

# SEE/HEAR

A QUARTERLY NEWSLETTER ABOUT VISUAL IMPAIRMENTS AND DEAFBLINDNESS FOR FAMILIES AND PROFESSIONALS  
A collaborative effort of the Texas School for the Blind and Visually Impaired and Texas Commission for the Blind

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## Welcome to *SEE/HEAR*!

By Cyral Miller, TSBVI, Director of Outreach

We selected transitions of all kinds as a general theme for this issue because summertime is not only a time for vacation; while school is out major changes are happening for children and their families. Students who completed their educational studies face significant decisions on where to go next, as transition plans suddenly become actual blueprints for life, not abstract words on triplicate forms. Many children are transitioning from elementary to middle school or high school, and growing internally, physically and emotionally to face new challenges.

You will notice changes in *SEE/HEAR* as well. Starting with this issue, Kate Moss is transitioning from her role of editor-in-chief, a position she has graced for 14 years, to become a contributing writer. Her job with Deafblind

**Welcome - continued on page 35**

## A Halloween to Remember

By Honey Hastings, Student, Alpine, Texas

*Editor's note: You may remember Honey's article "The Angel in My Life" from the Spring 2002 issue. She has sent us another great memory of growing up with her brother, Chris. Honey says, "It was always hard for us to go anywhere with him so when we did get out of the house it was a challenge. I hope you enjoy this story as much as I enjoyed writing it." Honey is a senior at Sul Ross State University in Alpine, Texas. After graduating in December of 2002 with a degree in Elementary Education, she hopes to move back to Central Texas to live and teach closer to her brother Chris.*

"A California Raisin! Mom, what kind of costume is that? Why can't he be something normal, like a ghost or a goblin, like everyone else's brother?" All mom could do was remind me that Chris, of course, was not normal. He was still blind, deaf, mentally retarded and physically handicapped, the same as the day he was born. He did not even enjoy Halloween nor did he appreciate being dressed up like a raisin. I would not like it either. After all I had decided to be a princess since that is what my parents always accused me of acting like.

We left the house and loaded the car and finally took off towards the annual Halloween Party at our local civic center. I could barely stand it; the short seven-mile drive seemed endless. I was of course the first one out, when the vehicle came to a stop. I could not be seen with a raisin for a brother. That was just too embarrassing. I thought we should have just put wings on him and made him a bird to match his wing-like arms, but no one ever listened to me.

We walked in as a family, and no sooner had the door closed than I was off. The Haunted House ranked first on my list, and after the skeleton was done chasing me around the room, I quickly headed off to the Apple bobbing line where all my friends anxiously awaited their turns. I intended to get that apple. It did not matter how long it took or how wet my clothes got. I was going to win.

After about three tries I finally got my apple. I was not the driest child around, but like all my friends I was happy and loaded down with candy. I finally decided it was time to hunt down the rest of my family, and my raisin of a brother. I did not want to, but of course if I did not spend time with them while we were out, I would never get to go anywhere again. I spotted them at a corner table, and as embarrassed as I was, I headed towards them anyway.

Chris was not happy in the chaos of brightly dressed children and parents at the center. His tight black leotard and baggy purple clothing were becoming somewhat irritating to him, and I could tell that at any moment mom would announce that it was time to go home. As I struggled to hold on to my treasure of candy I had accumulated, I heard a squeal directed towards us from behind. Mom and I whirled around at almost the same moment to glimpse who was speaking.

"Ewwww, what is he doing here?" were the words emitted from a precious seven-year-old child's mouth, which at the moment was covered with cotton candy and what seemed to be the remnants of a chocolate bar.

I thought to myself, "Here comes the raisin ridicule."

Erica Wright, (whose name has been changed for reasons I need not mention) had the most disgusted look on her face as she shook her head, turned up her nose, and examined Chris with concern. I was not too happy with her reaction either. He was my raisin to pick on, and if Mom didn't say anything soon, I was going to. Mom quickly leaned down and whispered to her, "I can't believe he is still here either."

Erica's mouth fell and her eyes grew large as she slowly asked, "Why would you say that?"

Mom was quick on her toes, and replied, “Well, you know, he is very special and we are very proud of him. What may look like ordinary deformed arms to you, are actually his wings. He flaps them, takes off and flies around the house all the time.” Mom continued, “Why just yesterday, I had to catch him with the minnow net, just to keep him from flying out of the front yard.”

I remember Erica’s face vividly as she ran away from us screaming “MOMMIE!” I was in tears from laughing so hard.

It was at this time that I realized that I was not embarrassed of my brother because of his disabilities. I had taken the normal sibling role and been embarrassed because of his clothing. In my mind Chris seemed normal. He was my brother, and there was nothing anyone could say or do that could make me feel any different. But I still decided that next year, I was going to pick out his Halloween costume.

## **Transition, a Lifelong Process**

By Michael Beukenkamp, Student, Amarillo, Texas

Transition is a number of different changes that go on all through out life. It can be going from one school to another. Transition can also be getting a job, or for someone with sight, it could be driving for the first time. I have experienced a number of transitions in my life just like everyone else. In this article I want to tell about different transitions I have gone through, and how they have changed my life.

The first big transition that I had to overcome in my life was losing my vision. I went from being a normal third grader to being completely blind overnight in the summer between the third and fourth grades. When I lost my vision it was very difficult. I couldn’t just go out and ride my bike or go out and rollerblade. I had to relearn how to live. I had to learn how to read Braille. I also started to use the white cane. Right there, those changes effected my life so much. I went from going to the playground and going on slides and monkey bars to thinking if I fall I will have to have more surgery. Being so young at the time, I really wasn’t exactly sure what was happening. I also knew, though, I had things I wanted to do. I made my mind up that I would overcome blindness. I will say I really knew I was going to be permanently blind at around age eleven. I feel that if it wasn’t for all the support I had at school and at home, I would not be at the point I am now. I think that support at a young age is very important. If I wanted to do something, I would hear, “Yes, you can do it.” Sure there were problems to overcome with different things I tried to do, but that is part of adjusting to having a disability.

When I started learning how to use the white cane, I realized that being blind would not stop me from getting around on my own. I remember the first time I went up and down a staircase, I knew then I could do it. It was very intimidating knowing there was a drop-off somewhere up ahead. I remember thinking that if I use my cane I will find it. After using my cane for a couple years, I felt comfortable traveling out of town on my own. I went to the Texas School for the Blind and Visually Impaired in Austin for a summer program. While I was there I learned more about using the cane to get where I wanted to go. I also learned how to use landmarks to travel different routes to different buildings. That was the first time I really relied on my cane. After doing that, I went to Space Camp in Huntsville, Alabama. During that trip I traveled through Dallas/Fort Worth Airport on my own. I learned a valuable lesson about trying to get help. I was thirteen at the time. I learned how to tell someone what I needed. The airlines are very willing to help if they know what you need. You also have to know exactly what you want them to do. Their first idea most of the time is to get you a wheelchair. When they did that, I told them I had no problem walking and showed them how to do sighted guide. My experience has been that the majority of people are always ready to help, even if it is just to give directions. I took a second trip to Space Camp the following year. I remember on the trip home that I was alone at DFW again, waiting for my plane to leave. The airport closed due to severe weather. It turned out to be closed for

eight hours. I remember my connection being changed five times. I just kept asking the gate agents what was going on. By the time I left there that day, I was on a first name basis with a lot of the employees. It just takes persistence to get the help you need.

Going from middle school to high school was another learning experience. I had to carry many more books and notebooks, and the homework tripled. There were many more tests to remember to study for. The teachers' had higher expectations of grades and over all what you should learn in one day. I went from carrying one backpack to carrying two, both of them so full they almost couldn't close. I took advanced classes in computers and math that were not offered in middle school. Algebra became very time consuming. I knew it was all very worthwhile though. It gave me a small taste of real life.

One of my goals when I became blind was to get a guide dog. The dog guide schools require you to have good cane skills. They also require that you be sixteen years old before you apply. When I turned sixteen, I sent applications to a few different schools. Thinking I would not be accepted while still in high school, my hopes weren't very high. The idea of getting a dog some day was the driving force that helped me learn the cane. I was very happy on the day in April of last year when I got a letter saying I had been accepted to the Seeing Eye in Morristown, New Jersey. A few days later, I received a letter from Guide Dogs for the Blind in California, saying I was also accepted there. Since I heard from Seeing Eye first, I attended there. Switching over from the cane to the dog was a challenge. When you work a dog you take into consideration time and distance and not as much, say, cracks in the sidewalk. For example, if I know there is a door a certain distance ahead, I do little bit of physics in my head. I think I am going this fast, so I need to start thinking about turning in a certain amount of time. When you use a cane you are in charge of watching out for hazards and also keeping track of where you are. When you work a dog he or she makes sure you don't run into something. It is fifty-fifty, I give him the directions and he makes sure I get there safely. One thing I noticed since I have used a dog is that the public is very interested. With a cane, I almost think people don't know what to do, so they shy away. On an average day with Sporty, my dog, I probably talk to about ten different people. They all have pretty much the same questions. I like to educate the public that blind people have lives, and that having a disability is just a challenge that you must overcome.

