TETN #35069: Orientation and Mobility for Babies and Pre-Schoolers

Date: December 9, 2009
Time: 10:00 AM-12:00 PM
Location: TETN Network

Presented by
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Developed by
Texas School for the Blind & Visually Impaired Outreach Programs
Orientation and Mobility Services for Babies

Beverly Jackson, COMS
Round Rock ISD

Age Categories

ECI (Early Childhood Intervention) Services:
- Ages birth to 3
- Services occur in the home/daycare/preschool/community

PPCD (Pre-School Program for Children with Disabilities):
- Ages 3 to 5
- Children are able to attend 5 days per week for 4 hours per day (this depends on need)
- Services occur in the PPCD classroom and school setting

Other:
- Some children who are typically developing and VI only may not be eligible for the PPCD program and receive services in the home, daycare, or other community environments
- This is based on the FIE (Full and Individual Evaluation) Results and is an ARD committee decision.

Early Childhood Intervention (ECI) Orientation and Mobility Services
- A child is eligible for ECI services if under age 3 and has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, is documented as developmentally delayed, or who exhibits atypical development.
- Children who are VI receive services from the school district. Service providers include Certified Teacher of the Visually Impaired (TVI) and a Certified Orientation and Mobility Specialist (COMS).
Other services, including OT, PT, Speech, Nutrition, etc. are provided either by the ECI organization or private therapy.
Most services occur in the home or daycare setting. It is helpful to have joint sessions with OT, PT, Speech, and TVI on occasion to collaborate and gather ideas and strategies.

The IFSP (Individualized Family Service Plan)
- The ECI coordinator will schedule an IFSP meeting, which usually occurs at the child’s home, along with family members, nurses, and all service providers.
- IFSP is held when the child is eligible to receive VI and/or O&M services. O&M and TVI make recommendations on delivery of services and assist with the development of the outcomes and strategies.
- Generally, O&M and TVI coordinate on vision-related goals. O&M and PT/OT collaborate on the motor goals. Speech/communication/self-help goals can be addressed by everyone on the team.
- Annual IFSP is held once per year, on or before one year from the initial IFSP date. New outcomes are developed, along with an updated O&M report.
- Six-month review occurs six months from the annual IFSP date. Review child's progress, determine whether to keep the current plan and outcomes, update, or change completely.
- Revision meetings are held whenever conditions warrant, such as whenever changes occur in the child's outcomes and/or services (including frequency and intensity).

Referral Process
- ECI case coordinator will receive State Eye Exam from pediatric ophthalmologist and will contact the VI teacher to make referral and schedule time for an assessment.
- The VI teacher will make the referral for the O&M evaluation.
- Usually, the VI and O&M assessments are conducted in the home at the same time and in the presence of the ECI coordinator, parent, and/or other service providers.
O&M Assessment Tools

- The Dodson Burk-Hill Pre-School Orientation and Mobility Screening, Form A and/or Form B are appropriate tools to use. The areas addressed specifically relate to environmental awareness and purposeful movement.
- Other assessment tools include: Peabody, TAPS, HELP, and Oregon Project.

Assessment Process

- Gather background information from parent input, ECI coordinator, other service providers,
- Gather other assessment reports/results, and from the summary of the IFSP. (Individualized Family Service Plan)
- Results are gathered from direct interaction and observation of child in various positions, including lying on floor on back, on tummy, sitting supported/unsupported, sitting in chair, standing, etc. Determine what types of equipment/devices are used by child, (such as chair/seats, standing devices, walkers, etc.)
- Is any assistive technology being used at this time? If so, then what purpose is it used for?
- Throughout the assessment,
- attempt to elicit different visual, auditory, tactile responses
- related to skills listed on the assessment tool
- using a variety of toys/objects, with and without sounds and lights. (Some of the information can also be gathered from parent input and information provided by other service providers.)

Determine Eligibility

Ask yourself these questions:

- Does the child meet eligibility requirements as visually impaired, determined by the VI teacher?
- Does the child have other developmental delays, such as motor skills, that could be affected by the visual impairment?
- Does the child exhibit purposeful movement to toys/objects/people/activities?
Does the child use vision/hearing/tactile senses to gain information about environment and establish awareness and orientation to the environment?

Does the child demonstrate anticipation of daily routines/activities?

