son, serves as the Chairman of the Board of Special Olympics headquarters.

In her opening address to the 4,000 athletes assembled at the Opening Ceremonies of the 1987 Special Olympics World Games in South Bend, Indiana, Mrs. Shriver captured the meaning of Special Olympics when she said:

"You are the stars and the world is watching you.

***By your presence you send a message to
every village,
every city,
every nation.***

***A message of hope.
A message of victory.***

***The right to play on any playing field?
You have earned it.***

***The right to study in any school?
You have earned it.***

***The right to hold a job?
You have earned it.***

***The right to be anyone's neighbor?
You have earned it."***

E. History

June 1963

Eunice Kennedy Shriver starts a summer day camp for children and adults with intellectual disabilities at her home in Maryland, revealing their capabilities in a variety of sports and physical activities.

19-20 July 1968

The First Special Olympics World Games are held in Chicago's Soldier Field where 1,000 individuals with intellectual disabilities from 26 states and Canada compete in track and field, swimming, and floor hockey.

December 1971

The International Olympic Committee gives Special Olympics official approval to use the name "Olympics," one of only two (2) organizations.

5-11 February 1977

The first Special Olympics Winter World Games are held in Steamboat Springs, Colorado. Two hundred eighty-five athletes, from 35 U.S. Programs and Canada participate in alpine and cross country skiing and figure skating.

August 1987

The Sixth World Summer Games are held at the University of Notre Dame. Most people in attendance still remember these Games as the best ever.

1-9 July 1995

The ninth Special Olympics World Summer Games are held in New Haven, Connecticut. Over 7,000 athletes from 143 countries participate in 21 sports.

July 1999

Raleigh-Durham, North Carolina hosts the largest World Games for Special Olympics with over 8,000 athletes.

April 2000

Sixty-eight athlete leaders from around the world meet in The Netherlands to convene the first Global Athlete Congress. Their purpose is to provide Special Olympics, Inc. with a vision of how the athletes see the program developing. Brian Glick of Indiana is the first chairperson for this group.

21-29 June 2003

7,000 Special Olympics athletes from 150 countries compete in 18 official sports and three exhibition sports in Dublin, Ireland. The event involved 3,000 coaches and officials, more than 30,000 volunteers, and 500,000 spectators!

26 February—March 5 2005

World Winter Games in Nagano, Japan marking the first time World Games are held in Asia. The Games drew more than 1,800 athletes from 84 countries, and thousands of families, volunteers, spectators and journalists from around the world.

2-7 July 2006

The first-ever USA Games are held in Ames, Iowa. Over 3,000 Special Olympics athletes from all fifty states compete in eight sports.

2-11 October 2007

Almost 7,500 Special Olympics athletes from around the world come together to compete in the world's largest sporting event a for 2007 in Shanghai, China. Special Olympics Indiana sent athletes in aquatics, athletics, golf, and powerlifting.

17-24 July 2010

The second-ever USA Games are held in Lincoln, Nebraska. Over 3,000 Special Olympics athletes from across the country compete in nine sports.

F. Special Olympics Means Sportsmanship

In perception and practice, sportsmanship is defined as those qualities that are characterized by generosity and genuine concern for others. The ideals of sportsmanship are often exemplified in Special Olympics.

Individuals, regardless of their role in activities, are expected to be aware of their influence on the behavior of others and model good sportsmanship.

Expectations of COACHES and COORDINATORS

- Always set a good example for participants and fans to follow.
- Instruct participants in proper sportsmanship responsibilities and demand that they make sportsmanship and ethics the No. 1 priority.
- Respect judgment of contest officials, abide by rules of the event and display no behavior that could incite fans.
- Treat opposing coaches, directors, participants and fans with respect.
- Shake hands with officials, opposing coach in public.
- Develop and enforce penalties for participants who do not abide by sportsmanship standards.

Expectations of ATHLETES and PARTNERS

- Treat teammates with respect.
- Treat opponents with respect: shake hands prior to and after contests.
- Respect judgment of contest officials, abide by rules of the contest and display no behavior that could incite fans.
- Cooperate with officials, coaches or directors and fellow participants to conduct a fair contest.
- Accept seriously the responsibility and privilege of representing Special Olympics.
- Live up to high standard of sportsmanship established by coach or director.

Expectations of PARENTS and OTHER FANS

- Realize that attendance is a privilege to observe a contest and support Special Olympics activity, not a license to verbally assault others or to be generally obnoxious.
- Respect decisions made by officials.
- Be an exemplary role model by positively supporting teams in every manner possible, including content of cheers and signs.

Ways to PROMOTE Sportsmanship

- Develop sportsmanship awards program and honor those individuals who exhibit outstanding sportsmanship, ethics and integrity.
- Hold pre-season meeting to encourage participants to exhibit proper conduct.
- Work with local radio and television stations to promote good sportsmanship.
- Have coaches and players speak to local clubs and organizations to stress need for good sportsmanship in the community.
- Formulate a committee to work toward improvement of conduct at contests and activities.

G. Official Special Olympics Indiana Sports

Alpine Skiing
Aquatics
Ballroom Dancing*
Basketball
Bocce
Bowling
Corn Toss
Cycling
Equestrian

Figure Skating*
Flag Football
Golf
Gymnastics *
Horseshoes
Motor Activities
Powerlifting
Snowboarding
Snowshoeing

Soccer *
Softball
Speed Skating*
Tennis *
Track & Field
Triathlon
Volleyball

* sports are offered **only** at the county level and have no area or state culminating competition.

