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Accessibility in the Theatre

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SENIOR THESIS APPROVAL

This Honors thesis entitled
“Accessibility in the Theatre”

written by

Allison Austin

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the requirements for completion of
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and has been approved by the undersigned readers.

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Table of Contents

Accessibility in the Theatre	2
What is Accessibility?	3
Why is Accessibility Needed?	5
Accessibility and the Law	6
Accessible Performances	9
Deaf or Hard of Hearing	9
Open Caption	10
DIY Open Captions	12
American Sign Language	15
Blind and Visually Impaired	17
Audio-Described	18
Touch Tour	20
Large Print Programs	21
Autism and other Mental Challenges	22
Relaxed Shows	23
Physical Disabilities	26
Disabilities and Acting	28
Appropriate Communication: Do's & Dont's	31
Conclusion	32
Appendix A - Accessibility Symbols	33
Appendix B - Large Print Program Tips	35
Appendix C - Social Narrative	38
Appendix D - Parent Guide	65
Appendix E - Do Say/Don't Say	71
Appendix F - How to Write and Report about People With Disabilities	73
Other Resources	84
Works Cited	85

Accessibility in the Theatre

In the fall of 2016, I received the opportunity to participate in the Chicago Semester. Through this program, I was able to participate in an internship at a theatre in Chicago and get credit hours from that instead of academic classes. I interned at Lifeline Theatre in Chicago's northernmost neighborhood, Rogers Park. Most of what I did was box office work, but I also worked on financial reports, marketing, and a little bit of everything it takes to run a theatre. Of all the things I learned during the semester, the most important one was the need for accessible theatres. Erica Foster, the head of accessibility at Lifeline, gave me the initial spark that brought this thesis to life and all the tools I needed to begin my research. I got to learn about each type of accessible performance Lifeline put on, as well as help put them together and sit in on them to experience it. I also got to sit in on workshops held by the Chicago Cultural Access Center (CCAC), where they talked about accessibility and the law, service animals, and creating DIY Open Captions. Chicago was a wonderful experience, not only because it is a great place to live and explore, but because I learned so much about working in the theatre and how to make a theatre accessible to everyone. I hope that this thesis can serve as a guide for theatres who want to take the next step into a more inclusive environment.

What is Accessibility?

The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity.¹ Disabilities can be caused by a number of things, including injury, disease or medical condition, or medical, chemical or developmental factors. 12% of the U.S. population is affected by a severe disability. 18% of the population has some level of disability. 72% of those people are 80 years or older, while 11% of them are children ages 6 to 14. 4% of the population over the age of 6 is in need of personal assistance because of how severe their disabilities are.

There are different types of disabilities, and those types have different subtypes. Physical disabilities can include mobility problems, use of hands and arms, speech difficulties, back or joint problems, and chronic pain. Sensory limitations include hearing difficulties or deafness and vision difficulties or blindness. Neurological disabilities can include migraines, epilepsy and other seizure disorders, and Tourette syndrome. Cognitive limitations can include autism, Asperger's syndrome and other intellectual limitations such as Down syndrome, environmental poisoning, and other developmental disabilities. Psychiatric disabilities include Schizophrenia, Bipolar Disorder, and chronic depression. Learning disabilities include dyslexia, language

¹ "What is the definition of disability under the ADA?" *ADA National Network*, adata.org/faq/what-definition-disability-under-ada. Accessed 23 Apr. 2018.

learning, and many others. Because alcohol is legal, alcoholism is considered a disability. Illegal drug dependence is not considered a disability because they are not a legal substance.”²

According to Merriam Webster Dictionary, accessibility is defined as “capable of being reached, used, or seen.”³ As far as theatre’s go, capable of being heard is also an important part of accessibility. When people think of accessibility, one may think of wheelchair use and handicap spots. While those are definitely important, accessibility goes so much further than that. Accessibility requires making changes to suit people of all abilities and additional needs, including people who are blind, deaf, physically disabled, or on the autism spectrum. These changes can include open captioning, American Sign Language (ASL), audio-described, touch tour, and relaxed performances as well as accessible seating and the allowance of service animals in the building. Symbols for the different types of accessibilities are shown in Appendix A.

² "Section 4. Ensuring Access for People with Disabilities." *Community Tool Box*, ctb.ku.edu/en/table-of-contents/physical-social-environment/housing-accessibility-disabilities/main. Accessed 29 Mar. 2018.

³ "Accessible." *Merriam-Webster*, 16 Apr. 2018, www.merriam-webster.com/dictionary/accessible. Accessed 23 Apr. 2018.

Why is Accessibility Needed?

Accessibility is necessary for people of all abilities, whether they are services like restaurants, banks, and grocery stores, or entertainment places like museums and theatres. Accessibility is also part of the law, under the Americans with Disabilities Act (ADA). Most places have become physically accessible and have braille on their signs since this law was enacted, but the lack of accessibility in many places of entertainment prevents people with disabilities from participating, which people who are not disabled often take for granted. More recently there has been a rise in a broader range of accessible services, as businesses realize they are necessary to fully reach potential customers. For instance, Chuck E. Cheese's stores have even been implementing "Sensory Sunday" for children with Autism Spectrum Disorder.⁴

Theatre is an important cultural and social experience. It allows the community to come together and build relationships. It presents subjects that incite conversations and thought. Actors work together as a team onstage as the audience members watch, listen, and learn about the characters' world. It also provides an escape from everyday life through laughter, tears, and a range of other emotions. Having an accessible theatre can give people with disabilities the chance to experience these benefits, too, and to bring their unique voices to the conversation.

⁴ "Sensory Sensitive Sundays." *Chuck E. Cheese's*, CEC Entertainment, www.chuckecheese.com/deals-offers/sensory-sensitive-sundays. Accessed 23 Apr. 2018.

Accessibility and the Law

In 1990, the Americans with Disabilities Act (ADA) became law. According to their website, "The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public."⁵

To be fully accessible, theatres should strive to meet the ADA standards. Usually the problems occur at the local level, thus the theatre manager is responsible for handling it. However, it may be that the theatre manager was not trained or that equipment does not work as it should. Also, the theatre may not have an effective maintenance program dealing with breakdowns in equipment.

It may be hard to satisfy all people with disabilities because they may be highly sensitive or have too high of expectations. They may even be motivated to pursue a lawsuit. Therefore, theatre managers should use common sense, put themselves in the place of patrons who have disabilities, and train their employees to do likewise. When any problems occur, try to resolve them immediately. Establish a process for reporting problems. Keep written records of all ADA-related problems, including written statements from both employees and patrons involved.

⁵ "What is the Americans with Disabilities Act (ADA)?" *ADA National Network*, adata.org/learn-about-ada. Accessed 29 Mar. 2018.

Only dogs and sometimes miniature horses qualify under ADA regulations as service animals. If someone claims that the animal is a service animal, they may bring the animal in. One may ask, "Is the dog a service animal needed because of a disability?" or "Has the animal been trained to perform duties related to your disability?" One cannot ask how the animal was trained, to see the certification papers, or to see the animal perform their tasks. A person who is disabled is entitled to take the service animal any place that is open to theatre patrons, such as concessions, restrooms, etc. If it becomes disruptive in any way one may tell them the animal must be taken out. They can stay, but without the animal. A refund for the price of their ticket may be offered. As far as possible, theatre owners should make every effort to make the theatre accessible to patrons who are disabled.⁶

One of the tasks at Lifeline Theatre was to go through the ADA Checklist for Existing Facilities based on the 2010 ADA Standards for Accessible Design. This is a good place to start with making a theatre handicap accessible. One can take measurements and information about the accessibility of the theatre, and compile the data into what was good and what needs to be changed. This checklist is what is used by architects, renovators, etc.

⁶ Fellman, Stephen John. "A Theatre Managers Guide to the ADA." *NATO Online*, National Association of Theatre Owners, 2013, www.natoonline.org/wp-content/uploads/2013/11/A-Theatre-Managers-Guide-to-the-ADA-00321347.pdf. Accessed 29 Mar. 2018.

The ADA checklist, while including the obvious accessible features like ramps, also includes making sure that there is enough space behind doors, that counters are at a convenient height for people who use wheelchairs, and even that door handles are easy to turn for people who have arthritis or another physical disability that affects their motor skills. For theatres and other event spaces, it also has a section for seating, saying that there needs to be a certain amount of wheelchair spaces per total seats, that the spaces need to be dispersed throughout the seating, and that there needs to be plenty of room for the wheelchair to actually fit in the space comfortably. If one wants to look at the ADA checklist in its entirety, one can find it on the [ADA Checklist website](#).

Some of the important ADA checklist points for theatre's are:

- Number of seats to wheelchair spaces
 - 4-25 seats = 1 wheelchair space
 - 26-50 seats = 2 wheelchair spaces
 - 51-150 seats = 4 wheelchair spaces
 - 151-300 seats = 5 wheelchair spaces
- Suggested rise over run for ramps
 - 1:20
 - For every inch of height change, there are at least 20 inches of route run
- Width of doorway
 - At least 32" between the face of the door and the stop when the door is open 90 degrees⁷

⁷ "ADA Checklists for Existing Facilities." *New England ADA Center*, Institute for Human Design, www.adachecklist.org/checklist.html. Accessed 23 Apr. 2018.

Accessible Performances

Deaf or Hard of Hearing

According to the National Institute on Deafness and Other Communication Disorders (NIDCD), 13% of people in the United States aged 12 years or older have hearing loss in both ears. About 2% of adults aged 45 to 54 have disabling hearing loss. That increases to 8.5% for adults aged 55 to 64, 25% for those aged 65 to 74, and 50% for those who are 75 and older.⁸

Most Theatres provide listening devices for those who need them, but if those do not help, there are still other options. Among these are Open Captioning and American Sign Language (ASL) interpreted performances. This section contains information about how to make Do-It-Yourself Open Captions, as well as Open Captioning and ASL in general.