**Important Note**

All children should be considered for some type of O&M services, (ex: direct intervention, on-going or intermittent consultation with parents/service provider, or just specific suggestions made by O&M with other service providers/caregivers performing the role release activities).

**Service Delivery**

- It is typical for a child with multiple disabilities to receive 30-45-minute sessions twice per month.
- If the child is totally blind, then weekly services are recommended.
- Ideally, the VI and O&M will schedule visits on alternate weeks; therefore, the child is receiving services from a vision specialist every week.
- Since these services are intermittent, the O&M Specialist and TVI will design/develop routines/activities/provide materials that are implemented and utilized by the child’s primary caregiver on a daily basis.
- Services can occur in the home, daycare setting, or in the clinical setting, if coordinating with another therapist. For children who are walking, sometimes it is also helpful to work with the child and parent/caregiver in the community, such as grocery stores, malls, parks, etc.
- A contact log is completed at the end of session and parent/caregiver is given a copy. Original is kept in folder and a copy is sent to ECI coordinator at the end of the month.

**Documentation Required**

**ECI (Birth to Age 3)**

- Initial eye report from an ophthalmologist, Functional Vision Evaluation, and Orientation and Mobility Evaluation
- IFSP copy of service delivery, outcomes, and strategies
- Contact logs of each visit
- Annual O&M report, presented at child's annual IFSP, discussing present functioning and future recommendations

**Ages 3 and UP**
- Copy of FIE (Full and Individual Evaluation Report)
- Current Orientation and Mobility Evaluation, Functional Vision Evaluation/Learning Media Assessment, Eye Exam report, Low Vision Exam
- Current IEP’s, progress reports, contact logs
- Consultation Reports

**Transition**
- By age 2, transition plans are addressed in the IFSP.
- At least 120 days prior to the 3rd birthday, a face-to-face meeting is held with the parents, school, and ECI. The child's future placement options will be discussed.
- At least 90 days prior to age 3, the child is referred for PPCD and the assessment process starts.
- Either a Play Based Assessment or Every Move Counts assessment is conducted with representatives from all disciplines, if applicable.
- The assessment report becomes the child's FIE (Full and Individual Evaluation) and is updated every 3 years. Generally, the O&M and FVE/LMA (Functional Vision/Learning Media) Assessments are written separately from the FIE.
- Once all areas of assessment have occurred, an initial ARD is scheduled prior to age 3.
- Once child is age 3, all ECI services end and the school district assumes responsibility.
O&M for Children from Birth to Age 3 and Children with Multiple Impairments

“The Pre-Walking Stages”
“O&M Is Not Just Walking”

Areas to Address

- Gross and Fine Motor Development
- Environmental/Body/Spatial Awareness
- Purposeful Movement and Exploration of Immediate Surroundings
- Visual/Auditory/Tactile Skills

The O&M Specialist can address these specific areas by having direct intervention with the child, through consultation with parent/caregiver and other service providers, and/or with written suggestions/recommendations as a result of the O&M Evaluation to be role released to others.

Gross and Fine Motor Development

- The O&M Specialists play a crucial role in the development of gross motor skills.
- Ways to Help Improve Motor Development
  - The O&M Specialist should always consult with a Physical Therapist or Occupational Therapist for positioning guidelines, motor milestones, and strategies to teach or facilitate these skills.
  - The O&M should address how vision impacts these skills and offer suggestions.
  - The O&M can examine the OT/PT goals for gross/fine motor skills within the IFSP and incorporate these goals into predictable routines.
  - Gross Motor Skills include: learning to move the head side to side, lift head while on tummy and on back, move legs and feet, bringing hands to mouth, rolling, sitting and developing trunk control, crawling, cruising, walking, etc.
  - Fine Motor Skills include: batting at objects, touching, grasping, releasing, bringing toys to mouth, exploring toys to find function, removing objects from containers, etc.
Environmental Awareness

- The O&M Specialist assists with developing awareness of surroundings, knowing a world of people, places, and things exist beyond arm’s reach.