Uniqueness from Other Sports Organizations

Special Olympics is similar to other sports organizations. However, it is important to identify those four areas that make Special Olympics unique. These characteristics are:

1. Special Olympics does not charge a fee to athletes (or their families) to train or compete.
2. Ability groupings are created through a process called divisioning to provide equitable competition (evenness) for all athletes within each ability grouping (division).
3. Awards are provided to all participants who compete.
4. A variety of sports opportunities are provided for all ability levels.

H. Competition Opportunities for Athletes of All Abilities

Special Olympics provides a variety of opportunities for athletes of all abilities by offering official events of various degrees of difficulty and challenge.

The **Motor Activities Training Program (MATP)** provides participation for individuals with significant disabilities requiring the greatest assistance and support.

In many sports, lower-ability athletes can participate in **Modified Events** such as the 25m Assisted Walk (Track & Field) or the 15m Flotation Race (Aquatics). There are also events for athletes who use wheelchairs. In team sports, lower-ability athletes can participate in **Individual Skills Competitions** such as the softball Run, Hit, Field, and Throw event.

Young Athletes® is a new program that provides non-competitive sports activities for 2 through 7 year-olds that prepares them for full participation in Special Olympics at age 8.

Most Special Olympics events have few differences from the sport played by individuals without disabilities. Higher ability athletes are now participating in events such as the 5K Run, or in **Unified Sports®** events alongside athletes without disabilities.

Champions Together

Champions Together is a collaborative partnership between the Indiana High School Athletic Association (IHSAA) and Special Olympics Indiana that promotes servant leadership among student athletes while changing their lives as well as the lives of those with intellectual disabilities.

Special Olympics International is supporting Champions Together as a model program to activate schools through "Project Unify" which also has the endorsement of the National Federation of High Schools.

Unified Champion Schools

The Champions Together partnership will provide an award banner to all IHSAA member schools that meet the following Project Unify goals:

1. All school sponsored activities must be planned, organized and administered by an **Inclusive Student Leadership** team that strives to do things WITH students with intellectual disabilities NOT FOR them.
2. The school must participate in at least one activity designed around **Whole School Engagement** that promotes and encourages awareness, respect and inclusion of persons with intellectual disabilities.
3. The school must organize and participate in at least one **Unified Sports** activity such as IHSAA Unified Track & Field, a Unified practice or clinic, or a Unified competition with students with intellectual disabilities OR local Special Olympics athletes.
4. **Fundraising** - the school must raise a minimum of \$1500 for the Champions Together project.

Unified Track & Field Teams

2014 marked the first year of Unified Track & Field as a sanctioned Indiana High School Athletic Association (IHSAA) sport.

UNIFIED SPORTS® combines students with and without intellectual disabilities on the same team for sports training and competition. **SO Indiana** is considered a world leader in development of these programs having conducted the first-ever pilot test in 1989 and has since instituted competitions in virtually every sport.

- Teams consist of an approximately equal number of athletes with intellectual disabilities (student athlete) and athletes without intellectual disabilities (student partners).
- These distinctions will be for entry purposes only. There will be no other distinction between athletes in practice or competition.
- Teams are coed and competition is coed.
- Teams have between 12 and 20 members with approximately 50% being Student Athletes.

UNIFIED EVENTS

- 100m Dash
- 400m Dash
- 4 x 100 Relay
- Shot Put
- Long Jump

Young Champions

Introduction

Young Champions draws on Special Olympics' longstanding expertise in accessible sports coaching, promoting inclusive schools and communities, and advocating for individuals with disabilities to provide educators with the tools to meet this goal. The resource employs Special Olympics Unified Sports® strategies for use in an inclusive physical education and gross motor education program as a way to assist educators in bringing students with and without disabilities together to learn the skills and knowledge needed to participate successfully in inclusive sports and fitness programs in their schools and communities.

Connecting Friends at School . . .

Early childhood educators, therapists and P.E. teachers can utilize the Young Champions program in the school setting. Young Champions progress and learn sports skills at their developmental level through the designed curriculum.

Young Champions can be Implemented at All School Levels:

- Preschools
- Elementary Schools
- Intermediate Schools
- Middle Schools

What is Young Champions?

- An innovative sports play program for pre-school, elementary, and middle school students with and without intellectual disabilities.
- A complement to the **Champions Together** (partnership between Special Olympics Indiana and the IHSAA) that targets high school students.
- An in-school training culminating in a Track & Field Day at the high school.

The 4 Main Goals of Young Champions

- Cognitive, physical, social & emotional development.
- Engagement with local Special Olympics Indiana program.
- Whole family opportunity to enjoy the Special Olympics Indiana experience.
- School inclusion with peers.

Why Young Champions?

- The Young Champions program was created:
- To meet the physical and developmental needs of elementary & middle school students.
- To offer families the opportunity to share in the success of their future athlete.
- Provide an appreciation of fitness and sport for the entire family.
- Provide preparation for participation in sports - families will see the potential for their child.

I. Sports Rules

All Special Olympics competitions shall be conducted in accordance with Official Special Olympics Sports Rules, which are designed to protect the athletes, provide fair and equitable conditions of competition, and promote uniformity so that no competitor shall obtain unfair advantage over another.

Athlete Training

Athletes must have a minimum of eight weeks in an organized training program in a given sport prior to participation in area or state competition.

Divisioning

The fundamental difference that sets Special Olympics competitions apart from those of other sports organizations is that athletes of all ability levels are encouraged to participate and every athlete is recognized for his or her performance. Competitions are structured so that athletes compete with other athletes of similar ability in equitable divisions. An athlete's ability is the primary factor in divisioning Special Olympics competition. The ability of an athlete or team is determined by an entry score from a prior competition or is the result of a seeding round or preliminary event at the competition itself. Other factors which are significant in establishing competitive divisions are age and sex.

