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Service Learning Project

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1. Only a life lived in the service to others is worth living. These are the words of Albert Einstein, and true they are. It is a worthless, wasted life if lived only for oneself, not to help others. A person must share their talent and time to others, especially the needy. I've lived my whole life in Egypt, and always took, but never gave back, so i decided it perhaps is the right time to give something back this nation and its people. I've particularly taken a closer look at the needy after the Egyptian Revolution.  I've seen the more unfortunate, and felt for them, so I decided to start helping them.  
  
For decades Egypt has been under an allegedly 'purposeful anti-learning' program by the government, and its effects are around us today. Egypt has a below average literacy rate, and in most schools the kids arent being taught well enough. People  felt that the government was purposely sabotaging the learning of the kids, so they attempted to give extra help to their children. But nothing can replace a good classroom learning experience, it gives a child experiences they can not have if being home-schooled.  
  
So, this year i thought and i do my bit in attempting to help overcome those struggles, so when the opportunity arose, I grabbed it with both hands, and haven't looked back since. When Rosie agreed  to let me help with the Amalna Girls, i was happy for two reasons(aside from the fact that I'm doing my job in service learning class), i was going to help a group of the most needy, orphans, and that i was going to overcome this huge problem, even if on such a little scale. Anywyay, back to my project, its really simple: give those girls the extra help they need in english and maths, in the most fun way possible. My first impression was "how on earth do teachers control kids." My first day was a mess, they were too jumpy and it was apparent that they did not feel like learning anything at all. But on the good side, i got to know the kids, and we started building up a feeling of familiarity. After a couple of sessions I started to learn how to reach the kids, and have them want to work, which is really important. Also, at the beginning, perhaps the whole of the first semester they'd stutter at every letter, and would break all rules of reading English; and also they acted as if they didn't know math. Wether they were nervous  or lacked the skills, I'll never know. But what I do know is that when we isolated each girl with a 'tutor' they would stutter less and make less mistakes. In the second semester girls would read and comprehend the reading with little problems. And some of them by now would breeze through the maths. What really impressed was, that at the last session we had, the girl I was helping, kholood, read it all without making a single mistake, and she 'translated' all that happened to me. To my surprise she had no faults in her understanding. I was proud. It was a mission well accomplished.  
  
I also help teach the girls swimming, as swimming is a really fun activity and sport. This time I had experience of three years on controlling and monitoring kids in the pool. But that nearly even helped, they were hectic in the classroom, and somehow even more in the pool. But somehow we'd manage to control the girls and instill in them a good hour of swimming, in the most fun way for them. Over the year we've helped them properly do the crawl and back strokes. I've been doing this kind of thing for three years, but never as part of service, but I guess it works, since I'm putting smiles on the faces of orphaned girls, and serving them by teaching them swimming.  
  
This school year is the year I started giving back to Egypt, and specifically Maadi. Even off service I was giving back. During the autumn, I would be cleaning my street, and attempting to get people come with, cause our street is filled with dust, dirt, and general filth. My highest tally of people is 8 people helping. Which is really good, but unfortunately, 8 people was too little to actually achieve anything. We'd clean the streets on Friday and Saturday, but by monday the street would look just as disgusting as it did before, and people just gave up, so I too had to give up, even though I belligerently tried for a weekend after they quit, but unfortunately to no avail.  
  
But what really has been the highlight in my year of service occurred during Ramadan. It's the month where everybody helps the poor here, and I did my fair share. I've always given money to the needy, but I've never actually physically worked so hard to help them. The eight hours of fasting are grueling enough, and it certainly doesn't make it any easier to be peaking food all day. But I had a smile on my face, I was helping people, who really need the food we are all providing them with. And they aren't just poor people, they are cancer patients, so whatever problems and difficulties I had were set aside, and focused my mind on doing my best with helping those kids. But that wasn't it, I still had to go and provide them with the food I've helped pack. There probably isn't a better sight to see other than the grinning faces of little, cancer patients, which you helped create. I aided in giving out and distributing food and happy meals with toys to all the cancer patients. Even though there were many reasons to frown at the experience, an example would be the people who asked for the kids food; sure they too might be needy, but today specifically it was all about the kids, and they also nearly harassed us. But I wasn't going to let anything get in the way of me completing my task, my dedication to helping those kids, and attempting to put a smile on their faces, and do that I did.  
  