- Ways to Create Environmental Awareness:
  - Talk to Child: Give child information about the environment by designating specific activities to be carried out in specific places, labeling areas of home child is located, ex. “let’s go eat in the kitchen, take a bath in the bathroom, go bye-bye in the car”.
  - Improve Visual Efficiency Skills (for children with some vision): work on improving the following skills: fixating, shifting gaze, tracking, scanning, distance viewing, etc.
  - Tactile/Auditory Skills: work with child on recognizing objects by sound and/or touch, sound localization, using hands/mouth to gain sensory information of toys/objects, etc.
  - Object Permanence: “out of sight, but not out of mind”, which is the concept that objects do exist even if not seen or heard. Involves memory and search skills: 1) finding an object that is touching body, 2) finding newly dropped objects, 3) locating a partially hidden object, and 4) locating an object completely removed from sight/sound.
  - Anticipation: Anticipation = Participation= Independence. If the child is able to anticipate what is coming up, then he/she may begin to participate/assist/complete the activity. Use objects with visual/auditory/tactile qualities as cues for routines for child to develop anticipation of upcoming events.

Body and Spatial Awareness

Spatial relations involve the knowledge of position, location, direction, and distance of one’s own body.

- Provide brief periods of body movements and play with activities such as slow rolling, gentle bouncing, rocking, and carrying in different positions.
- During bathing and dressing, name each body part as it is touched. Play games with hands and feet.
- Work on reaching to find an object touching the body first using sound objects, then with quiet objects.
- Help child immediately find object when dropped using hand under hand technique.
- Work on reaching to a familiar, desirable toy, making a sound that is not touching the body. When motor skills are developing, work on rolling, pivoting, scooting, crawling, etc. to a favorite object or activity.
- Use little room, A-Frame, defined spaces.

Purposeful Movement

- Purposeful movement begins with: a self directed reach for an object/toy/activity/person.
- It evolves into rolling, pivoting, scooting, crawling, cruising, and walking to a desired destination/activity.
- The O&M Specialist develops strategies to encourage the child to purposefully move, by understanding the need to move and continue to move to reach a desired outcome.

Encouraging Purposeful Movement

- The child needs to be physically ready to move and have the desire to move. This is done through the refinement of motor skills, including balance, strength, and body awareness.
- Using cues and routines to help child develop anticipation of an activity. Anticipation=Initiation=Movement
- Body awareness activities include: body movement games/routines, naming body parts/positions during routines, such as dressing/bathing
- Use of “Little Room” and/or PVC Mobile (see handout): these devices help turn random arm/leg movements into a purposeful reach/grasp/bat/kick by keeping objects in same position and creating predictability
- Use a variety of toys and real objects that provide multi-sensory feedback (auditory, tactile, and/or visual) as motivators for reaching and exploring.
Once child is rolling, use defined spaces with meaningful toys/objects placed in predictable, accessible, and easily detectable locations. These spaces provide incentive for movement, exploration, and independent interaction with the environment. (Lowry, S.S. (2004). Defined Spaces. Chapel Hill, NC.)

Phases of a Motor Event
Millie Smith says there are several phases to a motor event in which the electrical activity in the brain can be measured during each phase.

- **Preparation phase**: the child plans and gets ready, electrical activity is very high during this phase
- **Initiation phase**: the child begins to move, electrical activity is also very high during this phase
- **Execution phase**: the child carries out the activity. Brain activity levels drop significantly.
- **Termination Phase**: the end of the activity. Brain activity levels are quiet.

“All children can prepare if they know two things—what is happening next and somebody will wait for them to do their part”. Millie Smith.

When a child makes a purposeful movement, the decision comes from the child’s brain. When an adult moves a child, the decision comes from the adult’s brain.

Ways children can initiate: tense a muscle, blink an eye, open or close a mouth or hand, lean head forward or backward, or extend an arm or leg a tiny bit.

**What Can We Do?**

- Orientation and Mobility Specialists can help with creating predictability through developing routines with cues that indicate what is expected of the child.
- Next, we wait and look for signals that the child demonstrates to initiate the activity.
Giving a child “wait time” to respond is critical for knowing the child understands.

Types of Cues:

- **Touch Cues**: used to communicate a desired action. Ex. touching the lips with the spoon to let child know he needs to open his mouth
- **Sensory Cues**: sensory input used to help child anticipate an event. Ex. the sound of water running indicates it is time to take a bath
- **Object Cues**: concrete object used in the routine to represent the activity. Ex. a diaper is the object cue to indicate it is time for a diaper change
- Children can indicate their needs, desires, and feelings through their actions, called signals.

Types of Signals:

- smile, vocalization,
- eye contact,
- body movement,
- head tilt,
- reach, etc.