Age Groups

Athletes must be at least eight years of age to participate in Special Olympics competition. Certain sports and events may further restrict athlete participation based on age. If pertinent, additional age requirements are indicated in specific rules for each sport in the Special Olympics Sports Rules Book.

The following age groups shall normally be used for all Special Olympics competitions:

a. Individual Sports

- 1) Ages 8 – 11
- 2) Ages 12 – 15
- 3) Ages 16 – 21
- 4) Ages 22 - 29
- 5) Ages 30 and over

b. Team Sports

- 1) Ages 15 and under (Juniors)
- 2) Ages 16 to 21 (Seniors)
- 3) Ages 22 and over (Masters)

An athlete's age group shall be determined by the athlete's age on the opening date of the competition.

The age group of a team is determined by the age of the oldest athlete on that team on the opening date of the competition.

Awards

Awards shall be presented to athletes within each division in a ceremony that highlights their achievements.

Athletes or teams placing first through third within a division shall be awarded a placement ribbon or a medal. Athletes or teams placing fourth through eighth within a division shall be awarded ribbons only.

Special rules apply in case of a tie or disqualification.

K. Who can participate in Special Olympics?

Persons are eligible for Special Olympics competition provided they are eight years of age or older, have been identified by an agency or professional as having intellectual disabilities, and have registered to participate in Special Olympics. Athletes who have physical disabilities, but who do not have intellectual disabilities are not eligible for Special Olympics.

Eligibility for Special Olympics

Special Olympics Official General Rules state the following when identifying persons with intellectual disabilities and their eligibility for participation in Special Olympics.

General statement of eligibility: "Special Olympics training and competition is open to every person with an intellectual disability who is at least eight years of age and who registers to participate in Special Olympics."

Identifying persons with intellectual disabilities: A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies **any one** of the following requirements:

1. Person has been identified by an agency or professional as having an intellectual disability as determined by his/her locality.
2. Person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted within the professional community in that Accredited Program's nation as being a reliable measurement of the existence of a cognitive delay.
3. Person has a closely related developmental disability.

A "closely related developmental disability" means having functional limitations in **both general learning** (such as IQ) **and in adaptive skills** (such as recreation, work, independent living, self direction, or self-care).

However, persons whose **functional limitations** are based **solely** on a physical, behavioral, or emotional disability, or a specific learning disability or sensory disability, are **not eligible** to participate as Special Olympics athletes. These individuals may be eligible to volunteer for Special Olympics as partners in Unified Sports®, if they otherwise meet the separate eligibility requirements for participation in Unified Sports™ which are set forth in the SOI Sports Rules.

L. Understanding Intellectual Disabilities*

Individuals with a slower rate of learning and a limited capacity to learn (typically scoring lower than 80 on a standardized IQ test) are identified as having an intellectual disability. Such individuals also may have difficulty managing the ordinary activities of daily living, understanding the behavior of others, and determining their own appropriate social responses.

Intellectual disabilities are more common than most people think. On average three percent of a country's population may have intellectual disabilities. Of the population with intellectual disabilities, approximately 60% have mild intellectual disabilities, 30% have moderate intellectual disabilities, and 10% have severe or profound intellectual disabilities.

Language Guidelines

Words matter. Words can open doors to enable persons with disabilities to lead fuller, more independent lives. Words can also create barriers or stereotypes that are not only demeaning to persons with disabilities, but which also rob them of their individuality. Experts in the field have developed the following language guidelines for use by anyone writing or speaking about persons with disabilities, to ensure that all people are portrayed with individuality and dignity.

- **DO** use the preferred language:
 - A person with an intellectual disability (or cognitive delay)
 - Individuals, or people with intellectual disabilities
 - John Smith, who has an intellectual disability
 - Families of persons with a intellectual disability
- **DO** use the following correct terminology for disabling conditions:
 - A person has an intellectual disability rather than is suffering from, afflicted with, or a victim of intellectual disabilities.
 - A person uses a wheelchair rather than is confined to or restricted to a wheelchair.
 - Down Syndrome, not Mongoloid
 - Physically challenged or disabled, rather than crippled
 - Someone who is partially sighted is visually impaired rather than blind
 - A person is hearing impaired rather than deaf or deaf mute (non-verbal)
 - A person has a seizure rather than a fit
 - A person has a seizure disorder or epilepsy rather than is epileptic.
- **DO** distinguish between adults and children with intellectual disabilities. Use adults or children, or older or younger athletes.
- **DO** refer to participants in Special Olympics as athletes. In no case should the word appear in quotation marks.
- **DO** when writing, refer to persons with a disability in the same style as persons without a disability: full name on first reference and last name on subsequent references. Resist the temptation to refer to an individual with Down syndrome as "Bill", rather than the journalistically correct "Bill Smith" or "Smith".
- **DO** use the words "Special Olympics, Inc." when referring to the worldwide Special Olympics program.
- **DO NOT** use the word "kids" when referring to Special Olympics athletes. Adult athletes are an integral part of the program.
- **DO NOT** use the adjective "unfortunate" when talking about persons with intellectual disabilities. Disabling conditions do not have to be life defining in a negative way.
- **DO NOT** sensationalize the accomplishments of people with a disability. While these accomplishments should be recognized and applauded, there can be a negative impact when referring to the achievements of physically or intellectually challenged people with excessive hyperbole.
- **DO NOT** use the "R-Word", as in "retard", "retarded" or "retardation".