Transition can be very hard, but at the same time it can be very self-gratifying. When you look back and really think of what you did to be where you are today, it is all so important. Having a good attitude is vital to advancing into different phases of life. The next big transition for me will be going from high school to college. I have come to the conclusion that everything you will ever do comes back to self-advocacy. That is the key to getting the help you need, whether you're traveling or doing homework. There is always someone ready to point you in the right direction. I will be an 18 year old this summer, ready to face the world.

## **We Finally Made It!**

By Susie Welch, Parent, Big Spring, Texas

We never thought we'd see the day when our son, Jaceson, would graduate from high school! You work so hard with the school to give your child a program that will be meaningful to him, and think that he will always be in school. Then one day, "Oops!" he's graduating.

While attending the last assembly for graduating seniors, Jaceson was presented a Special Achievement Award for being one of the most admired students. The award stated that he served not only as a role model for the students but for the staff as well. Jaceson's lack of verbal communication didn't stand in the way with his peers. It made them not only take an interest in him, but also accept him.

Graduation was quite a sight! When they called Jaceson's name, the entire senior class and everyone else in the

whole auditorium gave him a standing ovation. He walked up proudly to get his diploma with the help of Inez Salazar, his intervener. A friend later told me, “There wasn’t a dry eye in the place.” It really made us feel good to see that our son was so well liked and accepted by the kids. They really loved him. He acted so proud, smiling from ear to ear! Paul, Jaceson’s dad, and I never cried so hard!

We had worried about him when he first started at Big Spring High School, because he was the youngest child in special education. Over the years, we were lucky to have interveners, teachers and a school diagnostician on our team, who helped us implement a program for Jaceson that worked. I also know that Jaceson never would have gone so far if the staff from Deafblind Outreach hadn’t always been there to guide and support us.

Jaceson, Kris Larson (his teacher), and Inez

So if you wonder whether the struggle is worth it, I can say yes it is! Miracles do happen, and for us, Jaceson actually graduating from high school is a miracle! Don’t think your work will be over, though, when your child is out of school. It will start again as you enter the world of adult services. But by working together with family, friends and adult service providers, we know that Jaceson will have many more miracles in his future.

## What’s Next?

By Gayla Valle, Parent, Anchorage, Alaska

Reprinted with permission from the *SESA Newsletter*, Spring 2002

All parents anticipate the stages of their children’s lives. We look forward to many of them - first words, first steps, first day of school. Others we regard with foreboding - first tantrum, first overnight away from home, first signs of sexual maturity. As the parent of two teenage sons, I didn’t look forward to these things - and I wasn’t prepared for them when they happened.

My younger son, now 14, has Down syndrome. When, in sixth grade, the unmistakable signs of puberty became apparent, I was surprised. I guess I thought that, with Down syndrome, walking, talking, and many other developmental tasks are delayed...wouldn’t puberty be delayed too? Wasn’t it supposed to happen later - much later? Like maybe at age 21? It seemed so unfair, but puberty was right on schedule! In fact, for once, he was at the head of his class, but in a way I wasn’t prepared to deal with.

How do you communicate these important realities to a kid who has next-to-no speech? How do you ensure his safety, and the safety of others? How do you help him find a healthy and appropriate way to deal with these confusing feelings? How do you deal with your own feelings about him growing up, becoming sexually mature, moving away from you and into adulthood? How can you get your school to help?

Like many other challenges we have faced, you start talking to the people you know who you think can help. You start reading. You start asking questions. You start looking at what you’ve done already to lead your child up to this point - teaching about privacy, okay and not-okay touching, names for body parts. But what do you do when you find him pouring over the lingerie ads in your pile of catalogs? What do you do when another child tells a teacher that your

child has touched them in a way that makes them uncomfortable or frightened? I don't have the answers for that.

Inclusion has been part of our lives from the very beginning. We have tried to shape our lives to include as many normal, typical activities as possible. The benefits have been meaningful and apparent, and I wouldn't trade them for anything. If there is something that brings joy to my child, it is being just like everyone else. But adolescence has brought an unanticipated aspect of inclusion to the forefront. What do you do when your efforts towards inclusion meet normally occurring sexual development? When your child and his/her typically developing peers show sexual interest in each other in the time-honored ways that they always do?

You find out right away that while your child with a disability might be tolerated as a lab partner or in a peer-reading project, he or she will not be welcome to take part in the sexual/social activities that are so much a part of growing up in this culture. Inclusion has brought exposure to the same movies, games, television shows, clubs, sports, and other typical free-time activities that children in our society enjoy. My child has not been isolated or shielded from exposure to the sexually-stimulating messages that we send to all children, like it or not. Yet now, on the threshold of sexual maturity in a life that contains almost exclusively non-disabled peers, it is clear that this is one door that inclusion will not open. His attentions, his desires, his needs are not welcome. What is my child to do? What am I to do?

These are the challenges ahead for me, and perhaps for you. I have had to reshape or rethink a few beliefs about inclusion when I look at it from this point in time. I don't have answers. I have a loving, active child who wants to be just like everyone else, a goal I have worked hard at as I've tried to shape a good life for him. Now, I'm wondering if it wouldn't have been better for him to be raised with different expectations - if more opportunities for interactions with others with disabilities would have lead to a more welcoming environment for his social and sexual maturity. There are no easy answers, no clear paths. I predict that this struggle that I'm experiencing is one that many others share or will share in the future. Together, perhaps we can clarify our understanding of our children's needs and how best to meet them. As we've heard (and said!) so many times, "They won't be little forever."

#### 10 Tips: Talking About Sexuality with Your Child with Developmental Disabilities

- Use as many pictures as you can. Photos of family or friends can be a springboard for talking about relationships and social interactions.
- Use repetition with small amounts of information spaced out over time.
- Make a full body chart. This is a concrete way to show where body parts are and what they do.
- For more involved tasks (i.e., personal care during menstruation), try to break down the activity into several steps. Review the steps often and provide feedback and praise.
- Practice! Provide practice situations for your child to try out their skills.
- Use all available resources: visit the library, use the Internet, and access books and videos about talking to your kids about sexuality.
- Network with other parents. Share your insights and listen to theirs.
- Recognize and validate your child's feelings: this is a unique opportunity to get to know them better.
- Don't be afraid to say "I don't know the answer to that question," but be sure to follow up with "Let's find out together!"
- No one approach is best. As a parent, you have the opportunity to investigate, experiment, be creative and learn from your successes and mistakes!

Reprinted with permission from Planned Parenthood of Tomkins County, Ithaca, NY <<http://www.sextalk.org>>

## For Injured Academic Ace, Short-term Memory Serves

By Amanda Zamora, Staff Writer

Reprinted with permission from Austin American-Statesman, May 6, 2002

Audra Thomas blended seamlessly with fellow high school students teeming through the main corridor of Welch Hall at the University of Texas on Saturday.

Amid the teens pacing the halls and consulting coaches, the 16-year-old appeared confident, although slightly timid, as she emerged from a classroom after taking a test on current events at the state University Interscholastic League academic meet.

Despite blindness and brain damage, Thomas was one of more than 3,000 teenagers from across the state competing Saturday in events that included one-act plays and academic contests. She was the only student from Celina High School, a small school north of Dallas.

Thomas said she was really unsure of a couple of answers on her hour long exam, which consisted of 40 multiple-choice questions and an essay.

What she didn't volunteer is that she is a current events guru—and last year's state champion. She didn't make a fuss, either, over the fact that she is blind and has significant memory problems.

Toward the end of her fifth-grade year, Thomas was swinging on the playground at her school. When her swing broke, she hit the back of her head so hard that she suffered brain damage and gradually forgot everything. She couldn't remember her favorite food or childhood toy. She had problems keeping her balance when she tried to walk. And while the fall didn't damage her eyes, it injured the part of her brain that processes images. To take the UIL test, she had to have the questions read to her.

Thomas was diagnosed with cortical visual impairment, and today she can only keep about a month's worth of information in her head. Surgery on her ears fixed a balance problem, but her vision remains distorted and her childhood memories locked away.

"Sometimes when people are talking about their favorite TV show or cereal from when they were kids, I don't really know that stuff," Thomas said. "I go on what my family tells me."

But Thomas' short-term memory has risen to help compensate for the loss of her long-term recall, allowing her success in the current events competition. She taps the television and Internet for news. Her favorite broadcast is PBS's News-Hour with Jim Lehrer, and she cruises *The New York Times* and *The Washington Post* online with her laptop, which is formatted to read text aloud.

"I pay attention to news, and I love school and learning and the whole thing," Thomas said.