Overall this year in service has taught me alot. My project in particular taught me many life long lessons that I'll need.  And throughout the year I've noticed more and more the people who need help. I've learnt that there is almost no better way to give back to your community that putting a smile on the unfortunate in society. It's also taught me how to always be humble and be ready to work, however excruciatingly hard and tiring it may be, because there is no feeling comparable with putting smiles on faces of unfortunate children. My project taught me extreme patience, it will almost always pay off. Teaching the girls has been exhilarating because they almost seemed as if they didn't want to sometimes, but we just did our best, and they've remarkably improved over the year. I look forward to doing it all again next year as part of I.B.

2. JOURNALS

Journal# 1

Today was my first day doing service, and it was almost nerve wrecking. I was working with friends, but I was completely new to the girls. I'm usually socially awkward, but I was there to help with the tutoring, so I put my problems aside. But thankfully I have experience with controlling a group of kids. Unfortunately, today was the first day back for them from the summer, so they are frantic. But since I wasn't the only new one, today was a day for playing name-teaching games. I learnt all their names; Nourhan, Noura, Nadia, Omneya, Fayrous, Hoda, Khouloud and Nahed. I was worried I wouldn't remember their names, but thankfully their names stuck with the right faces. The first few times were awkward for me, but I eventually built a bond for them and I started knowing how to 'teach them.' I got past the obstacles of having a small classroom, and their reluctance of speaking English. I hope its been a productive ear based on the first day.

Journal #2

Today we took the girls to the CAC International Fair. Prior to starting, Rosie and Dalia talked to them a bit about the countries and the fair in general. They were excited to see all the colors, balloons, different costumes, bouncy castle, bungee jump and all the other attractions. We had a few concerns because the fair was very crowded and the girls were quite excited so we decided to split up into groups. Dalia was in charge of Noura and Fayrouz, Rosie was in charge of Nadia and Omneya, Maria and I were in charge of Hoda and Kholoud and Justine and Angie were leading Nahed and Nourhan. Mrs. Cowper was so kind to give us each 5 tickets and we started off at England, and we had already given them a presentation about England, so they breezed through the questions there. As we were going through all the booths, it was nice seeing the girls react to the 'weird' food. I was really happy to see them all stamping their passports and asking questions about all the countries, they were so eager to try everything. There are performances during the fair so we took a break and watched the fashion show and the sudanese dance. Today we taught the girls about the diverse community around us and the world that we live in. When it was time to go, they were all really happy and smiling. Nadia looked up at Dalia and said "Dalia i want to go to 'merica' (America) one day!" then all the girls yelled "me too me too!" Hopefully, one day they all will get to experience traveling the world.

Journal #3

Today was the last class before summer starts. The girls have already started their summer vacation which is why they were late today, and they were blaming eachother  We usually start class at 10 but they were almost 45 minutes late. Last night I baked blueberry muffins for the girls, and the rest of the group brought other 'sweets' and we gave it to the girls. And they all really enjoyed it. Since we are teaching them more about countries around the world, Dalia prepared a short powerpoint about the USA. As she was presenting they were all paying attention and it was quite remarkable seeing that, as almost every presentation that preceded that, they'd be side tracked and/or bored. Dalia then presented a PowerPoint Rosie made about different countries in the world. We then passed out maps to each girl and they had to decorate them with stamps, colors, stickers, and glitter. They were each so creative in their maps and every girl took a different approach. I can't wait to work with the girls again next year. But the my favorite thing of the day was when we were doing the usual reading comprehension, all the girls read and understood on their own. I was impressed. It shows that they have developed over the year and we all reached our goals. It shows that slice really does help, and I look forward to doing it next year in the I.B.

Journal #4

Today was the first day that I both helped in swimming and planning the lesson. It was the first time ever that had spent a total of 8 hours, just for a simple project. But it wasn’t just a project; I was helping little needy girls, ad aiding them in their education, growth and development. I was growing weary of finding reading and comprehensions worksheets appropriate of their level. When I finished with it I was nervous that it would either be too hard or too easy. As we started the lesson, I gave them the first story, and it took them an appropriate time to finish it. And after the math, we went outside for the usual break, and I was delighted with the groups response, and what they told me after that. Maria and Rosie told me “that was a great lesson” and Dalia said “good job with the lesson today, it was well adjusted for them.” What they told me lifted a lot of weight of my shoulders and I was so happy. The rest of the lesson was pretty enjoyable for me. Then when we started swimming, I thought it was going to be like the usual thing during summer. It was anything but. I was astonished, they were chaotic. It was a mess, and it took us a while to get going. But when we started working, the smiles on the girls faces were worth it all. I was so happy they were happy and learning. At the end one of the girls, Kholood, hugged me and told me “thank you!” That most probably made my day.