⁸ "Quick Statistics about Hearing." *National Institute on Deafness and Other Communication Disorders*, NIH, 15 Dec. 2016, www.nidcd.nih.gov/health/statistics/quick-statistics-hearing. Accessed 29 Mar. 2018.

Open Caption

Open Captioned shows are helpful for people who are deaf or hard of hearing. They are a “word-for-word transcription of what the performers are saying or singing as well as sound cues.”⁹ Unlike closed captions on the television, open captions are always in view and cannot be turned off. Open captioning is also not the same as opera surtitles, which are “highly synopsisized, carefully edited translations of what is being sung.”¹⁰

Because captions are in view of everyone, many theatre-goers who do not think they need open captions can find out that they really are missing certain parts of the narrative. The husband of the Artistic Director at Lifeline Theatre found out during an open captioned show, that he was missing important environmental cues - like a door banging - in the show. He had not realized that his years of being in a rock band had significantly reduced his hearing.

Open Caption shows take a lot of work ahead of time to accomplish. At Lifeline, and other small theatres, the easiest way to put on open captions is to have a TV in a place that is in view of most, if not all, of the audience. Bigger theatres with more money can afford to own more than one TV, or even individual iPads or tablets with the captions

⁹ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

¹⁰ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

on them. With the use of tablets, those patrons that think that having open captions takes away from the experience do not even have to see them.

For DIY captions, during the show, whoever is running the open captions will run the powerpoint. At Lifeline, Erica ran the powerpoint from the stage manager's booth. She uses an assistive listening device to make sure that she can hear clearly where they are in the show.¹¹

The expenses for Open Captioning include a mounted TV, or if one can afford them, iPads or tablets, and labor costs for making DIY captions and running them during the performance. If one outsources the captions, there is a non-profit company called c2 (Caption Coalition) that was founded in 2002 by David Chu and Donald DePew who can put them together, but it costs \$1500 per show (as of Fall 2016). DIY is definitely the less expensive route, even if it does take more time out of one's personal schedule.

12

¹¹ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

¹² "About Us." c2 *Caption Coalition*, Caption Coalition, c2net.org/about/. Accessed 29 Mar. 2018.

DIY Open Captions

At a DIY Captioning workshop held by the League of Chicago Theatres at Lifeline Theatre attendees were taught the basics of set-up, preparation, and performance for captioning. As stated above, professional caption companies cost around \$1500. The DIY captions take around 40 hours of work to prepare.

There are quite a few things that one needs in order to set up open captions. For hardware, a person will need a laptop to run the captions, a projector, monitor, or personal devices to display the captions, and cables to link them. Software used can be Powerpoint, Keynote, or any other slideshow program and a screen-sharing app if one is using personal devices like iPads to display the captions.

To put the slides together, a person will need to convert the script to a .txt format and remove anything that is not dialogue, such as parentheticals, exposition, etc. The easiest text to read is yellow characters on a black background. All the text should be in a consistent, readable font and a consistent size. The exception being that the character names may change in size, color, or capitalization before the text.

(ALLISON: I love captioning!) There should only be 2-3 lines of text per slide, and unless lines are being said over each other, limit one character per slide. To avoid the fact that sometimes things said in dialect can be written in a way that is hard to read, indicate the accent outside of the text instead. Avoid using abbreviations or censoring

words, even if they are expletives. Include sound cues, even if they are not as important as, say, a gunshot. There is a reason the sound is in the show, so it should be in the captions, too! Text that is sung should be noted by music notes before and after the text. For moments that are silent, add in blank slides.

One should always practice running the slides while watching the show, either via recording or in a rehearsal. This way, the person who is running the captions will not only have practice for the real thing, but can also find out if actors are changing any of the lines from the original script, what their pacing is, and any extra pauses that are not indicated in the script.

When thinking about where to set up the captions, if there is no place to put the display where it is 100% in view of all audience members, try to find the place that has the most line-of-sight where audience members can see both the text on the display and the action on stage. These will be the seats to sell to the patrons who need the service. One will also need to make sure that the captions are visible with the show's light cues.

All the preparation for open captioning has been done and it is time to put it into action! One first needs to pick a date that works with the patrons who need the service, because they need to be able to come, of course. If a city has a compilation of all the theatre's accessible performances in an area, use that as a guide so accessible

performances are not double scheduled. On flyers, posters, brochures, etc. make sure to include the date and an OC symbol so that patrons will know when the performance is. Offer a discount to patrons who need the service, and make sure to seat them in the line-of-sight section if the captions cannot be seen from everywhere. Talk to the cast, crew, and staff about the importance of these performances and how to interact with the patrons who are deaf or hard of hearing. If one does a pre-show stage speech, remember to include that in the captions, and put a welcome message and a thank you at the beginning and end of the slides. Always ask for feedback from patrons so it can be known how to improve for the next open captioned performance.¹³

¹³ League of Chicago Theatres. "DIY Captioning for Theatre: The Basics." Lifeline Theatre, 12 Nov. 2016, Chicago, IL. Lecture.

American Sign Language

Another type of accessible performance that is aimed towards people who are deaf or hard of hearing is having an American Sign Language interpreter. In most cases, ASL interpreters are a lot more expensive to hire than using a DIY open caption. Another drawback is that an interpreter usually stands to one side of the stage, causing audience members who need the service to have to sit in certain seats. A solution to this, while not applicable at all times, is called "shadow interpretation." Shadow interpreters stay on the stage which helps the audience not have to look back and forth between the action on stage and the interpreter. One thing to think about when choosing between an ASL interpreter and a shadow interpreter is to remember that ASL interpreters are not usually in costume and makeup, and they are not involved in rehearsals from the beginning while shadow interpreters are, being a part of the show on stage. ASL interpreters are usually hired for only a few specific performances, but shadow interpreters can be used for the whole run of the show.¹⁴

According to Erica Foster's masterclass on accessibility, some things to remember when interacting with audience members who are deaf or hard of hearing are:

- Make eye contact. It is easier for someone to read lips when you don't have your head turned.
- Don't cover your mouth with your hands.

¹⁴ Autumn. "Sign Language in the Theater: Shadow Interpreting." *Accredited Language Services*, 2 Sept. 2016, www.accreditedlanguage.com/2016/09/02/sign-language-in-the-theater-shadow-interpreting/. Accessed 29 Mar. 2018.

- Have a pen & paper ready as an option for communication.
- Talking louder doesn't mean someone can hear you. Hearing loss may be at different pitches/tones. Rather, speaking clearly and not mumbling will help with communication.
- Don't over enunciate as it makes it harder to lip read.
- If the person doesn't understand what you're saying, rephrase by saying the same thing using different words.
- Be aware of lighting and space. It is more difficult to lipread in dark space or if there is light behind you making it difficult to see your face, and if there are objects blocking a clear view.
- Be aware of acoustics for those who rely on hearing aids, cochlear implants, etc. quiet spaces are easier to hear and carry on a conversation than spaces with a lot of background noise.
- Know the alphabet in American Sign Language.
- Don't assume that all individuals with hearing loss know sign language. Some do not identify or associate with the signing deaf community and may be offended if you sign to them.¹⁵

¹⁵ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

Blind and Visually Impaired

The World Health Organization reports that 36 million people are blind and 217 million have moderate to severe vision impairment. Of these people, 81% are age 50 or above.¹⁶ Since theatre is such a visual type of entertainment, one might think that people who are blind or visually impaired would not be able to enjoy or participate in it. This section contains information about audio-described and touch tour performances, as well as using large print programs for people with low vision.

¹⁶ "Vision impairment and blindness." *World Health Organization*, Oct. 2017, www.who.int/mediacentre/factsheets/fs282/en/. Accessed 29 Mar. 2018.

Audio-Described

Audience members who are blind or have low vision may not be able to see the set, costumes, action, etc., but they can certainly enjoy the story-line, and through the help of a describer during the show, and a touch tour before the show, they can get a sense of what the costumes and set look like, the actor's voice for the character, the action that is happening on stage, and much more.

Pauline Brandt is an audio describer for the theatre. She describes the job as "scripting between dialogue of a play, all the physicality that happens on the stage." The audio describer needs to see the show beforehand so that she can get a good feel for the action, characters, and set.¹⁷ During the show, they speak into a sound-proof mask with a microphone that gets picked up on walkie-talkies with a single earbud. They only describe visual content leaving the rest to the imagination of the patrons. For instance, instead of "he sneers," they say "he raises his lip." This leaves the audience to decide for themselves whether the raising of his lip has a good or a bad connotation, based on the surrounding context. All the information is relayed to the audience while it is occurring, so that the descriptions match with the dialogue and action that they hear.

¹⁸ Some skills that are needed for audio describers are "a wide vocabulary, an understanding of how theatre works, good writing skills, and a good voice with

¹⁷ "Audio Description for Theatre." *Creative & Cultural Skills*, ccskills.org.uk/careers/advice/article/audio-description-for-theatre. Accessed 29 Mar. 2018.

¹⁸ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

excellent mic skills” as well as “an understanding of the way blind and partially-sighted people like to receive information.”¹⁹

During the audio-described/touch tour performance of *Miss Holmes* at Lifeline Theatre the audio describer not only described the action, but also characters’ entrances and exits, set changes, and any lighting that was significant to the story. This allowed audience members who are blind to envision the show through their imagination using only what they heard onstage and through descriptions.

The expenses for audio-described/touch tour shows include the cost for an audio describer and the equipment needed. The mask mic and walkie-talkies can often be rented from bigger theatres, especially if one lives in a city that strives for accessibility. There has been a recent lawsuit filed against the producers of Broadway’s *Hamilton* for failing to provide audio description. The most likely reason is cost. According to Elisa Edelberg, “prices range from \$15-\$75 per minute” for the audio describer. This is higher than the cost of captioning. There are several reasons why audio description is so costly. “Creating audio description requires a lot of time, attention to detail, and a high level of skill. It also requires many people and expensive equipment to create.”²⁰

¹⁹ "Audio Description for Theatre." *Creative & Cultural Skills*, coskills.org.uk/careers/advice/article/audio-description-for-theatre. Accessed 29 Mar. 2018.