"I guess some people just don't think it's important to them, and they don't have a connection to the news," Thomas said. "When they think of news, they think of crime or horrible things happening, things that don't affect them. But really, they do."

Bobby Hawthorne, the UIL's director of academic programs, put together the test for Thomas' event.

"This is a very rigorous contest," Hawthorne said. "Students have to do a tremendous amount of reading of newspapers, magazines and Web sites."

“For her to be able to keep up with that amount of information when people who are fully (able to see) can’t do it, it’s amazing.”

“A lot of kids find reasons why they can’t do something, Hawthorne said. “When you meet someone like Audra, she shows you that anything’s possible, even under the most difficult conditions.”

Thomas said she feels embarrassed sometimes by the praise and attention she gets from people such as Hawthorne. But her biggest frustration is people underestimating her abilities.

To her UIL coordinator, a computer literacy teacher at Celina, Thomas is phenomenal.

“I’m amazed,” Sherry Huddleston said. “She teaches me constantly - for her to have that three-week memory and still keep all of those current issues in her head.”

The night before competing Saturday, she read U.S. News and World Report’s week-in-reviews to refresh her memory.

This time, however, Thomas didn’t win the event. She placed fifth. It was hard not to be a little disappointed, but she’ll compete again next spring, and she is determined to bring more of her classmates to the competition next year.

“She’s got goals,” her mom said.

## **Effective Practices in Early Intervention Planning Transitions to Preschool**

By Lavada Minor

Reprinted with permission from: D. Chen, *Effective Practices in Early Intervention*

A transition is a change from one service or program to another. Families of infants and toddlers with dual sensory impairments (vision and hearing), including multiple disabilities, are likely to experience more transitions than families of other children. One major transition families of toddlers with disabilities face is moving from home or center-based to preschool programs. This change involves not only different settings such as regular or special preschool programs, but also changes from the Individual Family Service Plan (IFSP) to the Individualized Education Plan (IEP), and from family focused to child focused services. This chapter will discuss important considerations when transitioning toddlers with dual sensory impairments and other multiple disabilities from home and center-based infant programs to preschool programs.

Federal law requires a formal and planned transition process for toddlers with disabilities. Part H of the Individuals with Disabilities Education Amendment (IDEA) of 1986 (PL.99-157) requires that children with disabilities from birth to three receive early intervention services to address their special needs. It also mandates the development of an Individual Family Service Plan (IFSP) for families and their children with disabilities. The IFSP is a formal document which states the child’s current level of development, goals, outcomes, needs, as well as the strengths and needs of family (Coleman, 1993). Developing the IFSP consists of input from the family as they identify their concerns, priorities, and resources. Transition steps to special education preschool services should be included in the IFSP when appropriate.

Although planned transitions to preschools are required by federal laws, special planning is needed to assist parents during this process. Transitions may occur for reasons other than the child’s age, these may include the child’s devel-

opmental needs, a newly identified diagnosis or family relocation. Transition to preschool may occur when families are facing other stressful events related to their child's multiple disabilities or their daily lives.

*Eric is a 28 month old little boy who was born with cortical visual impairment. At 24 months of age, his parents informed their new early interventionist that their son did not seem to respond to speech. The early interventionist and the parents made careful observations of Eric's responses to voices and toy sounds. His lack of response supported the early interventionist's recommendation for an audiological evaluation. Eric was later diagnosed by an audiologist with a severe bi-lateral hearing loss. He was fitted with his first pair of hearing aids by the time he was 33 months. At the same time, Eric's maternal grandmother passed away. When Eric turned three years old, he started a center based program for preschoolers with hearing impairments and other disabilities. His program receives consultant services from a teacher certified in the area of visual impairments. His early interventionist no longer visits his home and he rides to the center on the school bus. Eric's mother welcomed the idea of him attending a center-based program three days a week. However, encountering a new diagnosis, changing of services, and managing the wearing of his hearing aids in a short period of time was very stressful for her.*

Transitioning to new programs may change the types of services the family receives and the level of parent involvement. During home visits with their early interventionist, parents have opportunities to observe and participate in the services provided to their child. Parents also benefit from ongoing communication with their service provider which may support the development of close and trusting relationships. These relationships may end when the child transitions to a preschool program because special education services are usually provided outside of the home.

Transition brings a whole new set of roles and responsibilities from the initial stages of planning until the child is actually enrolled and attending the new program. Ample time is required in order to provide a smooth and successful transition from one program to another. The transition process should begin at least six months before the actual transition date to allow the school district or other receiving agencies sufficient time to prepare for a child with a low incidence disability and other unique learning needs. Practical considerations, as well as state or agency policies, may dictate transition timelines. The best time to start the transition process should be determined by the individual child's needs and family's situations.

A carefully planned transition is important to the family, child, and service providers because: 1) it will prevent interruptions in services; 2) it will provide parents with an opportunity to participate as equal partners in the transition process; 3) it will facilitate the adjustment of the child and family to the new program; and 4) it will eliminate the duplication of tests and planning meetings when the child is receiving multiple services (Conn-Powers, Ross-Allen, Holburn, 1990). Planning a transition takes time, communication, patience, and sensitivity to the needs and emotions of the family and their child. Planning in advance will minimize the stress caused by changes the family will experience, reduce fears of the unknown, help families to build new relationships with staff and become involved in the new program, support the child during the transition process and help him or her adapt to the new environment (Smith, 1993).

## **STAGES IN THE TRANSITION PROCESS**

The initial stages of the transition process should include five major steps: 1) developing a planning team; 2) setting goals and identifying problems; 3) defining roles; 4) developing a written transition planning procedure (Conn-Powers, Ross-Allen, & Holburn, 1990); and 5) following-up and evaluation of the child's adaptation to the new program and the transition process (Smith, 1993).

## **DEVELOPING A PLANNING TEAM**

Developing a planning team is one of the most crucial components of a carefully planned transition. Toddlers who have visual and hearing impairments with other disabilities require services from many specialists. This may complicate

the organization of a planning team. Team members may consist of the parent, friends, relatives, a representative from the receiving school district, current service providers such as the occupational therapist, physical therapist, orientation and mobility specialist, members from the State Deaf Blind Project, a teacher certified in the area of deaf and hard of hearing and a teacher certified in the area of vision impairment.

The initial planning meetings may not include a representative from the receiving school if one has not yet been identified. There will be many issues to discuss about the child's skills, developmental needs, eligibility criteria and the type of programs to consider (i.e. inclusive setting, special day classroom & day class). Establishing a planning team provides opportunities for everyone involved with the child to express their concerns and opinions on transition needs or potential concerns. The most optimal setting for the child must be based on his or her individual needs.

When children with multiple disabilities and dual sensory impairments are placed in inclusive settings, there must be adequate supports in order for the child to be successful. For example, preschoolers with low vision and hearing loss will need learning environments which are well structured and consistent so that they will know what to expect from their classroom and its routine. Environmental adaptations may include providing color contrast at meal time (i.e., red Jell-O served in a white or yellow dish), shelves and materials labeled in Braille, or placing the child closer to the teacher as she reads the group a story.

Some questions that the team should address at this point may be:

- How long will the child remain in his current program?
- When are the services to be terminated and started somewhere else?
- What are the family's preferences for future services?
- Is there another family with a similar child who can share their transition experience to preschool with the current family?
- When will the changes take place? (*Smith, 1993*)

## SETTING GOALS AND IDENTIFYING CHALLENGES

Once the team has been established and the child's current abilities and needs have been identified, the group can begin to develop goals and identify possible challenges and solutions. Problems may arise because of the different types of demands that may be placed on the child and family such as location, transportation, and increased class size. Families may select a program which may not have staff members trained to work with children with multiple disabilities. Families moving from a home-based program to a center based program will be confronted with a different structure, curriculum, activities, and other children with varying disabilities or non-disabled peers. Parents may have questions about the philosophy or the practices of the new program, hours of the new program's operation, transportation safety, differences in the needs of other children in the program, and the teacher's ability to use their child's equipment safely (Rains, Rosenkoetter, & Fowler, 1991; Smith, 1993).

Staff members from the sending program may also have concerns such as the adjustment of the child and family, continuity of services, and the child's ability to handle the demands of the new setting (Smith, 1993). Different approaches can be taken to help prepare the family, child and receiving agency for the transition. Each team member has a role to play in a carefully planned transition.

## THE ROLE OF THE SENDING PROGRAM

The sending program will play a vital role in preparing the family for the transition because of an established relationship with the child and family. The sending program can also discuss with parents how their participation in the future

program may differ from their current program. Preschool settings are usually more structured and child-focused than early intervention programs. The team can discuss the differences in the new program and suggest ways the parent can remain involved. Information for parents should include:

### **Gathering information**

- Information about the new program (i.e., contact person, telephone numbers, and population of children attending the program)
- Copies of recent reports and evaluations
- Information about services available to children who are dual sensory impaired. Parents have many questions such as:
  - What kinds of specialized services will the child receive at the new program?
  - How frequently will the services be available to the child?
  - Will the services be provided directly through center staff or through consultation?
  - Will the services be provided within the classroom setting or in pull out programs?

