

Considering Differences

DIRECTIONS: Choose 3 daily activities and list them in the 3 wavy boxes. In the first box in each row, describe what it is like (or would be like) completing the activity listed in the wavy box using the abilities you have now. In the center top box, choose a physical or learning disability. Describe what you would now need to do to complete the activity if you had the disability. In the third box, consider what would be different about completing the task if you had that learning or physical challenge.

<p>Activity:</p>	<p>2) If I were</p> <p>_____</p>	<p>3) Differences</p>
<p>1) How I do it</p>	<p>2) If I were</p> <p>_____</p>	<p>3) Differences</p>
<p>Activity:</p>	<p>2) If I were</p> <p>_____</p>	<p>3) Differences</p>
<p>1) How I do it</p>	<p>2) If I were</p> <p>_____</p>	<p>3) Differences</p>
<p>Activity:</p>	<p>2) If I were</p> <p>_____</p>	<p>3) Differences</p>
<p>1) How I do it</p>	<p>2) If I were</p> <p>_____</p>	<p>3) Differences</p>

Considering Differences

DIRECTIONS: Choose 3 daily activities and list them in the 3 wavy boxes. In the first box in each row, describe what it is like (or would be like) completing the activity listed in the wavy box using the abilities you have now. In the center top box, choose a physical or learning disability. Describe what you would now need to do to complete the activity if you had the disability. In the third box, consider what would be different about completing the task if you had that learning or physical challenge.

Activity Suggestions:

Grocery shopping
Dining at a restaurant
Brushing teeth
Getting dressed/choosing clothing
Playing soccer, tennis, dodgeball...
Gathering books/materials for class
Emptying the dishwasher

Disability Suggestions:

Blind
Deaf
Dyslexic
Autistic
Paralyzed (waist down)
Cerebral palsy
No arm or leg (amputation)
stutter