M. Special Considerations

Though Special Olympics athletes are similar to other athletes in most ways, there are some additional considerations for coaches, chaperones, and volunteers. In addition to challenges in adaptive skills associated with their intellectual disability, Special Olympics athletes may lack the financial resources, social opportunities, and independent transportation many of us take for granted. Important additional considerations include:

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome (FAS) is a lifelong, yet completely preventable set of physical, mental and neurobehavioral birth defects associated with alcohol consumption during pregnancy. FAS is the leading known cause of intellectual disabilities and birth defects.

Individuals with FAS have a distinct pattern of facial abnormalities, growth deficiency, and evidence of central nervous system dysfunction. In addition to intellectual disabilities, individuals with FAS may have other neurological deficits such as poor motor skills and hand-eye coordination. They may also have a complex pattern of behavioral and learning problems, including difficulties with memory, attention and judgment.

Physical Disabilities

Special Olympics Indiana welcomes participation by athletes with physical disabilities as long as they also meet the criteria of having an intellectual disability. Those individuals, whose disability is solely a physical limitation, and not an intellectual disability, are not eligible.

Eligible athletes who use a wheelchair, walker, crutches or other assistive devices compete against those of similar abilities just like other athletes throughout the program. For example, two athletes, one with an electric wheelchair for mobility and one with a manual wheelchair, submit similar times for the 25-meter wheelchair slalom. Even if they were different ages and sexes they might compete against each other because there would be no significant advantage for age or gender in this situation.

With the development of the MATP (Motor Activity Training Program) and emphasis on serving athletes with Lower Abilities more opportunities exist now and will be developed in the future to continue to meet the needs of athletes with physical disabilities.

Medications

Some Special Olympics athletes take regularly prescribed medications for a variety of problems related and unrelated to their disabilities. If the athlete is not capable of monitoring his/her own medication, it is the responsibility of an athlete's coach or chaperone to know and monitor his/her compliance with his/her prescribed regimen while in their care. Therefore, it is recommended that local programs keep athlete medical forms up-to-date and accessible, especially the current medications listed with dosages.

Some of the most commonly prescribed medications for athletes may adversely effect them in ways that could impact participation. Some possible medication side effects include: sensitivity to sunlight, alertness level, reduced fine and gross motor skills, need for fluid intake, stress tolerance, coordination, and ability to attend to tasks. Make sure you obtain medication information prior to chaperoning athletes on day or overnight trips to avoid potential problems. Check with the athlete, his/her family, group home providers, or other reliable informants to obtain the information you need to feel prepared to handle the athlete.

Special Considerations—continued

Seizures

Seizures are sudden, uncontrolled episodes of excessive electrical discharges of brain cells, causing a variety of sensory, motor and behavioral changes. There are many different causes of seizures such as head injuries, brain infections, disorders occurring during fetal development, and many others. However, in about half of all people with seizures, a specific cause cannot be determined. About one percent of the population has seizures. Medications can control or reduce the number of seizures for most people. When medications do not control seizures completely, surgery may be recommended.

How can I tell if the person is having a seizure or some other health problem? The major difference between seizures and other medical conditions that may resemble seizures is that seizures start very quickly and are usually over in a few minutes.

- If you know the person has a history of seizures, follow the guidelines as outlined below.
- If you don't know the person, but someone else nearby does, and seems to know how to handle the situation capably, ask what you can do to help.
- If no one around knows the person, and the symptoms last more than a few minutes, call for help.
- If the person awakens and says "I'm OK" and seems OK, you probably don't need to call for help.
- Anyone who has a seizure for the first time should see a physician.

Generalized Tonic-Clonic Seizure (old name: "grand mal" seizure)

During the seizure

The person may fall, become stiff and make jerking movements. The person's complexion may become pale or bluish.

- **DO** help the person lie down and put something soft under the head.
- **DO** remove any eyeglasses and loosen any tight clothing.
- **DO** clear the area of sharp or hard objects.
- **DO NOT** force anything into the person's mouth.
- **DO NOT** try to restrain the person. You cannot stop the seizure.

After the seizure

The person will awaken confused and disoriented.

- **DO** turn the person to one side to allow saliva to drain from the mouth.
- **DO** arrange for someone to stay nearby until the person is fully awake.
- **DO NOT** offer the person any food or drink.

CALL 911 or local police or ambulance if

- The person does not start breathing within one (1) minute after the seizure. If this happens you should call for help and start mouth-to-mouth resuscitation.
- The person sustains an injury.
- The person has one seizure right after another.
- The person requests an ambulance.

Complex Partial Seizure (old name: "temporal lobe" or "psychomotor")

During the seizure the person may:

- Have a glassy stare.
- Give no response or an inappropriate response when questioned.
- Sit, stand or walk about aimlessly.
- Make lip smacking or chewing motions.
- Fidget with or remove clothes.
- Appear loud, drunk, drugged, or even psychotic.
- **DO** try to remove harmful objects from the person's pathway or keep the person from them.
- **DO NOT** agitate the person.
- **DO NOT** approach the person if you are alone and the person appears to be angry or aggressive. This is very unusual.

After the seizure

The person may be confused or disoriented after regaining consciousness. **DO** stay with the person until he or she is fully alert. Call 911 or local police or ambulance if the person is confused or sustains an injury.

N. Volunteer Policy

Any volunteer who has regular contact with athletes or administrative or fiscal authority is required to submit a *Coach / Volunteer Application*, complete Special Olympics Indiana Coach / Volunteer Orientation, complete the Online Protective Behaviors Training (repeat every three (3) years), and complete the Concussion Awareness Training.