### **Classroom environment**

Information about the new program's ability and willingness to include the child in a typical preschool program. Some questions to consider are:

- Does the program have special materials that the child might need?
- Is the program flexible and willing to make important adaptations to include the new child and meet his/her visual and auditory needs?
- How much extra help is available in the classroom?
- What is the teacher/child ratio?

### **Becoming involved**

- Strategies to facilitate parental involvement, i.e., researching appropriate settings in the community, introducing their child to peers, volunteering at different times of the routine (recess, class time, and special activities)
- Strategies to maintain regular communication with the teacher i.e., communication book, telephone calls, message boards, and notes sent in the child's backpack

The sending program should also share relevant information about the child with the receiving agency in order to assist with the family's transition to the new program.

### **Suggested information and materials for the receiving agency should include**

- A contact person and telephone number from the sending agency to maintain contact and provide assistance as needed
- Information about the child that will help the new program understand the child's previous services and his ways of communicating and interacting with his environment. This information may include the following:
  - Background information
  - Medical history
  - Formal evaluations/assessment results

- Previous IFSP
- Individual programming needs
- Specialized equipment needs, including all forms of assistive technology
- Video tapes or photos to demonstrate details about specific strategies, how the child communicates with others, positions for play, table activities or meal times; use of adaptive equipment such as wheelchairs or braces, and orientation and mobility lessons; or the child's use of special equipment
- Communication systems used with the child in his previous settings
- Adaptations and supports provided to support the child's play (i.e., materials used to keep toys within the child's reach, adaptive utensils)

## PREPARING THE CHILD

The parent and early interventionist from the sending agency should visit the proposed classroom, meet with the receiving teacher and inquire about the curriculum, routine, and activities. If the receiving teacher is not designated, the sending teacher could visit the program, review the curriculum, and observe activities taking place. This will provide some information about the types of expectations and skills that should be focused on in the current program to help the child participate in the new program.

The demands placed on the child will depend on his abilities and the expectation of the new program. Children moving from an infant program to a preschool program will be expected to participate actively as they become familiar with the new environment and its routine. These expectations may be particularly challenging for those children with dual sensory impairment.

Another change that may be particularly challenging for the child and the family is the expectation for the child to travel alone to school and attend class without family members. New encounters with peers, unknown adults, and different environmental feedback may be overwhelming for some preschool children when they are away from the family. Many of these stressors can be addressed in advance to help the child become familiar with his new experiences and environments. For example, an object such as a new stuffed animal backpack could be used to indicate to the child that he will be going to his new school. He will wear the backpack when the early interventionist and parent visits the new program with the child if appropriate. The child could be introduced to the classroom by the orientation and mobility (O&M) instructor while the other children are outdoors. This strategy would reduce environmental noises so that the child could make the most of his visual and auditory abilities. The child could be shown where his backpack will be kept and placed there during his first visit. The O&M instructor could next introduce the child to the playground and to the other children. Later they can all return indoors as a group.

The backpack may be used as an object cue in the calendar box (at home or infant program) to signify when the child will be going to preschool. Other objects that may be used to prepare the child for the transition include: providing the child with a familiar object from home such as a toy; a cassette recording of familiar music, environmental sounds or voices of family members; or a family member's personal belonging such as a piece of clothing. Objects and materials from the new program could possibly be used in the home.

## THE ROLE OF THE PARENT

Parents will respond differently according to the needs of their family. It is not uncommon for parents to express excitement about their new found personal time. However, they may also experience feelings of guilt. In some families, changes may be difficult as they consider issues such as transportation, their child's specialized equipment, or complications around feeding or breathing needs (Hains et al. 1991). Aside from these concerns, parents must also face the responsibility of selecting the most appropriate program for their child, negotiating a new schedule, finding new services, educating personnel about their child's special needs, and preparing their child and family for the change (Hains et al. 1988). Transitions may bring about additional changes that may include the following: the use of an orthopedic

walker, adaptive mobility devices, braces, FM systems, special education buses arriving at their home, new terminology for the parent, new service providers and a multitude of other changes. While transitions cannot be eliminated, parents can be better prepared through collaboration with and support from the planning team.

### **Some ways parents may help prepare the child**

- Visiting the new program with their child
- Arranging visits to the new program with the early interventionist; helping the child become familiar with the new teachers, classroom and the school
- Arranging after-school activities or visits with children from the new program
- Riding on the bus to the new school with their child (Hains, Fowler, & Chandler, 1988)

### **THE ROLE OF THE RECEIVING PROGRAM**

The receiving program and staff members may be anxious when a child with multiple disabilities transitions into their setting. Their experiences may be limited to non-disabled children or children with mild disabilities. The environment, staff, volunteers, and children will be prepared for the new child if the transition is planned carefully (Smith, 1993). Some suggestions for the receiving program are:

- Make arrangements to meet the family and child before the child begins
- Identify parent's concerns and plan together for the change
- Provide pictures, brochures, tours, time for observation for the family or previous service providers
- Identify physical barriers that may impede the child's access
- Conduct environmental analysis to determine modifications for children with visual and hearing needs
- Identify and supply special materials and equipment needed (adaptive seating, eating utensils, colorful and musical toys, trikes)
- Arrange the classroom environment so that children feel safe to explore and socialize
- Adapt the environment to reduce the noise level by using shelves as dividers, chair tips to reduce the noise of moving chairs, adding carpet to bare floors and using foam place mats for hammering or construction activities
- Provide appropriate lighting throughout classroom
- Prepare volunteers, parents and classmates about the new student (i.e. pictures, introducing new equipment before the child arrives)
- Provide the staff information about the child's specific diagnosis and needs
- Obtain strategies used in previous program
- Clearly define the role of aides and para-professionals as they assist with the child
- Provide in-service training and information on young children with dual sensory impairment
- Provide support to classroom staff from specialized consultants
- Access technical assistance from the State Deaf-Blind Services
- Project for consultation as needed
- Evaluate the child's adaptation to the new program and participation in classroom activities

## DEVELOPING WRITTEN TRANSITION PLANNING PROCEDURES

Once the challenge and goals have been identified, the team is ready to assign responsibilities to its members. Specific activities, strategies, and responsibilities must be agreed upon with time lines established in writing. Written transition planning procedures help to keep the group focused and on task. Each member has responsibilities identified in writing and everyone knows what is expected. A written plan also provides a more simplified understanding of the program's transition procedures and policies. In cases where a team member will no longer be available, the written plan will assist in maintaining continuity and limiting disruptions. Through developing its own transition plan, the team will be able to identify its unique needs and concerns (Conn-Powers et al., 1990).

## FOLLOW-UP AND EVALUATION

The final step in the transition process is to follow up on the family's and child's adjustments to their new program and to evaluate the process. This can be planned during the final IFSP meeting before the transfer occurs. However, funding realities may limit follow up activities. Some questions to consider are:

- How is the child adjusting to the new program?
- How does the family feel about the new program? Is it a good match?
- Are there any problems with which the family needs additional help?
- Does the receiving teacher need additional information and training?
- Does the program need more consultation or direct services from someone trained with children with dual sensory impairment such as the State Deaf-Blind Services?
- Are transition goals being met?

Follow-up procedures allow for an evaluation of the effectiveness of the transition process. Was the planned transition effective? What was the impact on the child? Which things worked well and which ones needed improvement? This feedback can be useful in future transition plans for the family's next change and the professionals' future participation in the transition process. Parents should also be encouraged to visit the new program after their child has enrolled to provide feedback and assist with the child's adjustment. Providing these parents with adequate support, information, and guidance will help them deal with the challenges associated with transitioning children with dual sensory impairment and multiple disabilities into preschool programs.

Transitioning from early intervention programs to preschool programs involves many changes that are stressful and confusing for families. Planning transitions carefully is necessary to provide everyone involved in the transition process adequate time to share information, obtain special materials and equipment, learn new skills, and become familiar with the unfamiliar.

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## **Tips for Classroom Teachers With a Visually impaired Student**

By Emily Biggers, Teacher, Birdville Independent School District

Dear Teacher,

You are going to have a visually impaired child in your regular classroom? Have you cried or screamed yet? Have you found yourself thinking I don't know if I can do this? I was there, too, just two years ago. I had little training in any type of special education, knew nothing about the blind, and truly had never considered learning anything about the blind. What a blessing I would have missed had I not been given the opportunity to teach a visually impaired student named Laurel. I was stretched professionally and personally. I learned and grew in ways I did not know were possible. I messed up a lot. I got frustrated a lot at first but then it began to feel natural, and easier. Be patient with yourself. Realize that this is a new challenge, but such an exciting one! Here are a few of the things I learned that I would like to share with you... when you find the time to read this lengthy letter!