Reference/Source:

Routines
A routine is an instructional strategy developed to increase the level of participation in activities for students who require consistency and repetition in order to learn. Any activity can be designed to be a routine. An activity is not a routine unless it meets the following criteria.

A routine should provide:
- Predictability of what help is going to be given
- Consistency of expectations
- Anticipation of what is going to happen next
- Practice of new skills in natural contexts

A routine must have:
- A clear signal or cue that the activity is starting.
- The steps occur in the same sequence. (start out w/2 to 3 steps, then add)
- Each step is done the same way
- Assistance is given the same way each time until the student is ready for a lower level of prompt
- Precisely maintained pacing
- A clear signal that the activity is finished.

“Routines” by Millie Smith, July 30, 2002
Example of Body Movement Routines

Routine 1:
Child: Anna, Age 2, MIVI, non-ambulatory, CVI

IFSP Objectives:
- Requesting more through eye contact, body movements, and/or vocalizations and anticipation of routine
- Improve overall head control
- Pull to sitting from back, encourage head control through chin to chest movement, and strengthen trunk and neck
- Encourage protective reactions on each side- putting hands on floor to catch self when moved off balance and to increase length of time of weight bearing on hands

Anna’s Bouncing Routine

1. Begin with Anna on your lap facing you, preferably with her legs straddled over yours. Initially support Anna under her arms. As she becomes stronger, you can give support at her shoulders, then elbows, then holding hands.
2. While gently bouncing Anna, ask her “do you want to bounce”. Stop and wait for eye contact, body movement, or vocalizations from Anna to indicate she wants to bounce.
3. When bouncing, sing the phrase “ride a little horsie, go to town, you better watch out, or you’re gonna fall down”.
4. As you say “down”, do one of the following activities:
5. Lean Anna back onto your legs, slowly lift Anna slightly off your legs, wait for her to lift her head and bring it toward her chest and help lift self up to sitting.
6. Lean Anna to her left side, waiting for her to catch herself with her left hand, placing hand on floor. Over time, slowly increase the amount of time she bears weight on her left hand.
7. Lean Anna to her right side, waiting for her to catch herself with her right hand, placing hand on floor. Over time, slowly increase the amount of time she bears weight on her right hand.
8. Repeat steps 2 and 3 several times, giving Anna the opportunity to complete each of the above activities at least twice.
9. When finished, use co-active sign for finished. (this is hand under hand sign)

Routine developed by Beverly Jackson, COMS

Example of Body Movement Routines

Routine 2:
Child: Christian, Age 4, PPCD, MIVI, ROP, non-ambulatory

IEP Objectives:
- When given the command, give me your hand, Christian will offer his right hand.
- Independently maintain sitting on the floor for one minute.
- Respond to on the body play and singing by requesting more by using a voice output device.

Positioning Guidelines: (this is developed with the input from a PT)
Option 1: use 2 people, person 1 is sitting behind Christian offering minimal support, person 2 sits in front and facing Christian and will interact with him

Option 2: use 1 person, sitting in front of Christian with pillows placed behind him for support if he falls back

Christian can circle sit (legs in a circle w/bottom of feet together) or sit w/legs crossed, depending on the rightness in his legs. He can prop sit with his elbows on his knees or his right hand on the floor (has little range of movement in left arm).
Christian’s **Row-Row Your Boat Routine**

1. With Christian sitting in front of you, hold out your hands and ask him, “do you want to play row your boat, give me your hand.” Wait for Christian to give you his hand. Remind him to hold his head up.
2. Once Christian has reached and given you his hand, tell him to SIT UP, and he will pull to sitting in a more upright position.
3. Begin to sing: “row-row your boat, gently down the stream”, while rocking him back and forth slowly, “if you see an alligator, don’t forget to… scream!!!”, lift his arms up to shoulder height, while pretending to scream.
4. After song is over, place Christian in propped sitting. Wait several seconds while gradually increasing the amount of time he is sitting independently.
5. Ask Christian, “do you want more row your boat?” Present him with the Big Mac switch. Once he has activated the switch, say “oh, you want more, give me your hand,” and wait.
6. Repeat steps several times. Encourage visual eye contact, head control, pulling to sit, and sitting for longer periods of time. When finished, use hand under hand sign for “finished”.