²⁰ Edelberg, Elisa. "How Much Does Audio Description Cost?" *3 Play Media*, 14 Apr. 2017, www.3playmedia.com/2017/04/14/how-much-does-audio-description-cost/. Accessed 29 Mar. 2018.

Touch Tour

Before the show even starts, patrons who are blind or low-vision and their friends or guardians come to participate in the touch tour. During a touch tour, each actor comes out and explains not only their costumes, but their character's appearance, mannerisms, personalities, and they even say a line from the play in their character's voice. This way, when the play is going on, audience members can easily know who is talking. For example, an actor would describe their height, weight, hair color, and personal features, color, style, and accessories for their costumes, what mannerisms their character has, like twitches or rubbing their hands together when they think, as well as anything else that would be important to the story.

Along with the characterizations, the hired describer walks patrons through what the set looks like. During the touch tour for *Miss Holmes*, they gave a very detailed description of Miss Holmes' study, the street outside, and the inside of the victim's house, as well as where there could be entrances and exits. Many props were also described, especially ones that were used or important to the story, such as Dr. Watson's medical bag. Any items that were spoilers to the story, such as a murder weapon, were not mentioned so that the plot was not given away. After all the descriptions, audience members were free to be guided through the set to touch the scenery and certain props that had been set out.²¹

²¹ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

Large Print Programs

Many older audience members and those with low vision may need large print programs to be able to read about cast members and the show. These are very easy to put together and have proven to be helpful. The Kennedy Center put together a tip sheet to help those who want to make large print programs. This resource can be found in Appendix B.

According to Erica Foster's masterclass on accessibility, some things to remember when interacting with audience members who are blind or have low vision are:

- Always ask if they would like assistance, don't assume that they need or want it.
- If patrons do ask you to guide them, offer your arm and be clear and confident in your directions.
- Always let them know if you have left them. For instance, if you guide a patron to their seat, tell them that you are leaving and will be back at intermission before you walk away.²²

²² Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

Autism and other Mental Challenges

Autism is not a disorder that presents itself as black or white. It is a spectrum that affects people in different ways. According to the Autism Society, 1% of the world's population is somewhere on the autism spectrum. More than 3.5 million Americans live with an autism spectrum disorder, and it is the fastest growing developmental disability.²³ Many times, families with children or adults who are significantly affected by autism have a hard time participating in entertainment outside the comfort of their own homes. They feel like people will judge the mannerisms and outbursts that their children might display. Having autism and sensory sensitive friendly shows is a great way to include these people who are often shunned by the rest of the world for not fitting social norms, especially in the setting of a theatre where one is "supposed" to be quiet and stay seated. This section contains information about autism and sensory sensitive friendly shows, more commonly known as "relaxed" shows, and what one needs to prepare to incorporate them into an accessible theatre.

²³ "Facts and Statistics." *Autism Society*, 26 Aug. 2015, www.autism-society.org/what-is/facts-and-statistics/. Accessed 29 Mar. 2018.

Relaxed Shows

In 2011, the Theater Development Fund (TDF) Accessibility Program decided that theatres needed to progress even further towards more accessibility in the theatre. They introduced the Autism Theater Initiative to help families who have children or adults on the autism spectrum to be able to enjoy theatre again. The first ever Broadway show to have an Autism Friendly Performance was the Disney classic, *The Lion King*. Since then, shows such as *Wicked*, *Matilda*, *Aladdin*, and more have added autism-friendly performances. TDF's Executive Director, Victoria Bailey, said to *Broadway Collection*, "It's about creating an environment and experience where everyone can enjoy the show no matter where they are on the autism spectrum."²⁴ Lisa Carling, the director of TDF's accessibility programs, said to *Backstage*, "We want families to feel that they are in a supportive and judgment-free environment. Every family member is important."²⁵

The changes from a regular performance to a relaxed performance are not as great as one might think. For first timers trying to put together a relaxed show, it might be a good idea to find a local organization, such as PAACT in Chicago or Group Living in Arkadelphia, that works with people who are mentally and physically disabled and ask

²⁴ "The Lowdown | Broadway and the Autism Theatre Initiative Make Shows More Accessible." *The Broadway Collection*, Broadway Inbound, 18 Apr. 2016, www.broadwaycollection.com/2016/04/18/the-lowdown-broadway-and-the-autism-theatre-initiative-make-shows-more-accessible/. Accessed 29 Mar. 2018.

²⁵ Weiss, Rachel. "Inside TDF's Autism Theatre Initiative." *Backstage*, 30 Mar. 2016, www.backstage.com/news/inside-tdfs-autism-theatre-initiative/. Accessed 29 Mar. 2018.

them to come see the show. They will have a better idea of what might need to be changed or gotten rid of. After a few relaxed performances, one can usually determine what needs to be changed by oneself.

Inside the performance space, the house lights are dimmed to around 20%, but stay on. The microphone levels are no louder than 90 decibels, and sound and light cues are modified, getting rid of any triggers such as strobe lights or harsh noises.

Volunteers are hired from the local organizations mentioned earlier to help in case of emergency. They are given sensory bags filled with stress balls, fidget cubes and spinners, snap and click chains, stuffed animals, or any other fidget toys. There are plenty of therapy stores on the internet that sell toys specifically for fidgeting and therapy purposes. These are given out if a parent asks for them or if a child seems to need one to stay calm.²⁶ Like changes to the performance, the professionals and parents will usually know when a child on the autism spectrum needs something to help them calm down versus the child just being excited about something.

Accessibility directors also need to prepare the actors for the performance by letting them know of the changes to the show as well as telling them that there will be people coming in and out of the performance space, flapping, clapping, talking, etc., and they need to just continue on with the play as if this was a regular performance.

²⁶ Weiss, Rachel. "Inside TDF's Autism Theatre Initiative." *Backstage*, 30 Mar. 2016, www.backstage.com/news/inside-tdfs-autism-theatre-initiative/. Accessed 29 Mar. 2018.

In the lobby, the usual setup is rearranged to make room for a quiet area with activities such as coloring books, children's books, toys, etc. This space is usually closed off by a curtain and can have bean bags, pillows, blankets, etc. to make it comfortable. The restrooms are turned into family restrooms. Accessibility directors need to also prepare a social narrative and a parent guide for the show. A social narrative is basically a picture book that will let the child know exactly what to expect. It includes everything from what the outside of the theatre, lobby, and performance spaces look like, the scenery, lights and sound, actors, and parts of the story, as well as any other "unusual" things, such as actors using the stairs or coming into the audience. This is useful so that the children are not afraid of the new experience of going to a theatre. The parent guide is a more in depth guide that gives the synopsis of the play, the running time, explains the actors, scenery, lights, sound, theatre, etc. in more detail, and lists every possible trigger during the show and when it will happen. This lets the parents know if there will be something that they need to avoid in the show ahead of time.²⁷ An example of the social narrative and parent guide used for the relaxed performance of *Thumbelina* at Lifeline Theatre can be found in Appendix C and Appendix D.

²⁷ "TDF Autism Friendly Performances." *Theatre Development Fund*, www.tdf.org/nyc/40/Autism-Friendly-Performances. Accessed 29 Mar. 2018.

Physical Disabilities

According to Do Something, people with physical disabilities are the largest minority group in the United States with about 74.6 million people having some form of physical disability.²⁸ Being physically accessible is important for any public building, not just theatres, but even physical accessibility goes beyond wheelchair ramps and seating. Not all physical disabilities are noticeable. According to Disabled World, 96% of people with chronic medical conditions live with an illness that is invisible. Some of these “invisible disabilities” are fibromyalgia, multiple sclerosis, rheumatoid arthritis, and many others. Only about 25% of people with invisible disabilities have their activity limited by their disability, whether that limit is mild, moderate, or severe.²⁹

Natasha Tripney, a writer for *The Guardian*, wrote an article about a performance space that, while innovative and atmospheric for the show, was not accessible at all. Fion Evans' play *Scarborough* is set in a seaside bed & breakfast, so the theatre opted for audience members to find seating wherever they could find a space, such as the window sill, a chest of drawers, the floor, etc., instead of conventional seating. While this is what intrigued Natasha to attend the show, she noticed that this was a point of contention for other audience members. A man who was leaning against the wall as his “seating” looked uncomfortable the whole time and left at intermission. The theatre

²⁸ "11 Facts About Physical Disability." *Do Something*, www.dosomething.org/facts/11-facts-about-physical-disability. Accessed 29 Mar. 2018.

²⁹ "Invisible Disabilities List and Information." *Disabled World*, 24 Nov. 2017, www.disabled-world.com/disability/types/invisible/. Accessed 29 Mar. 2018.

putting on this play commented that theatregoers are warned about the odd seating and that most audience members are more than happy to give up the more normal (but still unconventional) seating for people who need it. For people with disabilities, even more minor ones, this is still a turn off to the theatre. People with arthritis are not going to want to see shows where they will be sitting or standing for long periods of time. With more innovative theatre like this production, where is the line between creativity and accessibility?³⁰

According to Erica Foster's masterclass on accessibility, some things to remember when interacting with audience members who use a wheelchair or have a physical disability are:

- Always ask if they would like assistance. Don't assume that they need or want it.
- If possible, put yourself at the wheelchair user's eye level.
- Do not lean on a wheelchair or any other assistive device.
- Offer assistance if the individual appears to be having difficulty opening a door.³¹

³⁰ Tripney, Natasha. "The Importance of Being Accessible." *The Guardian*, Guardian News and Media, 22 Feb. 2008, www.theguardian.com/stage/theatreblog/2008/feb/22/theimportanceofbeingaccess. Accessed 29 Mar. 2018.

³¹ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

Disabilities and Acting

Theatres should not only be accessible to audience members with disabilities, but also to actors with disabilities. Theatre can be used as therapy, but having actors who are disabled does not need to be so that companies can “fix them” or “help them out.”