Remember that this child is just a child. A child with some special needs which will take time for you to understand and to meet. A child who will help you to learn about his or her special needs. A child who might laugh louder and sillier than the best class clown you can imagine. A child who might be especially reserved. A child who will have a personality, fears, and strengths. Just like every other child you have ever taught. A child who may get in trouble just as often as the others. Perhaps even more at times... because of frustration or lack of visual stimulation or even for a reason you can't put your finger on. A child who might be exceptionally well-behaved, so much so that you almost rejoice when he begins to come out of his shell and talk with peers more. In either case, or somewhere in between, this child is still just that. A child. Blind? Yes. But still, just a little kid who wants his teacher to like him and wants to please you. Be gentle. Be understanding. Be firm. Be real.

Your visually impaired child will not see the way you see, but let me assure you that he or she will see. You will be amazed at the way this child views the world. You will learn to slip things into his hands so that he might "see" the rock or the coin or even the caterpillar with his fingers. Those will be hands you'll never forget, hands that reach out to know life as the sighted world says it is. Hands that appreciate soft and smooth, rough and prickly as only the blind can. Hands that one day shyly sneak to touch the bracelet on your arm or the plastic clip in your hair. Hands that will produce, in time, a magical language all their own. A language of raised dots which will open doors for this child. Doors like reading and writing, and perhaps college or even graduate school one day. Braille will become a regular part of your classroom. Embrace it. All of your students will enjoy learning a little bit about it. Teach them to value learning differences rather than fear them. Treat the braille writer and the other VI equipment with no more special attention than you treat pencils or computers. They are tools.

This child who will enter your room with a cane, and whose eyes may not look just like your eyes, and whose materials will have to be different, needs you. She does not need you to baby her, or to do everything for her. She especially does not need you to point out her differences to the class on a regular basis by offering her a special invitation to do things or an extra chance before you sign her behavior sheet...because she's blind. She does need you to train your class to be helpers when she asks for help, or when help is appropriate. She needs you to model for her peers the ways in which she should be treated. She needs it to be O. K. to be blind in a classroom full of sighted students, because this child will live in a world full of sighted people for a lifetime... and that lifetime cannot wait to start until after she leaves your class.

Having a visually impaired student will challenge you to a new level as a teacher. You will "tell" pictures, or get your sighted students to help you. You will say more as you point to objects. You will verbalize more. When you hold up a picture or make a gesture or write words on the board, your VI child will sit waiting until you take the time to say it. Say everything! It only takes a little more effort, and soon it will be second nature.

Don't be afraid of using sighted words with the unsighted. For example:

"See ya tomorrow"

"Look at this!"

"Did you see Star Wars?"

"Who watched the landing of the space shuttle on TV?"

Your blind child will use these words, too. Remember that these types of phrases are just our cultural "lingo." Your VI student will not take you literally when you ask if he saw the special about polar bears on the Discovery channel. You both know he didn't "see" it, but be ready for an earful if his TV was on during the show about polar bears.

I am certain that just as all regular ed students are different from one another, all VI students are not the same. Your student will be different in many ways from my VI student. I hope, however, that some of the ideas I have included here will put your mind and your heart at ease. You will probably feel stressed at times. That is a great sign! That means that you are an effective teacher who cares about children, who seeks to be the best teacher you can be, and who truly desires that this special needs student be successful in your regular ed classroom.

Lean on the VI team. They are highly trained. They are supportive and understanding. They know that this assignment is not your every-day assignment. They know also that blind children learn best alongside their peers. They are excited that the VI child is able to be in your classroom. Ask the VI specialists questions. Jot them down during the day and stick them in their mailbox. Make them your teammates. They will be so much help for you! Never worry that they are there to analyze your teaching or your handwriting or your organization. They are there to make learning possible for that child in your class who needs an extra pair of eyes watching out for them, teaching them things we do not know as regular educators. Along the way, they will teach you many things. Don't even try to learn everything at once. And if they start to overwhelm you, just tell them that you are getting overwhelmed. They will do everything they can to decrease your stress! Be courteous with them. Realize that their caseloads are high and that they are not able to be in all places at one time.

May you take a deep breath. May you whisper a prayer. May you look forward to meeting and teaching a very special child with some very special needs. The rewards will be like none other you have known. May you have a wonderful year!

Sincerely,  
Emily Biggers

## Teaching the Visually Impaired - My Way!

By Elsie Rao, VI Teacher, Tyler Independent School District

*(Elsie Rao, TAER Teacher of the Year for 2002, was interviewed by a TV station in Tyler, Texas when she retired this spring after seventeen years as a Teacher of the Visually Impaired in Tyler. The broadcaster had no experience with visually impaired students. Elsie wrote the following essay to provide a perspective on why she chose this career and continued in it for so many years.)*

If people remember one thing from this essay, it should be that blind and visually impaired people can learn to do almost anything, except maybe fly an airplane. I start telling my students this when they are very young and I repeat it over and over again until they start to share this idea with their classmates and friends, until I see them believing it as well.

I try to empower them with a sense of confidence and self-esteem which is critical for all. It is especially hard to do if the people around them do too much for them. When this happens, it teaches them that they are too “handicapped” to learn to do things for themselves. This subtle message can ruin a child. I understand that there are times when we all need help, and so it is with these students. They just don’t need help all the time. So my job involves teaching the visually impaired students, as well as teaching others how to teach them. Simply put, I am more than just a Braille teacher.

Authorities say that 80% of what a baby learns is gained through the use of vision. That is an awesome figure when you start trying to teach a child who has little or no vision. If you can keep that percentage in mind, it makes you realize just how many concepts a visually impaired child must learn before starting to master academics. These children do not learn incidentally like everyone else, so their education must include a wide variety of skills, including academics, technology, self-advocacy, career planning, and social skills. As a VI teacher, I must constantly maintain a perspective of what the normal kids are learning and doing so I know what skills need to be taught to the VI student. While this sounds so simple, I know from experience that this requires constant evaluation of students’ current levels of functioning, and is the most difficult part of my job. Generally, these students don’t master a concept or skill in one sitting, so I must re-teach the lesson until it is mastered. Since I only work with each student a few hours a week, I have to maximize each second of every lesson. I create a learning environment that is challenging and difficult, and my students love it.

One of my first requirements when working with a student is to know their individual learning style or how that student learns. This includes everything from classroom design to teaching techniques. What motivates the child to learn? What does the child already know? What do they enjoy and what is a reward? All of these are simple questions, with complex answers. At the beginning of school it usually takes me about 6 weeks to get to the point where I feel that my lessons are maximizing learning. Then I am on a mission, like a woman at the mall with a purse full of money!

All the information I teach must be based on prior knowledge the student has already mastered. That is why a child with a visual impairment receives teaching instruction as soon as the impairment is discovered. Blind babies do not know how to play with toys, respond to their mothers, hold their head up, sit up, eat, and explore their environment. They begin their lives in isolation. They must learn to respond to their families and their environment before the academics can begin. There is a network of parents, teachers and specialists who work together to try to teach some of that 80% that is lost to blindness.

The early school years are the ones I enjoy the most. I love teaching blind students basic concepts like shapes, textures, differences, and learning to take in information through the use of touch. Next comes the beginning Braille skills, and this can take several years. A blind child has never seen print, or advertisements, nor do they necessarily understand that stories come from a system of letters and words. All of these have to be taught in a sequential manner so that they learn how to (1) learn about the world they live in, and (2) how to master the arts of reading, math, and language. While this is a laborious task, it is also the most fun to me, because I get to teach them lots of fun skills like

jumping rope, roller skating, and making friends. Working with this age group lets me do what I do best, *talk*. I love the challenge of figuring out a way to teach the concept in a way that makes sense to the child. So teaching Braille is just the tip of the iceberg in the education of a child that is visually impaired.

I have been working in Tyler for 17 years, and often I work with the same student for several years. I have to push myself to maintain that perspective I mentioned earlier. I have to design an educational program that helps them be on level academically and socially. I think it is very important to teach these kids to have goals, and to plan for an exciting life! I tell them that everyone I know has work to do, either at home or at an office. Then I help them realize that the difference between a person who makes \$20 an hour and one who makes \$5 dollars an hour is based on how much they have learned and the skills they have mastered.

## THE BOTTOM LINE

I love to teach and I hope it shows. It is so exciting to watch kids learn. People often ask me if my work is rewarding. I guess it is, but I never think of the impact it has on me. I focus on the job, and the job is never finished. There is always something else to learn, another skill to master, or another book to read. A personal goal of mine is to learn as much as I can for as long as I can, and I had to experience some very difficult lessons to come to that realization. As a result, I try to instill the love of learning in my students.

