



Invisible Disability Week

A framework for history, belonging
and academic connection



Fayette County
Public Schools

History

Invisible Disability Week takes place annually during the third week of October. It is an international campaign dedicated to bringing awareness, education, and validation to individuals living with physical, mental, or neurological conditions that are not immediately apparent to an outside observer.

The movement began in the mid-1990s with advocate Sherri Connell, who was navigating severe, daily challenges from multiple sclerosis and late-stage Lyme disease. Because she did not “look sick,” she was routinely met with skepticism and disbelief by friends, family, and strangers. To bridge this gap, she began writing pamphlets about her lived reality, coining the term "invisible disability."

Recognizing how many millions shared her struggle, her husband Wayne Connell founded the Invisible Disabilities Association (IDA) in 1996. To expand their message of empathy on a global scale, the IDA launched the first Invisible Disabilities Week in 2014. The week is widely observed by schools, workplaces, and medical organizations to challenge the cultural assumption that a disability must match a specific physical stereotype.

Core Concepts & Identification

- The "Invisible" Scope: Research indicates that an estimated 80% to 96% of all disabled people live with non-visible conditions. These include chronic pain disorders (e.g., Fibromyalgia, Ehlers-Danlos Syndrome), autoimmune diseases (e.g., Lupus, Crohn's), metabolic conditions (e.g., Type 1 Diabetes), neurodevelopmental or sensory processing differences (e.g., Autism, ADHD), and mental health conditions.
- Turning the World Blue: The official color of Invisible Disabilities Week and the IDA is blue. Supporters and students are encouraged to wear blue during the week to make the unseen visible.
- The Hidden Disabilities Sunflower: An internationally recognized symbol—frequently worn as a lanyard, pin, or ribbon—that allows individuals to discreetly signal to teachers, staff, or peers that they have an invisible condition and may require extra support, patience, or accommodations.



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Barriers To Belonging

Invisible Barriers

- The "Performance Paradox" (Episodic Symptoms): Many non-visible conditions are highly fluctuating or episodic. A student might look completely healthy, participate actively, and excel on Monday, but experience severe fatigue, brain fog, or intense pain by Thursday. Educators often interpret this natural symptom fluctuation as laziness, manipulation, or a lack of effort.
- The Interrogation of Accommodations: Because their needs aren't physically obvious, students using authorized accommodations (such as noise-canceling headphones, frequent restroom passes, or low-lighting spaces) are frequently forced by peers or untrained staff to "prove" why they need them, compromising their privacy and dignity.
- The Medical Privacy Dilemma: Students living with hidden chronic or psychological conditions face a heavy disclosure burden. They must constantly choose between hiding their pain to avoid being judged as "faking it," or disclosing deeply personal medical details just to receive basic grace and understanding.

Common Misconceptions

- **"But you look perfectly fine!":** This is the baseline misconception. It equates outer physical appearance with inner neurological or biological functioning, falsely assuming that if someone isn't using a wheelchair, cane, or service animal, they are healthy.
- **"Accommodations are only for learning disabilities":** School personnel often associate accommodations strictly with reading or math deficits, neglecting the sensory, physical pacing, and energy-management needs of students with severe chronic illnesses or invisible physical pain.
- **"They are just trying to get out of doing work":** When a student with an invisible condition requests an extension or an alternative environment, it is frequently miscategorized as an excuse or a lack of resilience, rather than a necessary medical adjustment.

Common Microaggressions

- "You're too young to have chronic joint pain/fatigue": Dismisses a student's medical diagnosis based on ageist assumptions, invalidating pediatric chronic illness.
 - "I get tired too, you just have to push through it!": Equating normal everyday tiredness with clinical chronic fatigue or systemic autoimmune inflammation minimizes a complex medical reality.
 - "Must be nice to get extra time on tests!": Treating a equity-based medical accommodation as a special privilege or an unfair shortcut creates a hostile peer culture for neurodivergent or chronically ill students.
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Education Connections

Alignment with FCPS Portrait of a Graduate

- **Critical Thinker:** Investigating how standard institutional spaces, strict attendance policies, and digital tools are designed primarily for neurotypical and able-bodied individuals forces students to analyze systemic bias and rethink structural design.
- **Effective Communicator:** Learning to articulate complex internal states (such as sensory overload, anxiety, or internal physical pain) and practicing active, non-judgmental listening helps students build high-level emotional intelligence and peer communication skills.
- **Empowered Learner:** When universal design for learning (UDL) frameworks are implemented, all students gain autonomy to select how they process information and demonstrate knowledge based on their internal cognitive or physical capacity at any given time.
- **Creative Problem Solver:** Challenging students to evaluate physical and digital classrooms and co-design sensory-friendly, accessible modifications builds real-world architectural, digital, and structural problem-solving skills.
- **Collaborative Team Member:** Working in teams that actively normalize and accommodate varying energy levels, sensory needs, and working styles teaches students the modern, flexible collaboration techniques required in diverse corporate and civic spaces.

KY Standards Alignment

Universal Social Studies Inquiry Standards

- **Using Evidence:** Gathering relevant evidence from credible sources; in Grades 6-12, determining accuracy, context, bias, and intended use.
- **Communicating Conclusions:** Constructing explanations and/or arguments using reasoning and information; in Grades 6-12, using claims and evidence from multiple sources while acknowledging counterclaims, strengths, and limitations of the arguments.
- **1.C.CV.1:** Describe basic democratic principles.
- **1.G.HI.1:** Describe how culture and experience influence the cultural landscape of places and regions within their communities and state.
- **2.C.CV.1:** Evaluate how civic virtues guide governments, societies, and communities.
- **5.C.CV.1; 8.C.CV.1:** Describe the democratic principles of equality before the law, inalienable rights, and consent of the governed...
- **HS.C.CV.3:** Analyze the impact of the efforts of individuals and reform movements on the expansion of civil rights and liberties locally, nationally and internationally.
- **HS.C.PR.2:** Explain how active citizens can affect the lawmaking process locally, nationally and internationally.