Theatre therapy is used to help children and adults with special needs to strengthen life and social skills. There are three basic parts to theatre: singing, acting, and dancing. Singing helps improve articulation and projection, and if hand motions or even American Sign Language are added, it helps make it more accessible even for the learning process and presents a challenge to do both at the same time. Acting improves the life skills of teamwork, communication, eye contact, and more. It also encourages people to freely explore new worlds and be creative. Dancing is a great form of exercise and helps one become aware of their body. Like acting, dancing encourages the exploration of becoming a new character through movement. Even for people who are non-disabled, theatre is a great way to improve oneself, but people with disabilities of all kinds can greatly benefit from participating in theatre.³²

Some theatres strive further than others to create a diverse show. The National Theatre of the Deaf is a Tony Award winning company that gives deaf and hearing artists the

³² Mann, Katie. "The Benefits of Theatre for Individuals with Special Needs." *Friendship Circle*, www.friendshipcircle.org/blog/2013/10/01/the-benefits-of-theatre-for-individuals-with-special-needs/. Accessed 29 Mar. 2018.

chance to work together on the stage. Their shows are in American Sign Language with spoken word incorporated. Identity Theatre has a mission of creating more performances for actors with disabilities and opening the minds of audiences. Theater Breaking Through Barriers is a theatre that originally started as "Theatre by the Blind," but in 2008, it included all disabilities in its mission. Deaf West Theatre might be the most well known in recent news for their production of *Spring Awakening* which began in Los Angeles, where the company is based, and then moved to a revival of the show on Broadway. Like The National Theatre of the Deaf, it pairs deaf and hearing artists on stage through choreographed American Sign Language, spoken word, and song. Deaf West *Spring Awakening* also featured Ali Stroker, an ensemble member who is credited as the first actor who uses a wheelchair on Broadway.³³

A big question when casting certain shows is whether non-disabled actors should play the role of characters with a disability. White actors do not play black characters anymore, so why are non-disabled actors cast as characters who are disabled? The title role in Shakespeare's *Richard III* is disabled, and in a production of it at Hull Truck Theatre in 2017, Mat Fraser, an actor who is disabled, performed the role. In an article he wrote, he states that it now "feels backwards" to see an able-bodied actor in the role. Actors who play into the disability, but do not know what a disability really means often come across to audience members who are disabled as just what it is, a

³³ Wright, KC. "9 Theater Companies Celebrating Actors With Disabilities." *Backstage*, 16 Feb. 2016, www.backstage.com/news/9-theater-companies-celebrating-actors-disabilities/. Accessed 29 Mar. 2018.

performance. When an actor who is disabled is playing the role, the audience members who are disabled can feel like they are being reflected on the stage, and they are finally a part of the story. Mat Fraser implores theatres to commission one playwright and one actor who is disabled per year to help theatre become more inclusive. He believes that "any body should be able to play Any Body but only when there is a truly level playing field of opportunity." Cast actors who are disabled in roles that are disabled, and cast them in roles that are not.³⁴

³⁴ Fraser, Mat. "Mat Fraser: All theatres should cast at least one disabled actor a year." *The Stage*, The Stage Media, 11 May 2017, www.thestage.co.uk/opinion/2017/mat-fraser-all-theatres-should-cast-at-least-one-disabled-actor-a-year/. Accessed 29 Mar. 2018.

Appropriate Communication: Do's & Dont's

Communication is important. The way one talks to people with disabilities can either convey a positive or a negative image. Terms and language change constantly, but putting the person before their disability is generally the best way to go. Keeping up to date with changing terms will help make the world a more access-friendly place.

Along with the sections at the end of the different accessible performances, some good guidelines from Erica's masterclass are:

- If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Don't be afraid to ask questions when you're unsure of what to do.
- When talking with someone who has a disability, speak directly to him or her, rather than through a companion who may be along.³⁵

The University of Kansas also has a great infographic on what one should and should not say that can be found in Appendix E as well as a guide on how to write and report about people with disabilities in Appendix F.

³⁵ Foster, Erica. "Lifeline Accessibility Initiative Update Fall 2014." Lifeline Theatre, Chicago, IL. Lecture.

Conclusion

Taking Erica's masterclass on accessibility at Lifeline Theatre helped open my eyes to the world of accessible theatre. It had never occurred to me that wheelchair ramps and spaces and American Sign Language were not the only forms of accessibility to happen in the theatre. That masterclass sparked a year's worth of research into the who, what, why, and how of accessible performances.

I hope that this will serve as a guide for anyone who strives to make the theatre an accessible place for all people. Many of the things explained in this can also be put to use in other areas of business besides the theatre. I encourage everyone reading this to start implementing some of these changes in your theatre. It will be hard work, and it will not be perfect the first time around. If you can change even one person's experience at the theatre, it will be so worth it.

Appendix A - Accessibility Symbols



Wheelchair Accessible



Low Vision



Large Print Documents



American Sign Language



Audio Described



Open Captioned

Appendix B - Large Print Program Tips



Accessibility TipSheet Large Print Programs

From the Access Office

An easy way to make older patrons and patrons who have low vision feel welcome is to provide programs, Playbills, or guides in a clean and legible format. With nothing fancier than a computer, printer and a little of your time, you can easily create Large Print documents.

To simplify conversion and to provide a level of consistency for your audience, create a style sheet for formatting and develop a process for producing and distributing Large Print materials. The Kennedy Center developed the following simple procedures and style sheet with input from audience members. Feel free to modify these based on your resources and with input from your local community.

Sample Style Sheet and Procedures for Producing Large Print Programs and Playbills

1. Transfer the information to a Word document.

- a. Copy the text from the original file source and paste it into a Word document.
- b. Make sure that all of the information has been transferred and is in the correct order.
- c. Remove graphics and photos and replace with descriptive text when appropriate.

2. Clean up the Document.

Equal access to information is the goal but because resources and time are limited, our audience members with low vision recommended the following:

- a. Cut all long donor lists, lists of board members, and lists of orchestra and chorus members. In place of these put in the sentence: "List of (name of list) is available upon request. Please contact (name or office) at (phone number and/or email address)."
- b. Eliminate all general advertising with the exception of ads and announcements for upcoming performance events.
- c. Move information not specifically related to the performance or event and other non-essential information to the end of the program.

3. Format the Text

Keep in mind that most formatting is done to "look pretty" and to guide a sighted individual to specific information. With large print the goal is to make the text **legible**. Someone who has low vision might read the document one sentence or word at a time, under a magnifier, or with a scanner attached to a computer monitor.

- a. Convert all text to a san serif font, such as Arial, Helvetica or Verdana.
- b. Convert all text to **18 pt** font size or larger. (*14 pt font size is considered to be the minimum for large print*)
- c. **Left justify** the text throughout the document.

- d. Set the **line spacing** throughout the document to 1.5.
- e. Set top and bottom **margins** at .75" and left and right margins at 1".
- f. Remove all italics, underlines, and any other formatting inserted for emphasis or to draw attention.
- g. Use bold to emphasize headings, section titles, or other important text.
- h. Take out large spacing gaps such as tabs.
- i. Convert tables to legible lists.
- j. Format essential lists for legibility. There are several ways this can be accomplished for example:
 - i. Lists of names, such as cast members or staff, should be formatted uniformly and consistently throughout the document. One example for a standard theater program would be to list the name of the character or title, a colon, and then the name of the actor:
 - Mr. Smith: Fred Jones
 - Joey, Mr. Smith's son: John Doe
 - Lighting Designer: Jean Brown
 - ii. In dance programs, lists of dancers can be formatted one of two ways:
 - 1. In a sentence with comas between each name:
Jean Brown, Fred Jones, John Doe
 - 2. In a list with one name right below the other:
Jean Brown
Fred Jones
John Doe
 - iii. In concert programs, list the composer, name of piece, and titles of movements on separate lines. Descriptions of movements should remain on the same line as the movement title:
 - Ludwig van Beethoven**
 - Symphony No. 9 in D minor, Op. 125 "Choral"
 - 1. Allegro ma non troppo, un poco maestoso
 - 2. Scherzo: Molto vivace - Presto

4. Print the Large Print Copies

Start by printing a small number of copies (5 to 15) and print additional copies on an as-needed basis. Over time you will be able to determine a baseline that is right for your audience.

- a. Use non-glossy, white paper.
- b. 8 ½ by 11 is easy to handle; larger paper is awkward to manipulate.
- c. Staple or bind the program together so that pages are easy to turn and read.

5. Distribute the programs

Train your front of house staff to offer Large Print. Post signage to let your patrons and visitors know where and how Large Print materials can be picked up.

ABOUT TIPSHEETS

TipSheets are produced collaboratively with members of the Leadership Exchange in Arts and Disability (LEAD) network. TipSheets are intended solely as guidance and are not a determination of an organization's legal rights and responsibilities. You are welcome to copy and distribute this TipSheet.

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Appendix C - Social Narrative



SOCIAL NARRATIVE: GOING TO LIFELINE THEATRE

Welcome to Lifeline Theatre! We look forward to having you attend *Thumbelina* on November 19th.