I do not pity or feel sorry for these children. My job is to teach them to be successful, independent, and happy individuals. My job is to work myself out of a job. So I begin working many hours a week with young children and work backwards from there. I am currently working with a student in the fourth grade who is mainstreamed all day. When she was little I spent ten to fifteen hours a week with her. Today I see her for about three hours and some of that time is after school. I only go into her classroom to introduce new Braille signs or difficult concepts, teach her to advocate for herself by working with the classroom teacher or her peers, and show her how to work smart instead of just hard.

The children I have taught have given more to me than I have to them. They share their joys and their lives with me. They accept me for who I am because I do the same for them. I admire their personal strength and determination to live and make the most of each day. They have had to work so hard to get to where they are today and my job is to help them continue to learn new skills so they can succeed the rest of their lives.

They must have goals, and they must write them down. No one makes a successful, long journey without a Map! Their map is the goals they set for themselves. I am just the facilitator.

TISD (Tyler Independent School District) is an exemplary district. There are many outstanding people who work in this district with whom I have had the pleasure of working. First of all, nothing would be possible for these children if it were not for the commitment of the Director of Special Education. She makes things happen for these children and has gone above and beyond her duty by making sure these students receive the specialized instruction they need. She works with us and helps to design a comprehensive educational program that has continuity. Administrative support is vital. Then there are all the hundreds of others it has been my pleasure to work with. I am not just referring to the excellent teaching staff. I am also talking about the numerous support staff people who help these kids by ordering their special materials, get them through lunch lines with grace and dignity, help me move mountains of Braille volumes around big campuses, and make sure that the campuses are safe for them to travel. I am grateful to all of them, from the superintendent to the custodians, for the part they play in helping to educate a visually impaired child.

Special education is not a watered down curriculum designed to educate the handicapped. Special education is many special people who help special children become productive adults.

## Assistive Technology After Public School

By Diane Yoder, Transition Consultant, Texas Commission for the Blind

Transition from public school to adult life can be an exciting and challenging time for students with blindness or visual impairments and other disabilities. It's a time of celebration of accomplishments, but it's also a time when young adults with disabilities put into action all of the transition plans made while in high school. Students with visual impairments and blindness who have computers, note takers and other equipment and software provided by their school district must return the equipment when they are no longer in school. School districts have the option of allowing the families to purchase the equipment (usually this is done by a district which does not have a student with similar needs who might use it), but they are under no obligation to do so. The Texas School for the Blind and Visually Impaired has a statewide technology loan program through the Outreach Program, but like school districts, driven by IDEA regulations and funding, the program cannot loan equipment to blind and visually impaired students who have graduated or aged out of school.

One resource option for blind and visually impaired youth after graduation is accessing services offered through the vocational rehabilitation program, and in Texas, this is the Texas Commission for the Blind (TCB). If a student has an impediment to employment, is in need of rehabilitation services, and meets the eligibility criteria for blindness or visual impairment, they may be eligible to receive services. Transition services through TCB assist students in planning for and accessing vocational training and ultimately employment. If a student is eligible for vocational rehabilitation services, he or she works in partnership with a counselor at TCB to develop vocational goals based on interests, preferences and values. Together they map out the steps it takes to achieve that vocational goal.

Special Education rules specify that the Individualized Transition Plan (ITP) must be written by age 16, and that transition services be discussed earlier in the student's education in order to begin thinking of the long term post-secondary goals for training and employment. Students can apply for transition services through TCB as early as 13 years of age.

Technology is one of many resources provided to assist students in reaching their goals. Often technology is needed to access post-secondary training and employment. If it is determined that technology is needed, the TCB counselor and student work closely with the Employment Assistant Specialist assigned to their area. This team identifies the tasks required, other resources available, and technological needs of each student participating in post-secondary training. The focus of these services is to support students in their efforts towards reaching their vocational goals. Progress and needs are evaluated annually by the student and the TCB counselor to determine if there are other areas to consider in reaching the long-term goal of employment.

Students who are blind, attend a public college, and live in Texas can have their college tuition waived. TCB provides support for college that includes, but is not limited to books, equipment, supplies and reader services. Colleges and universities also provide access to the educational environment through their Disabled Students Services offices. It is recommended that a student research what resources are available at the colleges he or she is considering. Services vary widely. Some colleges offer notetakers, readers, assistive technology labs, and test taking options. Young blind and visually impaired adults must make choices based on the knowledge that the availability of assistive technology varies widely. The college or university they wish to attend may not provide the accessibility options to which they are accustomed. This is an opportunity for young people to develop their self-determination skills and investigate their options when making a decision about post-secondary training.

The transition from school to work requires information, resources, and support. The Texas Commission for the Blind Transition program offers a multitude of resources, including technology training and support, to empower blind and visually impaired youth to participate in adult life successfully.

# Accessible Books

By Holly Cooper, Technology Consultant, TSBVI Outreach

A couple of issues back, I wrote an article on electronic books, mainly focusing on books that are intended for mass market use, and can be modified to be made accessible for blind and visually impaired users. For this issue, I was asked to write about etext, or electronic text. Many schools and other agencies which transcribe books for blind and visually impaired readers wish to share the books so transcribers won't waste time duplicating each other's efforts. There are several organizations that maintain databases of electronic files of books for blind and print disabled readers. Because of the copyright laws, files are in formats only accessible with braille translation software, or users must document that they have a visual impairment (or other print disability), and complete a form to join the group of users. Some organizations require a fee to join. Some only provide files by shipping hard copy such as floppy disks or CD ROM's, but most allow users to download files through the internet directly into computers.

## PROGRAMMING

### FILE FORMATS

There are a variety of electronic formats, as those of you who access books for blind students know. For a more complete discussion of various file types, see APH's Louis at <http://www.aph.org/louis/reposext.htm>. In Texas we hear about some books in ASCII format because textbook publishers are required to submit books in this format. Do not assume that ASCII files will be accessible to you. While ASCII technically means plain text, such files may contain formatting characters that make the file unreadable; sometimes this formatting is for braille. ASCII braille files usually have the file extension .brf. In order to read these files, your computer must have braille translation software, such as Duxbury or Megadots. Some sites have electronic braille files in .brl and .bfm, which also must be accessed in this way.

Other sites have books in plain text, or .txt. These do not require Braille translation software to read. They can simply be loaded into a computer and read with screen reading software such as JAWS. Both the braille files and plain text files can also be loaded into a notetaker such as Braille Lite or BrailleNote and read using voice output or refreshable braille. Computers with braille translation software can provide voice, hard copy or refreshable braille output using these files. If you have files in braille formats, the braille translators can also reverse the translation and convert them to print. These can then be saved as plain text and used on computers that have screen reading or magnification software without braille translation.

Some sites have audio books stored in electronic format. The new standard format for audio books is DAISY, for Digital Accessible Information System. These books are stored on CD ROMs and played with a special player. They can also be accessed with a computer, but require special reading software, available free with membership in Bookshare.org.

### SOURCES OF ELECTRONIC TEXTS AND RECORDINGS

#### Accessible Book Collection

<http://www.accessiblebookcollection.org/>

\$49.95 per year membership fee, and documentation of disability

These books are in html format, and accessed using your web browser.

#### Bookshare.org

<http://www.bookshare.org>

\$25 sign up fee and \$50 annual fee, individual membership; \$200 dollars a year, organizational membership

Copyrighted books are in .brf and DAISY format; uncopyrighted material may also be available in text or html.

## **Braille.org**

International Electronic Braille Book Library

[http://www.braille.org/braille\\_books/](http://www.braille.org/braille_books/)

Braille.org does not require a password or membership fee.

These files are in .brf format, and can be read on-line or by loading them in to devices such as Braille notetakers. You can download individual parts of a book, an individual book, or an entire collection of books by a specific author simply by selecting the appropriate links on the specified pages.

## **Louis**

<http://www.aph.org/louis.htm>

American Printing House for the Blind (APH) has long provided braille and large print books. Some of their books are also available as electronic files. Users must set up an account with APH. Quota funds can be used to pay for items. Because files are donated from a variety of sources, there are several different formats used.

## **Daisy Consortium**

<http://www.daisy.org/>

DAISY, digital talking books consortium

## **Recording for the Blind and Dyslexic**

<http://www.rfbd.org/index.htm>

DAISY formatted books

\$75 membership fee and documentation of disability for individuals. Agency memberships available; RFB&D is a leading supplier of taped textbooks in public schools.

## **TSBVI Downloadable Braille Materials**

<http://www.tsbvi.edu/braille/index.htm>

The TSBVI website requires a password to access files, users must have a disability or be working for an agency providing services to people with disabilities. Books are in several formats including .meg extension for Megadots, .asc and .brf files.

## **Web Braille**

National Library Service for the Blind and Physically Handicapped (NLS)

<http://www.loc.gov/nls/reference/factsheets/webbraille.html>

To use this service you must apply, document disability and be a resident of the US or US citizen living outside the country.