3.

My goal is **SMART** because it is Specific, Measurable, Achievable, Realistic and Timely.  
  
**S**pecific – My goals are to build a bond with the girls, support them in their education of English and math and develop their life skills. And a bit of swimming, as a measure of fun and activity   
  
**M**easurable- I will know that I have reached my goal if the girls start being comfortable around me. Furthermore, I’ll be able to tell if they can read and understand the stories, or race through the math without my help, then they have ‘achieved. And I’ve been coaching swimming for a couple of years, and you always spot progress  
  
**A**chievable- This is really moving for me and it is something that I am really dedicated to and want to accomplish. It is challenging sometimes when it comes to getting the kids' attention, but I am sure I can overcome the obstacles and overtime they will hopefully look up to me.   
  
**R**ealistic- My goals are within my capability because we’ve all been through education, and with enough dedication it works. And I’m not alone, and we almost always have a 1 to 1 ratio of us and them, so it is almost like tutoring. Even in the pool.   
  
**T**imely- My goal is timely because my group and I plan on achieving this goal by the end of the year. We have been supporting the girls for the past two years so the project will continue next year as well. Any progress is great, as long as they're having a good time and learning.

4. **TARGET PROBLEM:**

* Supporting 8 young orphan girls learn English, math, and swimming

**TARGET GROUP:**

* Group of 8 girls from the Amalna Girls Orphanage ages 8-9

**PROJECT TITLE:**

* Amalna Girls Orphanage (but work at cac)

**GOALS:**

* Smart goal 1-
  + strengthen their ability to fluently read and write English through reading comprehension and writing
* Smart goal 2-
  + Improve their performance in computing math
* Smart goal 3-
  + Inject some fun into their experience with us, and hopefully create a bond by teaching them swimming.

**OBSTACLES:**

* Language barriers; since the girls always want to speak in Arabic, and they know that
* Limited space to use since we use on classroom in the MS, so its crammed up
* Getting the girls to focus. Short attention span.
* Conflicting schedules since they attend school and have other activities. Also, sometimes the volunteers have other commitments.
* They often try to cheat and compete to finish; thus causing us to make sure they are isolated in the time for learning. making sure they are focused and learning independently
* Behavior- shouting, speaking out of turn, not saying please and thank you
* Different levels of skill; hard to keep all the girls occupied since they finish at different speeds

**TASKS:**

* Taking turns preparing lessons for each week that incorporate reading comprehension, writing, math, arts and crafts, and outdoor activities
* Organizing resources for that week (making sure everything is printed or brought)
* Meeting with the other volunteers to fill them in on the week's lesson
* Making sure the lessons balance English and math
* Making sure that each lesson includes breaks where we can play outside. This also allows them to interact with the CAC community (make sure they behave and are polite).
* Monitoring their development over the two years and how their attitudes have changed.

5. DISABLILTY RESEARCH

**Autism**

Pervasive developmental disorder - autism

Last reviewed: April 26, 2010.

Autism is a developmental disorder that appears in the first 3 years of life, and affects the brain's normal development of social and communication skills.

**Causes, incidence, and risk factors**

Autism is a physical condition linked to abnormal biology and chemistry in the brain. The exact causes of these abnormalities remain unknown, but this is a very active area of research. There are probably a combination of factors that lead to autism.

Genetic factors seem to be important. For example, identical twins are much more likely than fraternal twins or siblings to both have autism. Similarly, language abnormalities are more common in relatives of autistic children. Chromosomal abnormalities and other nervous system (neurological) problems are also more common in families with autism.

A number of other possible causes have been suspected, but not proven. They involve:

* Diet
* Digestive tract changes
* Mercury poisoning
* The body's inability to properly use vitamins and minerals
* Vaccine sensitivity

AUTISM AND VACCINES

Many parents are worried that some vaccines are not safe and may harm their baby or young child. They may ask their doctor or nurse to wait, or even refuse to have the vaccine. However, it is important to also think about the risks of not having the vaccination.

Some people believe that the small amount of mercury (called thimerosal) that is a common preservative in multidose vaccines causes autism or ADHD. However, studies have NOT shown this risk to be true.

The American Academy of Pediatrics, and The Institute of Medicine (IOM) agree that no vaccine or component of any vaccine is responsible for the number of children who are currently being diagnosed with autism. They conclude that the benefits of vaccines outweigh the risks.