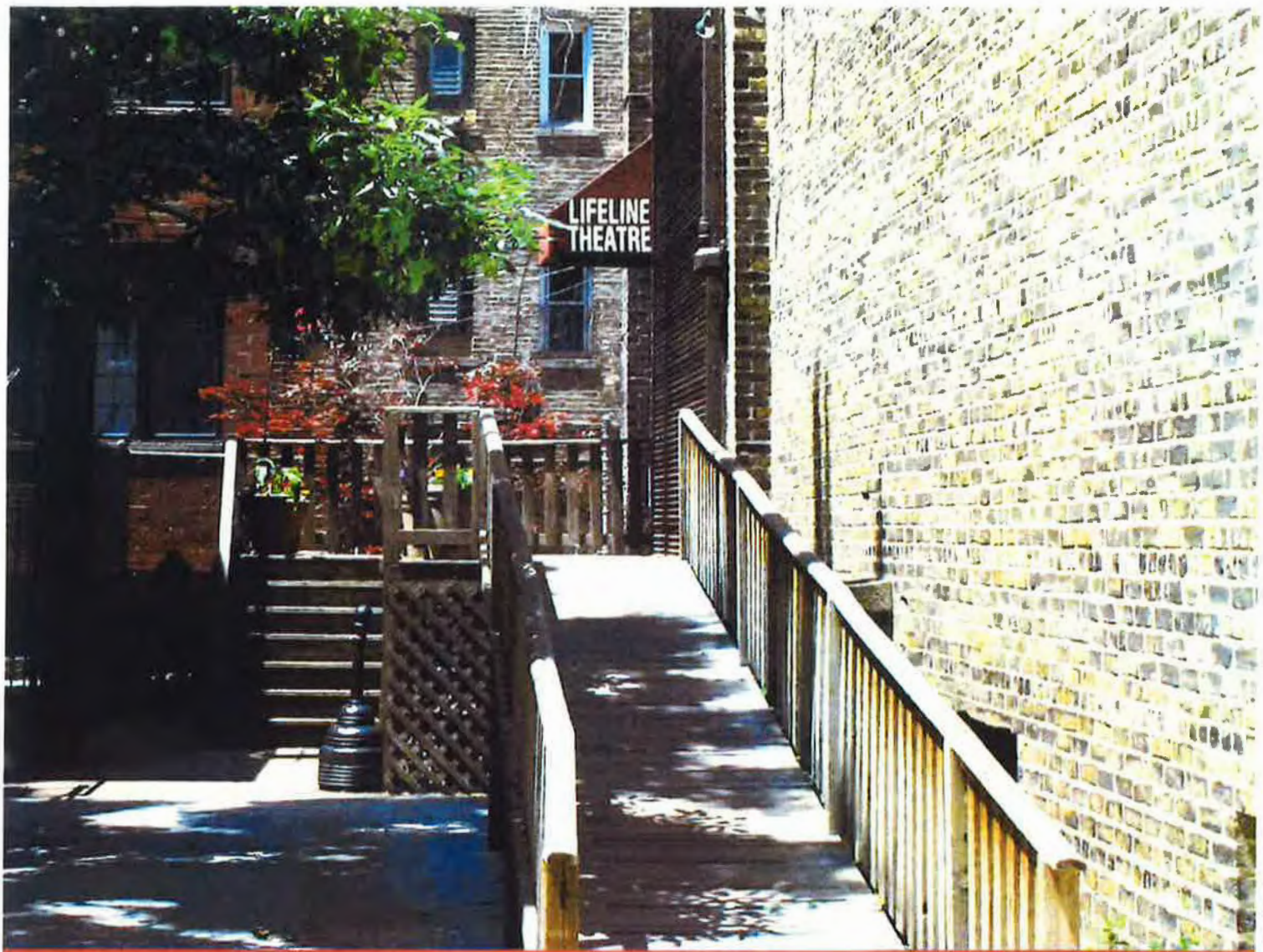
LIFELINE THEATRE

I am going to Lifeline Theatre to see a play.



GOING TO THE THEATRE

My family will drive, take a bus, or take a train to the theatre. If we drive to the theatre, my family might park our car in a parking lot and the Lifeline van will drive us to the theatre.



RAMP

When I arrive at Lifeline Theatre, my family and I will walk up a ramp and enter the building.



LOBBY

When I go into the theatre, I will be in the lobby.



QUIET AREA

The lobby may be crowded and noisy. If I don't like the crowd, I can go to the quiet area.



GETTING TICKETS

My family and I will go to the box office to get our tickets to the play.



BATHROOMS

The bathrooms are in the lobby.
I can use the bathroom at any time.



USHERS

When it is time to go into the theatre, I will give my ticket to an usher and they will tell me where my seat is.



SEATS

I will go up steps to my seat. The seats in the theatre have blankets on them that I can use if I get cold.



STAGE

The play will happen on the stage. I will wait with my family in my seat until the show starts. If I need to leave the theatre, I can go out the way I came, but I can't go past the yellow line.



USHER SPEECH

I will know the play is starting when the usher talks onstage.



SCENERY

I will see a lot of ropes hanging in front of a curtain that sparkles. I will see other ropes hanging from the ceiling. The ropes will be moved around and climbed by the actors. I will not climb the ropes before or during the play, but I can touch them after the play is over.



ACTORS

There are 6 actors in the play. The actors will tell me the story of Thumbelina. They will play many different people, animals, insects and fairies.



THUMBELINA

Thumbelina is a young girl who grows from a magic flower and is very small. For the play, Thumbelina is sometimes played by a human and sometimes by a puppet. The actor who plays Thumbelina will move the puppet around. Other actors will help her.



MOTHER

Thumbelina's Mother wants a child and plants the magic seed that Thumbelina grows from.



MOUSE & MOLE

Thumbelina stays with a Field Mouse and a Mole for the winter.

The Field Mouse is an artist.

The Mole is a scientist.



ANIMALS & INSECTS

Thumbelina encounters many animals and insects on her adventures. Sometimes these animals and insects are played by one actor. Sometimes the actors move together to create an insect.



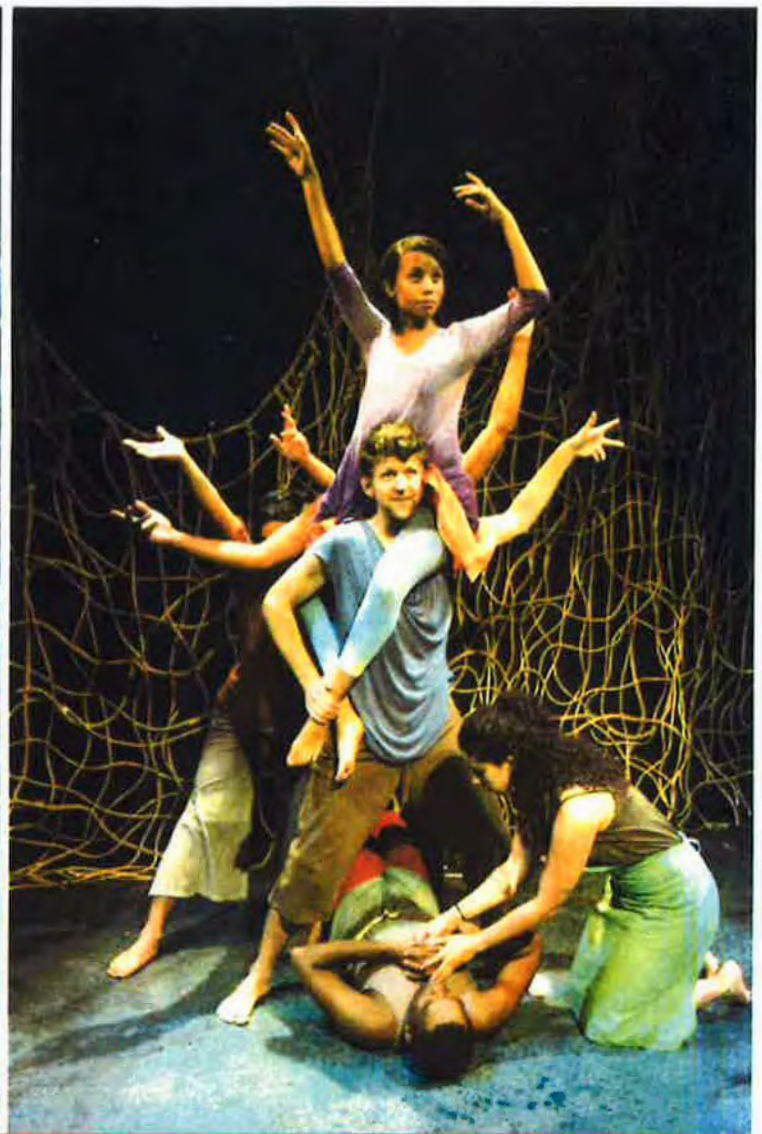
PUPPETS

Some of the animals and insects will be puppets that the actors move.



RICHARD

Thumbelina meets a family of fairies on her adventure. She and Richard, a fairy, travel to Thumbelina's home to save her flower and the fairies magic. Richard is sometimes an actor and sometimes a puppet.



DANCING & MOVEMENT

There is a lot of dancing in the play. The actors will move together and climb on each other to make different shapes. I can use my imagination to know that the actors are making the shape of a tree, a lily pad, and other plants and animals.



ACTORS ON THE STAIRS

During the play the actors might enter and exit through the audience. The actors might talk directly to me, but they won't hurt me. They might ask me to hold something, I can say yes or no. If I hold something for an actor, I will give it back if they ask for it.



LIGHTS AND SOUNDS

The lights will sometimes change colors during the play. The music and sounds may sometimes be loud. The actors sometimes hold tiny lights in their hands.



BOWING

After the play is over, the actors will bow and I can clap my hands.



THANK YOU FOR COMING
TO LIFELINE THEATRE

We hope to see you again!

Appendix D - Parent Guide



PARENT GUIDE: THUMBELINA

We are excited for your upcoming visit to Lifeline Theatre and *Thumbelina*! This guide will help you prepare your family for the theatre experience and any moments that might be possibly overwhelming.

ABOUT THE PLAY

Thumbelina is born from a seed that a Woman plants and pours her heart into. Thumbelina is tiny, the size of a thumb. She longs to be outside, but her Mother is very protective and keeps her indoors. One day, Thumbelina leaves her house to go into the garden. There she meets a Frog who shows her his lily pad and tries to convince Thumbelina to marry him. Thumbelina escapes with the help of a fish and a moth, but her lily pad 'boat' crashes and she finds herself lost in the forest. As Thumbelina tries to find her way back home she meets many different animals and insects. When winter comes, Thumbelina is found by a Field Mouse who saves her from freezing in the snow and she lives with the Field Mouse and Mole underground. She becomes friends with a Swallow and learns what it means to be a family. In the spring, Thumbelina encounters Richard, a fairy who has lost his magic. Thumbelina discovers that she is also a fairy and the flower she was born from is dying because she has not been near it all year. She and Richard climb a cliff to get to Thumbelina's house to save the flower and the fairies' magic. Thumbelina learns in her adventures what it means to belong to a family.