** It is up to the volunteer to notify the State Office should any change of information occur on their Coach/Volunteer Application.*

1. **Definition of Volunteer.** A volunteer is anyone who, without compensation or expectation of compensation beyond reimbursement, performs a task at the direction of and on behalf of SO Indiana.
2. **Recruitment.** Volunteers shall be recruited by SO Indiana on a proactive basis, with the intent of broadening and expanding the volunteer involvement of the community. Volunteers shall be recruited without regard to gender, disability, age, race or other condition. The sole qualification for volunteer recruitment shall be suitability to perform a task on behalf of SO Indiana.
3. **Registration.** A volunteer must be officially accepted and enrolled by SO Indiana prior to performance of the task.

Any (Class A) volunteer who has regular contact with athletes (coaches, chaperones) or administrative authority is required to have a completed all necessary steps, as outlined above.

Any (Class B) single event and/or one-day volunteer must sign in on the *Single Event Volunteer Registration* form.

4. **Interview/Placement.** The appropriate volunteer manager to ascertain their suitability for and interest in available positions will interview all Class A volunteers in person. A job description that is a clear, complete, and current description of the duties and responsibilities of the position will be given to each accepted volunteer.
5. **Screening.** As appropriate for the protection of athletes and the organization, all individuals who complete a *Coach/Volunteer Application* are subject to a background check upon entry to the program and every three years thereafter. Applicants will be precluded from participation pending SO Indiana screening procedures.
6. **Service at the Discretion of SO Indiana.** SO Indiana accepts the service of all volunteers with the understanding that such service is at the sole discretion of the organization. Volunteers agree that SO Indiana may at any time, for whatever reason, decide to terminate the volunteer's relationship with the organization.
7. **Resignation.** Volunteers may resign from their volunteer service with SO Indiana at any time. It is requested that volunteers who intend to resign provide advance notice of their departure and a reason for their decision.
8. **Conflict of Interest.** Individuals shall be precluded from any SO Indiana volunteer task for which they have a personal, philosophical, or financial conflict of interest.
9. **Representation of SO Indiana.** Prior to any action or statement, which might significantly affect or obligate SO Indiana, volunteers should seek prior consultation and approval from appropriate staff. These actions may include, but are not limited to, public statements to the press, coalition, or lobbying efforts with other organizations, or any agreements involving

Volunteer Policy—continued

contractual or other financial obligations. Volunteers are authorized to act as representatives of SO Indiana as specifically indicated within their job descriptions and only to the extent of such written specifications.

10. **Confidentiality.** Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer. Failure to maintain confidentiality may result in termination of the volunteer's relationship with SO Indiana or other corrective action.
11. **Minors as Volunteers.** Volunteers who have not reached their age of majority (age 18) may be accepted as volunteers in non-supervisory positions only.
12. **Conduct of Volunteers.** As representatives of SO Indiana, volunteers, like staff, are responsible for presenting a good image to participants and to the community. Volunteers shall:
 - Dress appropriately for the conditions and performance of their duties;
 - Refrain from smoking in competition venues;
 - Not be under the influence of alcohol or illegal drugs during performance of their duties and;
 - Refrain from inappropriate contact or relationships with Special Olympics participants.
13. **Insurance.** Liability and accident insurance is provided for all volunteers engaged in SO Indiana business. Specific information regarding such insurance is available from the State Office.

O: Protective Behaviors

Q. If I suspect that an athlete is a victim of abuse or maltreatment, what should I do?

A. If you have reason to suspect that a Special Olympics athlete is a victim of maltreatment, you should report your suspicions and the reasons for them to the appropriate protective services agency. If the circumstances permit, seek assistance from Special Olympics staff members. When unable to contact a Special Olympics staff member, do not delay your report. Call either child protective services (for athletes younger than 18) or adult protective services (athletes 18 years old and older) or the police department in the jurisdiction in which the suspected abuse occurred.

Nearly all states have laws that require some individuals to report suspected abuse. Usually these include teachers, physicians, counselors, and other individuals who, due to their professions, have contact with individuals who are vulnerable to abuse. If you are a mandated reporter, you have a legal responsibility to report any abuse you suspect—including any that you reasonably believe involved a Special Olympics athlete. In some states individuals are required by law to report suspected abuse. Each Special Olympics Program should determine what requirement law in its jurisdiction imposes and should inform its staff and volunteers accordingly. If you have not been provided with this information, ask your Special Olympics Program.

In addition you should contact the Executive Director of your Special Olympics Program and inform him or her of the incident and what actions you have taken to report it. Special Olympics needs to be able to mobilize its resources to assist victims of abuse that occur in conjunction with any of its activities.

Q. What if I believe that an athlete abused another athlete?

A. Technically, assuming the athlete is not responsible for the care of a fellow athlete, the actions would not be considered abuse. They may, however, be criminal. Criminal acts such as assault, battery, sexual assault, rape, and extortion may occur. Acts of violence such as assault and rape should be reported to a law enforcement agency. Special Olympics does not condone violent criminal behavior in Special Olympics and requires that the safety of athletes take top priority. Lesser forms of misconduct should be examined based upon the functional level of the individuals and the ability to prevent future incidents from occurring. For guidance in identifying appropriate intervention, contact the Executive Director of your Special Olympics Program.

Q. What should I do if I encounter consensual sexual behavior between athletes?

A. Some Special Olympics athletes may develop sexual feelings that they will 1) act on, 2) want to act on, 3) be confused by or 4) be told by a caregiver are wrong feelings to have. This is a very difficult subject for many to address and there are no simple answers. There is a need to balance the requirement to protect vulnerable athletes from exploitation with a desire to respect the privacy rights of the individuals involved, especially if those involved are both adults. Based on your knowledge of the individuals, you will need to determine if both parties are capable of understanding the consequences of their actions. Both chronological ages and functional levels are relevant considerations.