All of the routine childhood vaccines are available in single-dose forms that do not contain added mercury.

The [Centers for Disease Control and Prevention](http://www.cdc.gov/vaccines) website provides further information.

HOW MANY CHILDREN HAVE AUTISM?

The exact number of children with autism is not known. A report released by the U.S. Centers for Disease Control and Prevention (CDC) suggests that autism and related disorders are more common than previously thought. It is unclear whether this is due to an increasing rate of the illness or an increased ability to diagnose the illness.

Autism affects boys 3 - 4 times more often than girls. Family income, education, and lifestyle do not seem to affect the risk of autism.

Some doctors believe the increased incidence in autism is due to newer definitions of autism. The term "autism" now includes a wider spectrum of children. For example, a child who is diagnosed with high-functioning autism today may have been thought to simply be odd or strange 30 years ago.

Other pervasive developmental disorders include:

* [Asperger syndrome](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_adam/A001549/) (like autism, but with normal language development)
* [Rett syndrome](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_adam/A001536/) (very different from autism, and only occurs in females)
* [Childhood disintegrative disorder](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_adam/A001535/) (rare condition where a child learns skills, then loses them by age 10)
* Pervasive developmental disorder - not otherwise specified (PDD-NOS), also called atypical autism

**Symptoms**

Most parents of autistic children suspect that something is wrong by the time the child is 18 months old and seek help by the time the child is age 2. Children with autism typically have difficulties in:

* Pretend play
* Social interactions
* Verbal and nonverbal communication

Some children with autism appear normal before age 1 or 2 and then suddenly "regress" and lose language or social skills they had previously gained. This is called the regressive type of autism.

People with autism may:

* Be overly sensitive in sight, hearing, touch, smell, or taste (for example, they may refuse to wear "itchy" clothes and become distressed if they are forced to wear the clothes)
* Have unusual distress when routines are changed
* Perform repeated body movements
* Show unusual attachments to objects

The symptoms may vary from moderate to severe.

Communication problems may include:

* Cannot start or maintain a social conversation
* Communicates with gestures instead of words
* Develops language slowly or not at all
* Does not adjust gaze to look at objects that others are looking at
* Does not refer to self correctly (for example, says "you want water" when the child means "I want water")
* Does not point to direct others' attention to objects (occurs in the first 14 months of life)
* Repeats words or memorized passages, such as commercials
* Uses nonsense rhyming

Social interaction:

* Does not make friends
* Does not play interactive games
* Is withdrawn
* May not respond to eye contact or smiles, or may avoid eye contact
* May treat others as if they are objects
* Prefers to spend time alone, rather than with others
* Shows a lack of empathy

Response to sensory information:

* Does not startle at loud noises
* Has heightened or low senses of sight, hearing, touch, smell, or taste
* May find normal noises painful and hold hands over ears
* May withdraw from physical contact because it is overstimulating or overwhelming
* Rubs surfaces, mouths or licks objects
* Seems to have a heightened or low response to pain

Play**:**

* Doesn't imitate the actions of others
* Prefers solitary or ritualistic play
* Shows little pretend or imaginative play

Behaviors:

* "Acts up" with intense tantrums
* Gets stuck on a single topic or task (perseveration)
* Has a short attention span
* Has very narrow interests
* Is overactive or very passive
* Shows aggression to others or self
* Shows a strong need for sameness
* Uses repetitive body movements

**Signs and tests**

All children should have routine developmental exams done by their pediatrician. Further testing may be needed if the doctor or parents are concerned. This is particularly true if a child fails to meet any of the following language milestones:

* Babbling by 12 months
* Gesturing (pointing, waving bye-bye) by 12 months
* Saying single words by 16 months
* Saying two-word spontaneous phrases by 24 months (not just echoing)
* Losing any language or social skills at any age

These children might receive a hearing evaluation, blood lead test, and screening test for autism (such as the Checklist for Autism in Toddlers [CHAT] or the Autism Screening Questionnaire).

A health care provider experienced in diagnosing and treating autism is usually needed to make the actual diagnosis. Because there is no biological test for autism, the diagnosis will often be based on very specific criteria from a book called the *Diagnostic and Statistical Manual IV.*

An evaluation of autism will often include a complete physical and nervous system (neurologic) examination. It may also include a specific screening tool, such as:

* Autism Diagnostic Interview - Revised (ADI-R)
* Autism Diagnostic Observation Schedule (ADOS)
* Childhood Autism rating Scale (CARS)
* Gilliam Autism Rating Scale
* Pervasive Developmental Disorders Screening Test - Stage 3

Children with known or suspected autism will often have genetic testing (looking for chromosome abnormalities) and may have metabolic testing.