The play is different from the classic Hans Christian Anderson fairy tale. In our version, Thumbelina makes her own choices and also, deals with the consequences of those choices.

The Running Time of the show is 60 minutes with no intermission.

(Con't)

ACTORS & PUPPETS

There are six actors in the play. All of the actors serve as Narrators telling the story. And with the exception of the actor playing Thumbelina, they play multiple roles. Sometimes two or more actors move together to create characters. For example: one actor sits on another actors shoulders to become a spider that 'climbs' up the web of ropes; five actors move together in a line to create a caterpillar.

There are also a lot of puppets in the show. Bees, moth, a fish and a swallow are puppets. Thumbelina is sometimes a puppet to show her size when she is with her Mother. Richard, a fairy, is also played by both an actor and a puppet.

SCENERY

The stage is small. The backdrop is a tangle of ropes that can lift up to become a cave, create a spider web, and also the cliff that the Thumbelina and Richard puppets must climb together. There are also seven ropes hanging from the ceiling that are moved and manipulated to create various locations. For example: two ropes with a bar in between them become the window in Thumbelina's house.

DANCE & MOVEMENT

Thumbelina is a dance-inspired play. There are multiple sections of music and movement when the actors are creating a new place or showing passage of time. For example: the actors create trees multiple times by sitting on each other's shoulders. They form a circle with their bodies to create a lily pad. They use white fabric and movement to create a snow storm.

LIGHTS & SOUNDS

The lights will slowly change colors during the movement sections and these sections will also have music underscoring them. The backdrop will sometimes light up with multiple strings of light. Some actors have handheld finger lights to represent fireflies. Other sounds heard are mostly ambient nature sounds – sometimes made by the actors vocally (wind 'whooshes'), but mostly prerecorded and through the speakers.

The house lights will be left up during the show. And the sound will be reduced by approximately 25%

THEATRE LAYOUT

When you enter the theatre, you will walk across the stage floor and up two steps to the first row of seats. The seating is eight rows total, and all stadium style so you have a good view of the stage from anywhere.

There is a second entrance into the theatre in the middle of the seating bank. This has stairs and a small hallway that leads back out to our lobby. The main entrance to the theatre will be left open during the performance so if anyone needs to take a break it will be easy to enter/exit.

There will be a yellow line on the stage floor indicating the path to come in/out of the theatre so that the pathway is safe during the show.

THUMBELINA

PARENT CUE SHEET

Action on Stage	Sensory Sensitivities & Difficult Concepts
House Manager will give a curtain speech	Stage lights will dim
Actors enter the stage	Four of the actors will interact with some audience members, using the center stair entrance. They will ask audience members to hold pieces of white fabric or an acorn that will be used later in the play.
Once upon a time	Background music begins. The actors perform a movement piece to set up the beginning of the play. String lights are lit on the backdrop, two actors use the handheld lights to portray fireflies.
Scene with the Woman in the Forest	During the scene the actors will create trees and the forest with their bodies.
Mother plants the seed	The actors create the tree and the flower from which Thumbelina grows. Thumbelina is first represented as a tiny puppet, the size of a thumb.
Mother raises Thumbelina	Thumbelina begins the scene played by the actor and then is played by the puppet when they are inside the house. Towards the end of the scene, Mother almost sits on the puppet Thumbelina.
Thumbelina explores the garden	Thumbelina (puppet) is curious about something she sees moving in the garden. Thumbelina decides to climb out the window and leave the house even though her Mother told her not to. Once she is outside, Thumbelina is played by the actor.
Thumbelina meets the Frog	Thumbelina meets a Frog and goes with him to see his lily pad, which is created by the actors making a circle with their bodies. The Frog wants to marry her and leaves to tell his Mom.
Thumbelina escapes the lily pad	Thumbelina decides she needs to escape the lily pad. She sticks her head under-water and the lights and sounds change to show this. Puppets of a fish and a moth help Thumbelina figure out how to get the lily pad free and float back home.
Thumbelina crashes	The lily pad is taken down the river and then over a waterfall. Thumbelina (puppet) is shown using a small version of a lily pad as a glider. The actors and Thumbelina exit through the center aisle stairs. There is a loud crash when Thumbelina finally hits the ground.
Mother discovers Thumbelina missing	Mother will shout while looking for Thumbelina.
Thumbelina meets a bee	Thumbelina (actor) tumbles onto the stage from the left side as if she just fell from the cliff. There is a puppet of a large bee to show size perspective. Thumbelina follows the bee to find honey.

(Con't)

Action on Stage	Sensory Sensitivities & Difficult Concepts
Thumbelina gets some food	Thumbelina (puppet) gathers honey from a smaller hive and multiple small bees that are used by the narrators. Some of the actors will make the buzzing bees sound.
Thumbelina meets a Squirrel	Thumbelina (puppet) collects a puppet raspberry. Then Thumbelina (actor) enters with a large version of the raspberry to eat. Two actors create a squirrel with a bushy tail. They hide from an owl that is heard but not seen.
Fall approaches	Ropes are moved to create a cave and Thumbelina (actor) uses a large leaf for shelter.
Thumbelina meets a Caterpillar	Five actors use their bodies pressed against each other to create a caterpillar. At first just the first actor is seen, but as he enters the stage more actors appear to make the body of the caterpillar.
Thumbelina meets a legion of Beetles	Five actors are all beetles that make a 'tsk tsk' noise. They move quickly and rapidly talk over one another. They create multiple pyramids with their bodies during the scene.
Winter approaches	The actors use the white fabric to represent a snowstorm. They wave the fabric around in the center aisle and swirl around Thumbelina, who falls. Thumbelina (puppet) emerges on top of an actor covered by the white fabric and climbs over the snowbank but tumbles again, emerging as the actor playing Thumbelina.
Mother is worried	Lights shift to Thumbelina's Mother. Sound of the snowstorm and wind howling can be heard.
Field Mouse discovers Thumbelina	A Field Mouse discovers an nearly-frozen Thumbelina and carries her back to his home. The ropes are moved to create the underground tunnel in which the Mouse and the Mole live.
They meet a Swallow	Thumbelina, Field Mouse, and Mole come upon a Swallow with a broken wing.
Spring arrives	The Swallow's wing has healed and Thumbelina rides on the back of the Swallow to fly through the air. Thumbelina shouts with joy. The Swallow finds his flock, the actors enter and exit through the center aisle.
Thumbelina goes back into the forest	Thumbelina leaves the tunnel of the Mouse and Mole, she swings on the ropes and shouts with joy. The lights will change colors.
Thumbelina's flower is dying	The lights shift to Mother, who laments over Thumbelina's dying flower.
The Beetles come back	The Beetles speak over each other rapidly, making 'tsk tsk' noises.
Thumbelina finds a spider web	The net ropes will lift up to create a spider web, and gets 'stuck' in the web. The spider is created by two actors in a shoulder sit, and they climb up the ropes, which represent the spider web.
Thumbelina meets a family of fairies	The fairies enter with loud voices and discover that Thumbelina is very likely a fairy as well. The lights will shift during the scene with multiple colors.

(Con't)

Action on Stage	Sensory Sensitivities & Difficult Concepts
Thumbelina and fairies perform a ritual	<p>Thumbelina and Richard agree to climb the cliff to get back to Thumbelina's flower. The fairies perform a ritual to support Thumbelina and Richard on their journey, during which the lights will change colors.</p> <p>They quote the E.E. Cummings poem "I give you my heart".</p>
Thumbelina & Richard climb up the cliff	<p>Thumbelina (puppet) and Richard (puppet) climb up the netting which is lifted off the ground to create a cliff. They start to fall and are saved by two Swallows represented by puppets.</p>
Thumbelina returns home	<p>Thumbelina (puppet) returns to her home and reunites with her Mother. She introduces Richard (puppet) to her Mother.</p>
Thumbelina & Richard save her flower	<p>Thumbelina (actor) and Richard (actor) perform another fairy ritual and create a 'heart-net' around the flower, which is represented through the movement of three actors.</p>
Thumbelina & Richard fly	<p>Thumbelina and Richard fly through the air by using the ropes held by other actors. They refer to carrying each others' hearts in their hearts.</p>
The end	<p>The actors will use the handheld firefly lights. Lights will go dark.</p>

Appendix E - Do Say/Don't Say



Your Words, Our Image

You are in a unique position to shape the public image of people with disabilities. By putting the person first and using these suggested words, you can convey a positive, objective view of an individual instead of a negative, insensitive image.

Do say

Disability
 People with disabilities
 Person with spinal cord injury
 Person with autism, on the autism spectrum
 Person with Down syndrome
 Person of short stature
 Uses a wheelchair, wheelchair user
 Has a learning disability
 Has chemical or environmental sensitivities
 Has a brain injury
 Blind, low vision
 Deaf, hard of hearing
 Intellectual disability
 Amputee, has limb loss
 Congenital disability
 Burn survivor
 Post-polio syndrome
 Service animal or dog
 Psychiatric disability, mental illness
 How should I describe you or your disability?
 Accessible parking or restroom

Don't say

Differently abled, challenged
 The disabled, handicapped
 Cripple
 Autistic
 Mongoloid
 Midget, dwarf
 Confined to a wheelchair, wheelchair-bound
 Slow learner
 Chemophobic
 Brain damaged
 Visually handicapped, blind as a bat
 Deaf-mute, deaf and dumb
 Retarded, mental retardation
 Gimp, lame
 Birth defect
 Burn victim
 Suffers from polio
 Seeing eye dog
 Crazy, psycho, schizo
 What happened to you?
 Handicapped parking, disabled restroom

Want more information?

Download our brochure *Guidelines: How to Write and Report About People with Disabilities* at www.rtcil.org/guidelines.