One factor to consider is whether the athletes are under the supervision of caregivers or are living independently. When one or both of the athletes are under the care of parents or guardians, the caregivers may have a need, and perhaps a legal right, to be informed of the sexual activities of their athletes. Facilitating a meeting with the caregivers and the athletes should be considered and discussed with Special Olympics staff. It is not the volunteer's responsibility to initiate such a meeting.

The fact that athletes have engaged in sexual behavior may come to your attention due to the consequences of the behavior (pregnancy, sexually transmitted diseases, or disclosure by a rejected lover). You should contact the Executive Director of your Special Olympics Program for assistance in responding appropriately.

Q. What should I do if an athlete has questions about sex and sexuality?

A. While these questions are natural and understandable, Special Olympics volunteers and staff are not qualified to provide sex education. The best place for an athlete to get information is from parents, guardians or caregivers. You should refer athletes to these sources of information first. If the athlete is not able to discuss these topics with family members or other caregivers, or the families or caregivers have questions, you can refer them to: The Arc at 301-565-3842, or if the athlete or family members have questions regarding homosexuality, to PFLAG at 202-638-4200.

O: Protective Behaviors continued

Q. If an athlete confides in a volunteer and reports that there has been some sexual activity between athletes, but that it was consensual, should the volunteer immediately tell a staff person?

A. In order to ensure the protection of vulnerable athletes, all reports of sexual activity should be reported to your Program's Executive Director or to a designated Special Olympics staff member. It is best to inform the athlete (s) that you will be disclosing this information because Special Olympics policies require you to notify Special Olympics officials. In this way, the activity can be evaluated as to whether it was abusive or exploitative and intervention (if necessary) can take place. Staff need to document both the report and their subsequent actions and determinations.

Q. What is abuse?

A. There are slight variations in each state's definition of abuse. Abuse or maltreatment is generally defined as the non-accidental injury of a person caused by someone responsible for his or her care. Abuse may be classified as physical, emotional, or sexual. Related to abuse is another form of maltreatment - neglect - the failure of a caregiver to provide adequate food, clothing, shelter, medical care or other necessities.

Q. How can I tell if an athlete has been abused or maltreated?

A. In addition to statements by the athlete, there may be physical or behavioral indicators of abuse. Physical indicators include questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body. Bruises change color during the healing process and bruises of different colors indicate different stages of healing, thereby indicating that the injuries happened on more than one occasion. Injuries to genital areas may indicate sexual abuse; for example, cigarette burns on the inside of the upper leg or on the buttocks. Tether marks or rope burns and abrasions caused by tying wrists, ankles or the neck are also indicators of probable abuse.

Some athletes are prone to injuries as a consequence of athletic competition, and the location of the injury may indicate whether the injury was due to abuse or competition. Injuries that happen due to athletic competition are most likely to be on the shins, knees, elbows, etc. They are less likely to be on the abdomen, across the back, on the backs of the legs, or on facial cheeks. If you notice that an athlete has been injured, ask how the injury happened. Could the incident described by the athlete have resulted in the injury you observed?

Possible signs of neglect include unattended medical needs, inappropriate clothing for the climate and weather conditions, chronic hunger, and poor personal hygiene.

Since bodily injuries are likely to be temporary (if present at all) behavior may offer the only visible clue that an athlete is the victim of maltreatment. Individuals under stress often reflect that stress in their behavior. Maltreatment causes stress and victims of maltreatment often exhibit stress related behavior: depression, withdrawal, thoughts of or attempts at suicide, aggression, immature acts, and sleep disturbances. Uncharacteristic changes in behavior that last for more than a few days indicate a possible need for intervention, but are not a certain indicator of abuse as there are other causes of stress. The absence of behavioral indicators does not indicate a lack of abuse. Individuals cope differently and some athletes will internalize abuse and display no outward signs.

Q. What if I am wrong when I make an accusation of abuse?

A. When you report suspected abuse, you are not making an accusation. You are requesting an investigation to determine if the athlete in question is being victimized. The report that you make is only one part of the investigation that will determine if abuse occurred and, if so, who the abuser is. The laws in every state protect individuals who make a good faith report from liability if the report cannot be substantiated. It is always a good idea to limit those to whom you voice your suspicions, such as the protective services or law enforcement officials and to Special Olympics staff.

Q. If I am right, will I have to testify?

It is unlikely that you will need to testify, because most cases do not result in a trial; however, there is no clear answer, as each case depends on the specific circumstances. If the case is prosecuted in criminal

O: Protective Behaviors continued

court, and many are not, the prosecutor will determine if your testimony would be helpful at trial. Often criminal court can be avoided as the abusers agree to participate in social service programs that are helpful for preventing further abuse. Even if a case is prosecuted, most criminal cases are settled without a trial. While presenting testimony in court may be an unpleasant prospect for you, the future safety of an athlete could be at stake and that must be every Special Olympics volunteer's and staff member's highest priority.

Q. How should I respond if an athlete comes to me and discloses abuse?

A. An athlete who discloses abuse to you is seeking your help. Your response to his or her disclosure can help to minimize harm to the athlete or make it worse. Self control is an important asset when confronting a disclosure of abuse. The following represent guidelines for responding appropriately to such disclosures:

- DON'T panic or overreact to the information disclosed by the athlete.
- DON'T criticize the athlete or claim that the athlete misunderstood what happened.
- DO respect the athlete's privacy and take the athlete to a place where the two of you can talk without interruptions or distractions, but stay in a place where you can be seen, not heard, by others.
- DO reassure the athlete that he or she is not to blame for what happened. Tell the athlete that you appreciate being told about the incident and will help to make sure that it won't happen again.
- DO encourage the athlete to tell the proper authorities what happened. You should also tell the athlete that you are required to report the disclosure to the proper authorities and Special Olympics staff and that you cannot keep it secret but will only tell the people who need to know.
- DO consult a physician or other child abuse authority about the need for medical care or counseling for the athlete.
- DO contact your local Special Olympics Program if the incident occurred at a Special Olympics event.