Autism includes a broad spectrum of symptoms. Therefore, a single, brief evaluation cannot predict a child's true abilities. Ideally, a team of different specialists will evaluate the child. They might evaluate:

* Communication
* Language
* Motor skills
* Speech
* Success at school
* Thinking abilities

Sometimes people are reluctant to have a child diagnosed because of concerns about labeling the child. However, without a diagnosis the child may not get the necessary treatment and services.

**Treatment**

An early, intensive, appropriate treatment program will greatly improve the outlook for most young children with autism. Most programs will build on the interests of the child in a highly structured schedule of constructive activities. Visual aids are often helpful.

Treatment is most successful when it is geared toward the child's particular needs. An experienced specialist or team should design the program for the individual child. A variety of therapies are available, including:

* Applied behavior analysis (ABA)
* Medications
* Occupational therapy
* Physical therapy
* Speech-language therapy

Sensory integration and vision therapy are also common, but there is little research supporting their effectiveness. The best treatment plan may use a combination of techniques.

APPLIED BEHAVIORAL ANALYSIS (ABA)

This program is for younger children with an autism spectrum disorder. It can be effective in some cases. ABA uses a one-on-one teaching approach that reinforces the practice of various skills. The goal is to get the child close to normal developmental functioning.

ABA programs are usually done in a child's home under the supervision of a behavioral psychologist. These programs can be very expensive and have not been widely adopted by school systems. Parents often must seek funding and staffing from other sources, which can be hard to find in many communities.

TEACCH

Another program is called the Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH). TEACCH was developed as a statewide program in North Carolina. It uses picture schedules and other visual cues that help the child work independently and organize and structure their environments.

Though TEACCH tries to improve a child's adaptation and skills, it also accepts the problems associated with autism spectrum disorders. Unlike ABA programs, TEACCH programs do not expect children to achieve typical development with treatment.

MEDICINE

Medicines are often used to treat behavior or emotional problems that people with autism may have, including:

* Aggression
* Anxiety
* Attention problems
* Extreme compulsions that the child cannot stop
* Hyperactivity
* Impulsiveness
* Irritability
* Mood swings
* Outbursts
* Sleep difficulty
* Tantrums

Currently, only [risperidone](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000944/) is approved to treat children ages 5 - 16 for the irritability and aggression that can occur with autism. Other medicines that may also be used include SSRIs, divalproex sodium and other mood stabilizers, and possibly stimulants such as [methylphenidate](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000606/). There is no medicine that treats the underlying problem of autism.

DIET

Some children with autism appear to respond to a [gluten-free](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_adam/A002443/) or casein-free diet. Gluten is found in foods containing wheat, rye, and barley. Casein is found in milk, cheese, and other dairy products. Not all experts agree that dietary changes will make a difference, and not all studies of this method have shown positive results.

If you are considering these or other dietary changes, talk to both a doctor who specializes in the digestive system (gastroenterologist) and a registered dietitian. You want to be sure that the child is still receiving enough calories, nutrients, and a balanced diet.

OTHER APPROACHES

Beware that there are widely publicized treatments for autism that do not have scientific support, and reports of "miracle cures" that do not live up to expectations. If your child has autism, it may be helpful to talk with other parents of children with autism and autism specialists. Follow the progress of research in this area, which is rapidly developing.

At one time, there was enormous excitement about using secretin infusions. Now, after many studies have been conducted in many laboratories, it's possible that secretin is not effective after all. However, research continues.

**Expectations (prognosis)**

Autism remains a challenging condition for children and their families, but the outlook today is much better than it was a generation ago. At that time, most people with autism were placed in institutions.

Today, with the right therapy, many of the symptoms of autism can be improved, though most people will have some symptoms throughout their lives. Most people with autism are able to live with their families or in the community.

The outlook depends on the severity of the autism and the level of therapy the person receives.

**Complications**

Autism can be associated with other disorders that affect the brain, such as:

* [Fragile X syndrome](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_adam/A001668/)
* Mental retardation
* [Tuberous sclerosis](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_adam/A000787/)

Some people with autism will develop seizures.

The stresses of dealing with autism can lead to social and emotional complications for family and caregivers, as well as the person with autism.

(<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002494/>)

1. PICTURESali

For more pics, see other group members (Dalia/Maria)