Routine Developed by Beverly Jackson, COMS

**Example of Play Routine**

**Routine 3**

Child: Brandon, age 2 ½, Angelman’s Syndrome, Albinism, legally blind, global developmental delay

Brandon can sit with minimal support; he scoots on the floor on his tummy

**IFSP Goals**

- Play purposefully with toys
- Engage in reciprocal turn taking activities
- Improve gross motor skills, including sitting, crawling on hands/knees
- Demonstrate anticipation of daily routines
Brandon has difficulty maintaining attention on a task or activity. Another goal of this routine is to increase the amount of time he will spend on an activity.

Brandon’s Routine “Let’s Play”

Introduce routine by saying, “Let’s play, Brandon” using co-active sign for “play.”

SONG: “Yankee Doodle”
OBJECTIVE: To work on improving balance, trunk strength, and pulling to sitting

1. Place Brandon on your lap, facing you, with his legs straddled over your legs.
2. Just before song begins, say “let’s bounce” and bounce him gently.
3. While song is playing bounce Brandon a few times, then lean him backward until his back is touching your legs, while holding onto his hands or wrists, he should pull himself up to sitting. (You may need to assist him with this part until he can do independently.)
4. Repeat 3 to 5 times, depending on pace and length of song.

SONG: “Baby Bumble Bee”
OBJECTIVE: Rocking and bearing weight while on hands and knees

5. During break between songs, say “hands and knees” and position Brandon on his hands and knees. You may need to support him and hold him in position until he builds the balance and strength to hold himself up independently.
6. Once song begins, gently rock his hips forward and back.
7. Repeat for duration of song.

SONG: “Doggy in the Window”
OBJECTIVE: Putting toys/objects in container.
8. During break between songs, place Brandon in sitting position on
floor, with coffee can between his legs. Small toys/objects should
be placed out of Brandon’s reach.
9. Say “Let’s put IN.”
10. While song is playing, offer a toy to Brandon.
11. Once he grasps toy, assist him with putting toy into can. Say “In”
as he releases toy into can.
12. Repeat 3 to 5 times, depending on pace and length of song.
13. At end of routine, say “ALL DONE,” using co-active sign for
finished.

Routine Developed by Beverly Jackson, COMS

Example of Routine to Create Anticipation

Routine 4
Child: Charlie, age 2, Chromosome Disorder, CVI, legally blind,
developmental delay in all areas

IFSP Goals
- Anticipate daily routines
- Improve head and trunk control

Charlie’s Routine “UP”
This routine is designed to encourage Charlie to anticipate when he is
about to be picked up and participate with the movements of pulling to
sitting.

1. With Charlie lying on his back or in supported sitting, clap your
hands in front of Charlie, say “UP, UP.” Then hold out your hands,
within arm’s reach of Charlie’s. Repeat 3 times, waiting 5 to 10
seconds in between each trial.
2. Wait for anticipation, any eye contact, eyes moving to look at
hands, body movements, or for Charlie to move one hand or both
toward your hands. At first, there may be little demonstration of
anticipation.
3. When it appears that he anticipates being picked up, or you have attempted 3 trials, take each hand and gently pull him up, just slightly off the floor or surface, then wait for Charlie to tense up his body and bring his head forward.

4. When he has begun to participate with the movement, pull him all the way up to sitting, then pick up.
**Anticipation Cues**

- Anticipation cues are important for letting children know what is about to happen. When a child can predict what is about to happen, he/she can learn to participate and develop purposeful within the activity.
- Use cues (either visual, touch, sound, or a combination) to allow the child to learn about his/her environment and begin to participate in what is happening to him/her.
- It is important to use the cues consistently by all those who work and interact with the child and to give the child “wait time” to process the cues and respond.