Q. What should I do if I believe that an athlete is lying about being abused?

A. It is not up to you to determine if a disclosure of abuse is factual or not. You should file a report with the appropriate agency. When you file a report, you may tell them of your concerns about the truthfulness of the disclosure, but their investigation will determine if there are sufficient grounds to proceed. The athlete should be given the benefit of the doubt until the investigating agency determines otherwise.

Q. What steps should we take to prevent abuse in Special Olympics?

A. The following guidelines have been adopted by Special Olympics to prevent the maltreatment of athletes:

- Special Olympics staff and volunteers should not use corporal punishment including spanking, hitting, slapping, or other forms of physical discipline. Any discipline techniques used should be constructive and positive.
- When helping athletes with bathing or showering, staff should check the temperature of the water to ensure that it is not too hot.
- Coaches and volunteers should not withhold water or food from athletes as a form of punishment. Water should be available for athletes during strenuous practice sessions and during competitions to avoid dehydration.
- Only medications that have been prescribed by an athlete's physician should be dispensed to that athlete, and then only as indicated on his or her consent form signed by either a parent or legal custodian.
- At no time should coaches or other volunteers use profanity or otherwise curse at athletes for their performance or behavior during competition or practices. Special Olympics athletes are not to be threatened or intimidated for any purpose including attempts at improving athletic performance or for controlling behavior.
- Special Olympics staff and volunteers will treat all athletes with courtesy and respect. It is not in keeping with the purposes of Special Olympics to use denigrating and demeaning nicknames for athletes or to permit their use by others.
- There should be at least two volunteers or staff members present to supervise activities such as changing into team uniforms, showering, and toileting. This measure also serves to discourage unfounded allegations of abuse against volunteers and staff.
- When it is necessary for a staff member or volunteer to speak privately to an athlete, they should find a place out of earshot, but within sight of others for their conference.

O: Protective Behaviors continued

- Hugs between Special Olympics athletes and volunteers should be open (not secretive) and respect the limits set by the athlete. Staff members and volunteers should respect any resistance by the athlete to physical contact.
- Special Olympics staff members and volunteers should avoid touching areas normally covered by swimming suits: breasts, buttocks and groin. Kissing on the lips and seductive massaging is not permitted (massaging pursuant to an injury or strain is permitted, but should be subject to observation by others).
- If an athlete attempts to initiate inappropriate physical contact with a volunteer or staff member, the volunteer or staff member should identify the objectionable behavior, explaining that it makes the volunteer feel uncomfortable and suggest more appropriate ways to communicate feelings such as "high fives" or handshakes.
- When Special Olympics events require athletes to stay overnight, the gender and developmental levels of the athletes should be taken into consideration when making room assignments. Male and female athletes require separate accommodations. Athletes should also be assigned sleeping rooms with athletes of similar size, age, and intellectual functioning.
- Hall monitors should be assigned to protect athletes anytime they are in their quarters. Hall monitors ensure that athletes are in their assigned rooms and address the needs of athletes. Hall monitors are also responsible for keeping unauthorized individuals out of athletes' sleeping quarters.
- Special Olympics staff with the assistance of volunteers should know where athletes are at all times when the athletes are in the care and custody of Special Olympics.
- Special Olympics personnel should clearly explain the rules of behavior to the athletes before each road trip. Language used should be simple, but explicit.

P. The Special Olympics Coach

Responsibilities of the Coach

Coaches shall place the health and safety of Special Olympics athletes above all else.

Coaches shall abide by the letter and spirit of the rules and be responsible for conducting themselves in a sportsmanlike manner at all times. Coaches who do not conduct themselves in this manner, or who are offensive by action or language toward athletes, other coaches, volunteers, opponents, officials or spectators, may be prohibited from coaching.

Coaches shall ensure that athletes compete in events within their sport, which challenge their potential and are appropriate to their ability.

Coaches shall be honest and instruct athletes to compete with maximum effort in all preliminary trials and/or finals or he/she shall be prohibited from coaching by the sports specific rules committee at the competition.

Practice Plan

Sport: _____ Date: _____

Practice # _____ Athletes # _____ Coaches # _____

Goal for the Practice Session: _____

Safety Check: ☐ Equipment ☐ Playing Surface ☐ Layout ☐ Supervision

Time	Session	Specific Objectives	Activities / Layout
	Warm-up Exercises		
	Stretching Exercises		
	Skills Instruction		
	Competition Experience		
	Cool Down		
	Team Talk		