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Appendix F - How to Write and Report about People With Disabilities

Guidelines:
**How to Write
and Report About
People with Disabilities**



Based on a national survey of
disability organizations

8th Edition

*The difference between the right word and
the almost right word is the difference between
lightning and the lightning bug.*

- Mark Twain

Your Words, Our Image

Writers, editors, reporters and other communicators strive to use the most accurate terminology about people with disabilities. However, inaccurate, archaic and offensive expressions are still commonly used, perpetuating negative stereotypes and beliefs about people with disabilities.

For example, a person who uses a *wheelchair* – an objective fact – is often described as *wheelchair-bound*, a subjective description that implies victimhood.

As one wheelchair user puts it, "I personally am not 'bound' by my wheelchair. It is a very liberating device that allows me to work, play, maintain a household, connect with family and friends, and 'have a life.' "

Who Says?

Since the first edition was published in 1984, we have consulted with hundreds of disability groups and individuals who have disabilities to produce *Guidelines: How to Write and Report About People with Disabilities*. The eighth edition presents the latest terminology preferred by people with disabilities.

The Associated Press Stylebook, the *Publication Manual of the American Psychological Association* (6th edition) and the *American Association for the Advancement of Science* have all adopted some of the recommendations from previous editions of the *Guidelines*.

The first edition of the *Guidelines* was produced with funding from the National Institute on Disability and Rehabilitation Research. Since then, more than one million copies have been distributed, and the electronic version is now used by people around the world.

Please use the *Guidelines* when you write or report about people with disabilities. We also offer a poster that presents a short list of disability writing style dos and don'ts.

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Portrayal Issues

The Americans with Disabilities Act (ADA) defines disability as a physical or mental impairment that substantially limits one or more major life activities.

That said, people with disabilities are like every other human being – they have strengths and weaknesses, successes and failures, hopes and dreams. Like other minority groups, they don't want to be stereotyped when their stories are told. By following these guidelines, you can portray people with disabilities in an accurate and objective manner.

Put the person first, not his or her disability. Use *person with a disability*, *woman with multiple sclerosis* or *a child who has an intellectual disability*. This "person-first language" puts the focus on individuals, not their functional limitations. Labeling a person (for example, *an autistic*) dehumanizes him and equates a person with a condition. Think *people first*, too, for indicating disability groups, such as *people who have cerebral palsy*.

Emphasize abilities, not limitations. For example, uses *a wheelchair* or *uses a communication device* rather than *confined to a wheelchair* or *unable to speak*. In reality, wheelchairs and other assistive devices represent independence for their users, not a burden. To emphasize capabilities, avoid negative words that portray the person as passive or suggest a lack of something, such as *victim*, *invalid* or *defective*. While the term *disability* itself implies a negative, it is the most objective term we have in English.

Do not focus on a disability unless it is essential to a story. Avoid tear-jerking human interest stories about incurable diseases, congenital disabilities or severe injury. Focus instead on issues that affect the quality of life for those same individuals, such as accessible housing and transportation, affordable health care, employment opportunities and discrimination. Focus on personal characteristics that aren't related to disability, such as artist, professional, mother, etc.

Bypass condescending euphemisms. Terms such as *special*, *handicapable*, *differently abled* and *challenged* reinforce the idea that people cannot deal honestly with their disabilities. While *special* is used in the names of some educational programs and organizations, the use of *special needs* is offensive to many adults with disabilities, who want to be treated like everyone else in their community. *Special* also implies a paternalistic need to be taken care of, which is frequently not true. Just say *children with disabilities*.

Do not portray successful people with disabilities as heroic overachievers or long-suffering saints. Every human faces challenges in life. Even though the public may find such portrayals inspirational, these stereotypes raise false expectations for people with disabilities.

Avoid sensationalizing and negative labeling. Saying *afflicted with*, *crippled with*, *victim of* or *suffers from* portrays individuals with disabilities as helpless objects of pity and charity. State the facts in neutral terms, saying *a person who has AIDS*. Avoid emotional descriptors such as *unfortunate* or *pitiful*.

Do not equate disability with illness. People with disabilities can be healthy, though they may have chronic diseases such as arthritis, heart disease and diabetes. People who had polio and experienced after-effects have *post-polio syndrome*; they are not currently experiencing the active phase of the virus. Also, do not imply disease if a person's disability resulted from anatomical or physiological damage (for example, *a person with spina bifida*). Finally, do not refer to people with disabilities as *patients* unless their relationship with their doctor is under discussion, or if they are referenced in the context of a clinical setting.

Respect the person. Do not use offensive words such as *retard*, *freak*, *lame*, *subnormal*, *vegetable* and *imbecile*. If you maintain the dignity and integrity of each individual, there is no need to panic about being politically correct. When appropriate, you may ask a person how she prefers you to describe her disability. While some common phrases can be hurtful, such as *blind as a bat*, it's fine to use everyday expressions like *See you later*.

Person-First Language: A Partial Glossary of Disability Terms

We know that language shapes perceptions, so a small word choice can make a big difference in communicating attitudes towards people with disabilities and assumptions about the quality of their lives.

Person-first language literally puts the person first instead of his or her disability. By referring to an individual as *a person with a disability* instead of a *disabled person*, you are providing an objective description instead of a label. While opinions differ on some words, this partial list offers preferred terms for many visible and invisible disabilities, illustrated with person-first language.

AD/HD (Attention Deficit/Hyperactivity Disorder) is the clinical diagnosis for a genetic neurobehavioral condition that is characterized by symptoms in three categories: inattention, excessive activity and impulsive behavior. While the medical community includes **ADD (Attention Deficit Disorder)** as a subset of this condition, disability advocates consider the two conditions as distinctly different. A person who has ADD has difficulty focusing attention and a high level of distractibility, but does not experience hyperactivity or impulsive behavior. Say *person with ADHD* or *student with ADD*. Do not use *hyper* or *lazy*.

Autism spectrum disorders (ASD) refers to a group of complex disorders of brain development that may cause difficulty with social interactions, problems with verbal and nonverbal communication and repetitive behaviors. In terms of symptoms, **Asperger's syndrome** is on the milder end of the spectrum. People with an ASD can have severe limitations in one area with no limitations in others. Use *child with autism* or *Asperger's syndrome* or *person on the spectrum*. Do not say *autistic*. (See also "A Few Exceptions" on page 11.)

Blind describes a condition in which a person has loss of sight for ordinary life purposes. A person is *legally blind* when vision with best correction is no better than 20/200. *Low vision* and *vision loss* are generic terms for

vision loss caused by macular degeneration and other conditions. *Low vision* usually denotes someone who is legally blind, but can still see large print, bright colors, light and shadow, and large shapes, while *vision loss* refers to those who have lost vision after birth. Say *boy who is blind*, *girl who has low vision* or *man who is legally blind*. (You may ask which term best suits the person.) Some blind people consider themselves visual thinkers so they regard *visually impaired* and *visually challenged* as negative terms.

Brain injury or traumatic brain injury (TBI) describes a condition where there is temporary or long-term disruption in brain function resulting from injury to the brain. Difficulties with cognitive (thinking remembering, learning), physical, emotional and/or social functioning may occur. Use *person with a brain injury* or *employee with a traumatic brain injury*. Do not say *brain damaged*.

Chemical and/or electrical sensitivities describe chronic medical conditions characterized by neurological impairment, muscle pain and weakness, respiratory problems and gastrointestinal complaints. Reactions for those with chemical sensitivities are triggered by low-level exposure to everyday substances and products including pesticides, solvents, cleaning agents, new carpeting and adhesives, fragrances and scented products. Electrical sensitivities are triggered by electromagnetic fields from electrical devices and frequencies. These conditions are also called *environmental illness*, *toxicant-induced loss of tolerance* or *sick building syndrome*. Use *person with chemical intolerance* or *people with environmental illness*. People with this condition should not be called *chemophobic* or described with the term *idiopathic environmental intolerance*.

Chronic fatigue syndrome refers to a chronic condition in which individuals experience six or more months of fatigue accompanied by physical and cognitive symptoms. *Chronic fatigue*, *immune dysfunction syndrome* and *myalgic encephalomyelitis* are currently preferred. Do not say *Yuppie Flu*. Also, don't confuse this syndrome with overlapping or similar conditions such as *Epstein-Barr virus syndrome* and *fibromyalgia*.

Cleft palate or lip describes a specific congenital disability involving the lip and gum. Say *person who has a cleft palate*. The term *hare lip* is anatomically incorrect and stigmatizing.

Congenital disability describes a disability that has existed since birth but is not necessarily hereditary. Use *person with a congenital disability or disability since birth*. Do not say *birth defect or deformity*.

Deaf refers to a profound degree of hearing loss that prevents understanding speech through the ear. *Hearing impaired or hearing loss* are generic terms used by some individuals to indicate any degree of hearing loss, from mild to profound, although some dislike the negative term *impaired*. *Hard of hearing* refers to a mild to moderate hearing loss that may or may not be corrected with amplification. A person who has hearing difficulties may have speech difficulties, too, but deafness does not affect mental abilities. Say *woman who is deaf or boy who is hard of hearing*. People who have some degree of both hearing and vision loss prefer the term *deaf-blind*. Also acceptable is *person with combined vision and hearing loss or dual sensory loss*. Never use *deaf and dumb*. (See also "A Few Exceptions" on page 11.)

Developmental disability is a broad term that describes any physical and/or mental disability that starts before the age of 22. Examples include cerebral palsy, autism spectrum disorders and sensory impairments. People with developmental disabilities have a wide range of functioning levels and disabilities. Although the term *intellectual disability* is often used in conjunction with developmental disability, many people with a developmental disability do not have an intellectual disability. Say *she has cerebral palsy, he has autism or he has a developmental disability*. Do not say *she is mentally retarded*.