**Example Worksheet:**

<table>
<thead>
<tr>
<th>CUE</th>
<th>GOAL / PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clap your hands and say “UP”</td>
<td>To encourage Haven to get ready to be picked up and/or demonstrate that she is ready by facial expressions, body movements, eye contact, etc.</td>
</tr>
<tr>
<td>Jingle keys when it is time to go home, to school, etc.</td>
<td>To encourage child to prepare for going somewhere, by looking at keys, looking for sound of keys, or changing her facial expressions, body movements, etc.</td>
</tr>
<tr>
<td>Let child smell and see soap.</td>
<td>To indicate when Haven is going to have her bath/wash hands, by looking at soap dispenser, turning her head toward the scent, change in facial expression or body movements</td>
</tr>
</tbody>
</table>
Resources

Orientation and Mobility: Preschool Style by Cecelia Quintana, COMS
http://www.tsbvi.edu/Education/preschool-om.htm
  - specific activities and strategies

Inventory of Purposeful Movement by Tanni Anthony
http://www.tsbvi.edu/Education/purposeful-movement-inventory.pdf
  - developmental checklist of early O&M skills

Individual Sensory Learning Profile by Tanni Anthony
  - looks for strengths of multiply impaired students for planning purposes

Lillie Nielsen’s Active Learning for MIVI
http://www.lilliworks.com

Routines by Millie Smith
http://www.tsbvi.edu/Education/vmi/routines.htm
ECI Contact Log

☐ VI
☐ O&M

Student: [Name]
Teacher: [Name]
Location: [Location]
Date: [Date]
Time: [Time]
ECI Program: [Program]

Summary / Outcome:

Mood of Child:

Activities/Outcomes:

Input from Parent/Caregiver:

Suggestions for Parent/Caregiver:

Next Visit:
PRESCHOOL O&M SCREENING – Form A
FOR YOUNGER, DELAYED, OR NON-AMBULATORY CHILDREN

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Child’s Name: ____________
Birth Date: ____________ Age: ____________
Cause of Visual Impairment: ____________
Evaluator: ____________ Testing Date(s)/Time: ____________
Screening Conducted at _ Home _ School _ Other (specify): ____________

Includes questions in the following areas:
- Background Information
- Medical /Educational Records
- Gross Motor Skills
- Visual Functioning
- Auditory Skills
- Tactile Skills
- Body Image & Exploratory Behavior
- Exploratory Behavior
SCREENING A SUMMARY

Please list the child’s strengths and needs in each area.

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<thead>
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<td>Auditory Skills</td>
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<tr>
<td>Tactile Skills</td>
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<tr>
<td>Body Image/Exploratory Behavior</td>
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</tbody>
</table>
PRESCHOOL O&M SCREENING – Form B
FOR OLDER, AMBULATORY CHILDREN

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Child’s Name:                                Birth Date:        Age:
Cause of Visual Impairment:
Evaluator:                                   Testing Date(s)/Time:
Screening Conducted at _ Home _ School _ Other( specify):

Includes questions in the following areas:
- Background Information
- Medical/Educational Records
- Home & Community Experiences
- Body Parts
- Body Planes
- Positional Concepts/Self-to-Object
- Visual Functioning
- Auditory Skills
- Tactile Skills
- Gross Motor Skills
- Mobility Skills
- Walking with Others (basic sighted guide, closed doors, narrow spaces, stair travel)
- Walking Alone (self-protective techniques, trailing, doors, seating, independent stair travel, orientation, straight line travel, turns, route travel and following directions)
SCREENING B SUMMARY

Please list the child’s strengths and needs in each area.

<table>
<thead>
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<td>Mobility Skills</td>
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<tr>
<td>Orientation Skills</td>
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PVC “A” Frame

Supplies:
PVC glue and PVC cutter 8 – ¾-inch elbow joints (part E)
18-20 feet of 40-weight ¾-inch PVC pipe 2 – ¾-inch “T” joints (part F)

Directions:
(Directions are for a 3-foot tall frame. You can make it taller by adding more inches to part A or wider by adding more inches to part B.)
Cut the following pieces of PVC:
4 – sections of 36 inches each (part A)
2 – sections of 12 inches each (part B)
1 – section of 18 inches (part C)
4 – sections of 5 ½ inches each (part D)

Assembly:
Glue together the two side sections of the frame, (using parts A, B, D, E, and F) with the “T” joints in the top/middle; the openings of each “T” should be facing each other. This should look like two rectangles when you are finished.

Next, glue part C to connect the two rectangles.

Figure 1 Image showing assembly of parts to make PVC "A" Frame as shared by Beverly Jackson, COMS, during Region 13 ESC Infant Symposium session.
Texas School for the Blind & Visually Impaired

Outreach Program

www.tsbvi.edu

Figure 3 TSBVI Outreach Programs logo.

Figure 4 Office of Special Education Logo

"This project is supported by the U.S. Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S. Department of Education."

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