The Special Olympics Coach—Top 10 Coaching Tips

1. **Instruct athletes in appropriate behaviors.** Explain and model the exact behaviors you want them to use during practices and games.
2. **Consistently practice what you preach.** Be a consistent example for your athletes of the behaviors you suggest.
3. **Be aware of non-verbal behavior.** Make sure your non-verbal signals don't contradict your verbal behavior (e.g., don't give positive verbal reinforcement with a negative tone of voice or a stern look).
4. **Instruct, don't just state the obvious.** When a mistake is made, don't end the communication with what was wrong. Give specific instruction on how not to make the mistake again and close with a supportive behavior.
5. **Sandwich criticism.** Begin and end your comment with something positive, then give the correcting or rebuking comment, and end with a supportive gesture.
6. **Be consistent.** Don't exhibit negative behavior one day (perhaps after a loss) and positive behavior the next. Become and remain a consistently positive role model.
7. **Treat athletes with equality in mind.** Be consistent regarding where your behavior is directed. For example, treat all athletes equally and support all athletes equally.
8. **Eliminate dead time.** Avoid drills and activities that leave participants standing around. This causes boredom, lack of enthusiasm, and may cause discipline problems. Most importantly, athletes need all available time to keep learning.
9. **Be realistic with team and individual expectations.** Having overly difficult goals may set the athletes up for failure, while easy goals set them up for complacency. Set goals that are challenging, but achievable.
10. **Use "Do" commands rather than "Don't" commands.** By using a "don't" command, we place that picture in an athlete's head (ex. don't keep your legs so straight). Be sure to explain and demonstrate the corrective behavior with a "do" command (ex. bend your knees). Knowing what not to do is not enough – explain specifically what to do instead.

Q. Coach Certification

Special Olympics Indiana offers year-round opportunities for coaches to improve their knowledge of Special Olympics, general sports coaching, and sport-specific knowledge.

Level	Courses
1	<p>Mandatory for Class A Volunteers: Coach/Volunteer Orientation, Online Protective Behaviors, & Concussion Awareness</p> <ul style="list-style-type: none"> • <i>Coach / Volunteer Application</i> • <i>Coach / Volunteer Orientation (CVO)</i> • <i>Online Protective Behaviors (OPB)</i> • <i>Concussion Awareness</i>
2	<p>For coaches to achieve Level 2 certification, he/she must have Level 1 certification and complete the following 4 courses. For course descriptions, costs, and website, see the Course Description section.</p> <ul style="list-style-type: none"> • <i>Coaching Special Olympics Athletes</i> (from Human Kinetics Coach Education Center) This course prepares Special Olympics coaches to use their sport-specific knowledge in coaching athletes with intellectual disabilities. The 24/7 convenience and low cost make it attractive to new coaches in preparation for their first Special Olympics coaching role. It also meets the Special Olympics standards and competencies for coach certification. For veteran Special Olympics coaches, this course serves as a reminder of the essentials sometimes forgotten after years of coaching. The course also satisfies the Special Olympics recertification or continuing education requirement. • <i>Coaching Unified Sports</i> (from the NFHS Learning Center) Unified Sports is an inclusive sports program that unites Special Olympics athletes (individuals with intellectual disabilities) and partners (individuals without intellectual disabilities) as teammates for training and competition. This course will help you understand and implement Special Olympics Unified Sports in your school. • <i>Sports Nutrition</i> (from the NFHS Learning Center) <i>Proper nutrition can optimize athletic performance. This course hosted by sports medicine specialist Dr. Mick Koester, can help your students be performing at their peak. As a coach, this course contains practical tips on how you can model and teach proper nutrition to your athletes.</i> • <i>Sportsmanship</i> (from the NFHS Learning Center) The NFHS developed this free course to give you a better understanding of sportsmanship, how it impacts the educational process and identifies your specific role in modeling it at all interscholastic athletic events. Insight is shared throughout the course from fans, players, parents, teacher-coaches and officials. This course will help provide schools a more positive game environment.
3	<p>For coaches to achieve Level 3 certification, he/she must have Level 2 certification and complete the following 4 courses. For course descriptions, costs, and website, see the Course Description section. All 4 courses are from the NFHS Learning Center.</p> <ul style="list-style-type: none"> • <i>Fundamentals of Coaching</i> This NFHS <i>Fundamentals of Coaching</i> course provides a unique athlete-centered curriculum for coaches, assisting them in creating a healthy and age-appropriate athletic experience that supports the educational mission of our nation's schools. • <i>Concussion in Sports</i> The NFHS has teamed up with the Centers for Disease Control and Prevention (CDC) to educate coaches, officials, parents and students on the importance of proper concussion recognition and management in sports. This course highlights the impact of sports-related concussion on athletes, teaches how to recognize a suspected concussion, and provides protocols to manage a suspected concussion with steps to help players return to play safely after a concussion. Each state's requirements for concussion management are included as part of the course. • <i>Creating a Safe and Respectful Environment</i> <i>Creating a Safe and Respectful Environment</i> defines and provides recommendations for coaches in three specific areas; inappropriate relationships and behaviors, hazing, and bullying (including cyberbullying). This course educates coaches about their legal responsibility to provide a safe and respectful environment for the athletes in their care. • <i>Heat Illness Prevention</i> Exertional heat stroke is the leading cause of preventable death in athletics. Exertional heat stroke also results in thousands of emergency room visits and hospitalizations throughout the nation each year. This free course, brought to you by EAS Sports Nutrition, a division of Abbott Labs, is designed to give you the critical information you need to minimize the risk of exertional heat stroke among your athletes. The course presents seven fundamentals, which when followed, will minimize heat related illnesses of the students who participate.

Contact Sheet

Special Olympics County Coordinator:

Name: _____

Phone: _____

Email: _____

Special Olympics Indiana Contact:

Name: Jeff Mohler, Vice President of Programs & COO

Phone: (317) 328-2000 or (800) 742-0612

Email: jmohler@soindiana.org

State Agency for reporting suspected abuse of children with intellectual disabilities:

Child Protection Services Hotline: (800) 800-5556

State Agency for reporting suspected abuse of adults with intellectual disabilities:

Adult Protection Services Hotline: (800) 992-6978

Local Police Non-emergency:

Phone: _____

Emergency: 911



Special Olympics
Indiana