Disability is a general term used for an attribute or a functional limitation that interferes with a person's ability, for example, to walk, lift or learn. It may refer to a physical, sensory or mental condition such as Lyme disease, depression, irritable bowel syndrome, post-

traumatic stress syndrome, diabetes, multiple sclerosis and other conditions that restrict the activities of daily living. Do not use the term *handicapped* because many people with disabilities consider it offensive.

We recognize the need for succinctness, but when possible, avoid using *the disabled* as a generic label. It describes a condition, not people, and has connotations of "non-functioning" (as in *a disabled car*). It also implies a homogenous group separate from the rest of society. Instead use *people with disabilities* or *the disability community*.

Disfigurement refers to physical changes caused by burns, trauma, disease or congenital conditions. Do not say *burn victim*. Say *burn survivor*.

Down syndrome describes a chromosomal disorder that causes a delay in physical, intellectual and language development. Say *person with Down syndrome*. Do not use *Mongol, mongoloid or Down person*.

HIV/AIDS is a disease of the immune system. Over time, HIV (human immunodeficiency virus) can weaken the immune system to a point where the body becomes susceptible to certain illnesses that healthy immune systems resist. People with HIV are diagnosed with AIDS (acquired immunodeficiency syndrome) when one or more specific conditions are met. Use *person living with HIV or people who have AIDS*. Do not use *AIDS victim*.

Intellectual disability refers to limitations in intellectual functioning and adaptive behaviors that require environmental or personal supports for the individual to live independently. Though *mental retardation* was previously accepted as a clinical term, many consider it an insult, so people who have this condition, their families and related organizations have campaigned to end its use. (See "Rosa's Law and the Language of Bullying" on page 8.) Say *people with intellectual disabilities*. Do not use *mentally retarded or subnormal*.

Learning disability describes a neurologically based condition that may manifest itself as difficulty learning and using skills in reading (called dyslexia), writing (dysgraphia), mathematics (dyscalculia) and other cognitive processes due to differences in how the brain processes information. Individuals with learning disabilities have average or above average intelligence, and the term does not include a learning problem that is primarily the result of another cause, such as intellectual disabilities or lack of educational opportunity. Say *person with a learning disability*. Do not use *slow learner* or *retarded*.

Rosa's Law and the Language of Bullying

Signed into U.S. law in 2010, Rosa's Law replaces the term *mental retardation* with the phrase *intellectual disability* in federal health, education and labor statutes. The law was named for nine-year-old



Rosa Marcellino, whose brother Nick explained the change this way: "What you call people is how you treat them. If we change the words, maybe it will be the start of a new attitude towards people with disabilities."*

Most states have also changed their laws to use more respectful language in statutes and the names of state agencies.

The disability community supports a national campaign called "Spread the word to end the word," which raises the public's awareness about ending use of "the R word." This movement is also part of the battle against bullying, which often begins with demeaning and destructive words.

*From "Remarks by the President at the Signing of the 21st Century Communications and Video Accessibility Act of 2010," <http://www.whitehouse.gov/the-press-office/2010/10/08/remarks-president-signing-21st-century-communications-and-video-accessib>, accessed 12/7/12.

Nondisabled is the preferred term when the context calls for a comparison between people with and without disabilities. Use *nondisabled* or *people without disabilities* instead of *healthy*, *able-bodied*, *normal* or *whale*.

Post-polio syndrome is a condition that affects some persons who have had poliomyelitis (polio) long after recovery from the disease. It is characterized by new muscle weakness, joint and muscle pain and fatigue. Say *person with post-polio syndrome*. Do not use *polio victim*.

Psychiatric disability refers to a variety of psychological conditions. Say *person with a psychiatric disability* or *mental illness*. In a clinical context or for medical or legal accuracy, use *schizophrenic*, *psychotic* and other diagnostic terms. Note, too, that *bipolar disorder* has replaced *manic depression*. Words such as *crazy*, *maniac*, *lunatic*, *schizo* and *psycho* are offensive and should never be applied to people with mental health conditions.

Seizure describes an involuntary muscle contraction, a brief impairment or loss of consciousness resulting from a neurological condition such as epilepsy or from an acquired brain injury. Say *girl with epilepsy* or *teen with a seizure disorder*. The word *convulsion* should be used only for seizures involving contraction of the entire body. Do not use *epileptic*, *fit*, *spastic* or *attacks*.

Service animal or **service dog** describes a dog that has been individually trained to do work or perform tasks for people with disabilities. In addition to guiding people who are blind, they may alert people who are deaf, pull wheelchairs, alert and protect a person who is having a seizure, remind a person with mental illness to take prescribed medications, or calm a person with post-traumatic stress disorder during an anxiety attack. Miniature horses are also considered service animals under the Americans with Disabilities Act (ADA), though monkeys no longer are. Do not use *seeing eye dog*.

Short stature describes a variety of genetic conditions causing people to grow to less than 4'10" tall. Say *person of short stature*, although some groups prefer *little people*. *Dwarfism* is an accepted medical term, but should not be used as general terminology. Do not refer to these individuals as *midgets* because of its circus sideshow connotations.

Speech disability is a condition in which a person has limited or impaired speech patterns. Use *child who has a speech disability*. For a person without verbal speech capability, say *person without speech*. Do not use *mute* or *dumb*.

Spinal cord injury describes a condition in which there has been permanent damage to the spinal cord, resulting in some degree of paralysis. *Quadriplegia* denotes loss of function in all four extremities, while *paraplegia* refers to loss of function in the lower part of the body only; in both cases the individual might have some function in the affected limbs. While people with spinal cord injuries often refer to themselves as a *para* or a *quad*, communicators should use *man with paraplegia*, *woman who is paralyzed* or *person with a spinal cord injury*. Don't say *cripple* or *handicapped*.

Substance dependence refers to patterns of substance use that result in significant impairment in at least three life areas (family, employment, health, etc.) over any 12-month period. Although such terms as *alcoholic* and *addict* are medically acceptable, they may be derogatory to some individuals. Acceptable terms are *people who are substance dependent* or *person who is alcohol dependent*. Individuals who have a history of dependence on alcohol and/or drugs and are no longer using alcohol or drugs may identify themselves as *recovering* or as a *person in recovery*.

Survivor is used by people to affirm their recovery from or conquest of an adverse health condition such as *cancer survivor*, *burn survivor*, *brain injury survivor* or *stroke survivor*. Avoid calling them *victims*.



A Few Exceptions

Language is continually evolving, and no rule is absolute. Here are a few notable exceptions to person-first language.

Deaf/deaf. As a group, this population typically refers to itself as *the Deaf* or *Deaf community* (with a capital D) rather than *people who are deaf*. They identify with a specific community made up of those who share a common language, American Sign Language, and culture.

Disability humor. Some people with physical disabilities who embrace the culture of disability refer to themselves with the same offensive terms that we urge you to avoid. This familiarity is a form of disability humor and should not be adopted by those outside of the group.

Identity language. Some people prefer "identity language" to person-first language as a way to signal their disability pride. Thus, a person who values her autism as an inseparable and important part of who she is might proudly say, "I am autistic," in the same way she describes herself as an American. Similarly, many regard *a blind man* as a neutral descriptor (the same as *a tall man*), and *omputee* is more often used than *a person with an amputation*.

Still, the guiding principle remains: Accord people with disabilities the dignity that all people want. By using person-first language, you will maintain objectivity and convey respect.

Key Concepts in the Disability Community



These terms and concepts may be helpful when writing about people with disabilities.

Accessible describes the nature of accommodations for people who have a disability. Say an *accessible parking space* rather than *handicapped parking* or *disabled restroom*. *Accessible*

also describes products and services for people with vision or hearing disabilities, such as when a hospital provides patient education materials in large print or a university adds captions to a recruitment video. *Handicapped* has negative connotations because it suggests that obstacles to participation are in the person rather than in the environment.

Advocacy is an active process designed to make institutions and social and political systems more responsive to the civil rights, needs and choices of individuals. Through individual and group advocacy, people with disabilities can assert their rights under various civil rights laws and participate in decision-making that affects them.

Consumer is the term used by many in the disability community to refer to someone with a disability. The civil rights movement in the U.S. inspired the independent living movement of the 1970s, which maintained that people with disabilities are *consumers* of assistive services and have a responsibility to evaluate and control those services. On a similar note, some people prefer to be described by what they use, such as *wheelchair user*, *ventilator user* or *mental health service user*.

Independent living (IL) refers to the philosophy that people with disabilities should be able to make decisions that affect their own lives. IL also refers to a civil rights movement that advocates for equal participation in community life and a service system

made up of centers for independent living. These nonresidential resource centers are run by and for people with disabilities, as well as for the benefit of the entire community. Their core services include advocacy, information and referral, independent living skills training, peer counseling and, most recently, de-institutionalization of people with disabilities.

Inclusion is perhaps best known for its role in public school programs, though the concept has a wider significance. It means that people with disabilities are considered full citizens, with equal opportunity to participate in community life. As the largest minority in the U.S., people with disabilities should also be included in conversations about diversity.

The medical model is an attitude and practice that regards disability as a defect or sickness that must be cured or normalized through medical intervention. People in the disability community prefer the **social or independent living model**, which regards disability as a neutral difference between people – and acknowledges that people with disabilities can be healthy. In the social model, problems related to disability are caused by the interaction between the individual and the environment rather than the individual's disability itself. These problems can be remedied by changing social attitudes, physical environments, public policies and other barriers to full participation.

On the cover: Jeff Gordon, Ranita Wilks, Rachel Magario and Magario's service dog, Nettie, on the University of Kansas campus. Photo by Diane Guthrie.

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Want a quick overview?

Download our poster that lists disability writing style dos and don'ts at www.rtcil.org/guidelines.

Thanks to Our Reviewers

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 National Center for Environmental Health Strategies, Inc.
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Other Resources

- [Kennedy Center LEAD](#)
- [Theatre Development Fund - Autism Friendly Performances](#)
- [Cultivate - Reaching Disabled Audiences](#)
- [Americans with Disabilities Act](#)
- [Alliance for Inclusion in the Arts](#)
- [Chicago Cultural Access Consortium](#)

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