## **Brain Injury and Associated Vision and Hearing Loss**

By Kate Moss, Teacher Trainer, TSBVI, Texas Deafblind Outreach

Adapted in part from *Teaching Students with Visual and Multiple Impairments: A Resource Guide*, by Millie Smith and Nancy Levack

*Editor's note: According to the Brain Injury Association website ([http://www.biausa.org/brain\\_injury\\_and\\_you.htm](http://www.biausa.org/brain_injury_and_you.htm)) traumatic brain injury (TBI) is defined as "An insult to the brain, not of degenerative or congenital nature caused by an external physical force that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. Acquired brain injury (ABI) is defined as "Injury to the brain which is not hereditary, congenital or degenerative that has occurred after birth. (Includes anoxia, aneurysms, infections to the brain and stroke.) Individuals with brain injury often experience problems with both vision and hearing loss. On the BIA websites, Carolyn Rocchio shares the following information about traumatic brain injury (TBI):*

*"Hearing problems can occur for a number of reasons, both mechanical and neurologic, particularly when the inner ear and/or temporal lobes have been damaged. All patients should have an otoscopic examination and hearing screening followed by behavioral testing. External bleeding in the ear canal, middle ear damage, cochlear injury, and/or temporal lobe lesions can cause auditory dysfunction." (Rocchio, 1998)*

*This can result in children who have auditory processing problems, conductive hearing loss, and/or sensorineural hearing loss. They may also have balance problems associated with any damage to the vestibular system.*

*Some of the vision problems associated with traumatic brain injury include infections caused by the mist from nebulizers on tracheostomy patients resulting in corneal ulcers and other problems, problems with visual processing and visuo-motor ability such as double vision, field loss, nystagmus and near-sightedness. (Rocchio, 1998).*

*Children with traumatic brain injury typically face additional problems in the areas of communication, acquiring new information, spatial orientation, attention and concentration, task completion, impulse control, dealing with anger, social integration, and social conversation. There are many organizations and websites offering excellent information on brain injury. Several that we have accessed include:*

*Brain Injury Association, Inc. (BIA)  
105 North Alfred Street  
Alexandria, VA 22314  
Phone: 703-236-6000 and Family Helpline: (800)  
444-6443  
E-mail: [FamilyHelpline@biausa.org](mailto:FamilyHelpline@biausa.org)  
Web: <http://www.biausa.org/>*

*Lash and Associates Publishing/Training, Inc.  
708 Young Forest Drive  
Wake Forest, NC 27587  
By Phone or FAX: 919-562-0015  
E-mail: [mlash@lapublishing.com](mailto:mlash@lapublishing.com)  
Web: <http://www.lapublishing.com/>*

*International Brain Injury Association (IBIA)  
505 Wythe Street  
Alexandria, VA 22314 USA  
703/683-8400  
E-mail: [info@internationalbrain.org](mailto:info@internationalbrain.org)  
Web: <http://www.internationalbrain.org/>*

*In Texas, 120 children were reported as having traumatic brain injury as a disability label on the 2002 Annual Registration of Students who are Visually Impaired. Nine children on the 2002 Texas Deafblind Census are reported as having severe head injury. Additionally many children have acquired vision and hearing loss (occurring after normal birth) as a result of anoxia, stroke, aneurisms and brain infections such as meningitis.*

*Some alarming statistics from the Brain Injury Association website (2002) include the following:*

- An estimated 5.3 million Americans - a little more than 2% of the U.S. population - currently live with disabilities resulting from brain injury.*
- It is estimated that one million people are treated for TBI and released from hospital emergency rooms every year.*
- Each year, 80,000 Americans experience the onset of long-term disability following TBI.*
- More than 50,000 people die every year as a result of TBI.*
- Vehicle crashes are the leading cause of brain injury. They account for 50% of all TBIs.*
- Falls are the second leading cause, and the leading cause of brain injury in the elderly.*
- The risk of TBI is highest among adolescents, young adults and those older than 75.*
- After one brain injury, the risk for a second injury is three times greater; after the second injury, the risk for a third injury is eight times greater.*

*In 1996 we ran an article, "A Different Point of View" by Marnee Loftin, in which she gives a firsthand account of the effects of traumatic brain injury and talks about the problems she experienced in her vision, cognitive and emotional functioning. You may be interested in reading her article, which can be found on the TSBVI website at <http://www.tsbvi.edu/outreach/seehear/archive/ptvs.htm>. There is also some good information about the visual issues related to TBI in Teaching Students with Visual and Multiple Impairments: A Resource Guide, by Millie Smith and Nancy Levack. The information that follows is adapted from that book and was first published in SEE/HEAR, Fall 1996. We thought it was worth reprinting.*

Sensory problems are common after traumatic brain injury. The problems these children have with their vision are referred to as Post Trauma Vision Syndrome or PTVS. Over half of the children who have experienced brain injury have vision problems, such as blurred or double vision and visual field defects. Blurred or double vision may improve during the first six months after the trauma event, but the field abnormalities are more likely to persist (Mira, Tucker, & Tyler, 1992).

Binocular vision is what allows us to blend the two images seen by each of the eyes into only one perceived image. Long-term difficulties with binocular vision are common. These include:

- strabismus (misalignment of the eye caused by muscle imbalance),*
- ocular motor dysfunction (difficulty with eye movement),*
- convergence (simultaneous movement of both eyes toward each other usually made in an effort to maintain a single image as an object approaches),*
- accommodative abnormalities (problems in the focusing of the lens to produce a clear image as objects move closer),*
- and double vision (perceiving two images of a single object).*

When these conditions are present from birth, the brain adapts by suppressing the vision in one eye. In post trauma vision syndrome the condition occurs abruptly. The brain does not have a chance to adapt gradually and abnormal vision persists. It is important that any child who suffers traumatic brain injury receive a comprehensive ophthalmologic exam (Mira, Tucker, & Tyler, 1992). Double vision in particular interferes with depth perception, locating objects, and the ability to match visual information with kinesthetic, proprioceptive, and vestibular experiences. These terms are explained below:

- kinesthetic- This has to do with the conscious sensation of joint position, movement, weight, and position in space.
- proprioceptive - This has to do with knowing the location or relationship of parts of the body in stationary positions without the need to, for example, look at your arm, or touch your arm.
- and vestibular - This has to do with the brain's reflex system that coordinates eye movements with head movements so that a person can keep their eyes on a fixed object as they move their head. The vestibular system helps us to maintain balance.

Because of double vision, which occurs with PTVS, balance, coordination, and movement become impaired (Padula, Shapiro, & Jasin, 1988).

Many individuals with a post trauma brain injury experience a variety of visual-perceptual abnormalities. Students with post trauma vision syndrome (PTVS) have a difficult time transferring the visual information they learned prior to injury to present situations. Problems with spatial organization are common. They may also develop abnormal head posture along with high tone in muscle tissues in other parts of the body, particularly about the head, neck, and shoulder areas. This happens because the child will try to correct or improve his visual functioning by tilting or holding his head in an unnatural position (Padula, Shapiro, & Jasin, 1988).

Children with traumatic brain injury may also have damage to their ears. Mira, Tucker, and Tyler (1992) also describe the types of ear damage that frequently occurs with a traumatic brain injury. There may be damage to the middle ear, which can cause a conductive type of hearing loss. There may be damage to the inner ear or the auditory pathways into the brain, which can cause a sensorineural hearing loss. Children with visual impairments generally rely on their hearing to compensate for the loss of visual functioning. For this reason, it is critical that children with PTVS have a complete audiological evaluation.

### **CHARACTERISTICS OF PTVS**

The characteristics of post trauma vision syndrome include:

- Difficulty with binocular vision function
- Difficulties with accommodation
- Low blink rate
- Inability to perceive spatial relationships between and among objects
- Difficulty fixating on an object and pursuing the object visually when it moves
- Abnormal posture
- Double vision
- Clumsiness
- Objects appear to move when they are not actually moving

- Poor concentration and attention
- Poor visual memory
- Inability to perceive the entire picture or to integrate its parts
- Inability to read despite the ability to write
- Failure to attend to objects presented in a particular place
- Inability to recognize objects with their vision alone
- Inability to distinguish colors
- Inability to visually guide their arms, legs, hands, and feet
- Visual field loss

(Adapted from Padula, Shaprio, & Jasin, 1988)

## **SUGGESTIONS AND INTERVENTIONS**

The following is a list of suggestions and interventions that can be tried with students who have PTVS. Some of the items are interventions which should be prescribed by eye specialists or require input from motor specialists.

### **Spatial disorganization**

- Reduce clutter.
- Increase spacing.
- Add environmental cues (e.g., outlines of objects to indicate placement, color and light enhancement to draw attention to certain places).
- Use a paper clip or eraser to mark a place on the page.
- Establish a routine for tasks and ensure that it is set up the same way every time.
- Place a ruler under the line of print.
- Cut a window in a piece of paper that can be moved from word to word, from line to line, or picture to picture.

### **Abnormal posture**

- Prism lenses or patching may alleviate this problem if it is due to ocular abnormalities (Padula, Shapiro, & Jasin, 1988).

### **Double vision**

- Prism lenses or patching may alleviate this problem (Padula, Shapiro, & Jasin, 1988).

### **Poor fixations and pursuits (difficulty scanning for a specific object or following a progression)**

- Practice visual scanning skills (Roberts, 1992).
- Highlight every other line of text.

**Poor concentration and attention**

- Give step-by-step instructions.
- Use various cueing systems (e.g., color coding, underlining, windows).
- Use preferential seating.
- Use consistent structure.
- Develop an organizational system.
- Pace work.
- Reduce environmental distractions.

**Poor visual memory**

- Augment visual with tactual and auditory stimuli when possible.
- Attach labels.
- Pair language with visual cues.

**Movement abnormalities - Objects/words appear to move around the page**

- Use a yellow acetate cover to cut down on the strobing effect of black print on white paper.

**Inability to take in all but a fragment of a visual scene or the disappearance of visual objects due to abnormal perception**

- Allow simultaneous touching of visual material.
- Attach labels.
- Pair language with visual cues.

**Inability to read despite the ability to write**

- Use recorded materials.
- Assess tactual spatial ability. If intact, consider tactual literacy media such as braille, Fishburne Symbols, Moon Symbols.

**Failure to attend to objects in affected hemisphere**

- Increase student's awareness of area of inattention with verbal cues, direct lighting, etc.

**Inability to distinguish colors**

- Eliminate curriculum content related to color (e.g., learning color names, sorting by color).

**Inability to visually guide limbs**

- Most students spontaneously look away when reaching. Do not discourage this strategy.

## Field abnormalities

- Prism lenses may help.
- Practice scanning and localization.

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## The Challenge of Transitions

By Terry Murphy, Executive Director, Texas Commission for the Blind

When told that the theme of this issue of *See/Hear* was to be about transitions, my first reaction was personal. I just recently made the transition from father to grandfather. What a journey. It seems only yesterday my daughter was the same age as the pink bundle now framed in living color on my desktop and refrigerator door. Not yet three months old, my granddaughter has already put her indelible mark on the whole family.

From experience, I know that some of life's transitions don't go so smoothly. Sometimes the unknown ahead makes us want to avoid moving forward, especially if we are leaving something behind. Helen Keller, one of my favorite inspirational authors, had a great way of expressing the reason some people get stuck where they are: "When one door of happiness closes, another opens; but often we look so long at the closed door that we do not see the one which has been opened for us."

Each year, the Commission works with thousands of people who are going through major transitions in their lives. Our Vocational Rehabilitation Program helps adults make the transition from unemployment to employment. Our Independent Living Program helps individuals make the transition from escalating hesitation and dependence to increased self-confidence and independent functioning. Our Blind Children's Discovery and Development Program helps parents make the transition from living in doubt and fear to living with accurate knowledge about blindness and possibilities. It helps young children make the transition from being totally dependent on their parents to exercising their growing independence and building a strong belief in their own abilities.

Rising hormones and parents reluctant to let go create a challenging combination in the transition from adolescence to adulthood. TCB is in the middle of this challenge every day in its Transition Program. We provided services to 1,158 students last year, to reduce their risk of dropping out of post-secondary education and training. Our fifteen

transition counselors have a special blend of knowledge. They are youth-savvy, yet focused on key issues necessary for successful adult living. It's like straddling two worlds. You need expert balancing techniques!

In vocational rehabilitation vernacular, transition services are activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities. In other words, we have the specialized knowledge to help blind students plan, focus, and set goals. Activities are based upon their individual needs, preferences, and interests. But we are always challenging the status quo in their lives, encouraging them to reach beyond their comfort zone. Ultimately everything we do is to develop their self-determination skills and self-confidence so they learn to drive decisions for their own lives.

During the summer, transition youths are provided with opportunities to explore occupations through a wide range of summer work experiences. A couple of years ago one student expressed interest in law and politics, so he spent the summer interning in U. S. Representative Doggett's office. The experience motivated and better prepared him to go after his dream. He's in college now, majoring in pre-law, and when Representative Doggett's office found out he was back in town for summer, they eagerly offered him a paid position. Transition services are not aimed solely at college-bound students, however. We believe all Transition Program students have the capacity to work in a meaningful job with or without a degree. A person's vocational success is, however, directly related to their level of independent living skills. Too often young people leave primary school and get thrown into the deep end of adult life without knowing how to swim. Without the right survival skills and training, they usually sink—fast.

The post-secondary collaborative program with TSBVI, which I mentioned in a previous *See/Hear* article, is just about ready to provide such survival training. The apartments are finished. The curriculum has been developed, and the program will start this September. We are currently preparing information about this program to be put on our website. The program will focus each year on empowering participants to develop and master core blindness skills as well as academic skills. Part of their time will be spent at Criss Cole Rehabilitation Center, where TCB concentrates on providing training in what we call the “big six” blindness skills, which we know are essential if one is to live successfully as a blind person in today's society: (1) adjustment to blindness; (2) independent living skills; (3) travel skills; (4) communication skills; (5) support systems; and (6) vocational skills.

We are very excited about the program's potential to bridge the gap between dreams and outcomes. Geared for students who need remediation in academics and independent living skills, the program will challenge participants to do things they've never done before. The message we want them to hear and learn is that adulthood comes with responsibilities. Students need to make the difficult transition from making demands to meeting the demands they will experience in higher education or on a job. They must also make the transition from being “helped” so much. Help can sometimes be detrimental if it prevents a person's transition from needing to be told what to do to independent thinking. When students are in primary education they have VI teachers that serve them well. The time comes, however, when intermediaries are no longer appropriate. In college and the work world there will be no intermediary to intervene with professors and bosses and to insure they have what they need to succeed.

When talking recently to Diane Yoder, our statewide transition specialist who is working closely on the project, she said her own vision for the program echoes the enthusiastic attitude of Barbara J. Madrigal, the agency's Deputy Director of Programs, who has been crisscrossing the state telling staff we want consumers to get HIGH. Before you parents get concerned about the phrase, it means we want consumers to have High Expectations, High Visibility and High Hopes. From Diane's personal experience as a successful person who's blind, she knows this is what it takes.

I think Helen Keller would have approved of this new program's dedication to high expectations and tough love, considering her wise observation years ago: “A child . . . must feel the flush of victory and the heart-sinking of disappointment before he takes with a will to the tasks distasteful to him and resolves to dance his way through a dull routine of textbooks.” This little bit of wisdom applies to most all of life's transitions, doesn't it?

## Was There Life Before Transition?

By Phil Hatlen, Superintendent, Texas School for the Blind and Visually Impaired

The answer is, of course, no. Transition has been a vital part of all of our lives, long before the term “Transition” ever existed in special education and rehabilitation. And we educators of blind and visually impaired students did not invent it. We were not the first to put a label to a process. Today, the concept of “transition” for blind and visually impaired students is so recognized that it has been added as the ninth goal on the National Agenda.

Contrary to commonly-accepted beliefs, “transition” is more than moving from home and school to work and community, although this is the context in which most of us define it. Rather, we transition many times in our lives, from infant to toddler, from preschooler to school-age, from elementary school to middle school, and on and on. At TSBVI, we have recently been focusing on two types of transition. The first is transition from home and community to TSBVI and home again. The second is transition from TSBVI to adult life in the community. Perhaps in a future article, I’ll describe these two efforts in transition. But for now, I’d like to tell you a little about my experiences regarding the need for transition services before there was such a term.

Many years ago a woman named Mary Morrison (who was to become a good friend of mine) wrote an article entitled “The Other 128 Hours a Week: Teaching Personal Management to Blind Young Adults”. Now, let’s put the time of this article into perspective. It was 1974, and RLF-blinded young people were graduating from high school in large numbers - in fact, our profession had never before had the numbers of young adults we had then. Most of these young people were products of local school systems whose education had concentrated on academic learning. Read what Mary had to say about these recent high school graduates in 1974:

1. “One of my first discoveries was that only one or two of our totally, congenitally blind clients could sign their names...”
2. “...most of our clients had been to a supermarket and most had done nothing but push the cart...”
3. “...Two of them did not know that one does not have to have exact change to buy something in a store...”
4. “...The first lesson for all the students to whom I have taught cooking has had to be how to turn on the stove, often in homes they had lived in for a decade...”
5. “...what good does it do, Mrs. Morrison, to know about the Boer War, if you can’t make your bed...?”

Sound familiar? Have things changed since 1974? I certainly hope so. Are Mary’s concerns in the arena of transition? Emphatically yes!!

Mary Morrison’s lament became a rallying cry for me. It represents the beginning of a recognition of the importance of non-academic learning for blind and visually impaired students, learning that parallels the manner in which transition is approached today. Mary’s findings were being echoed all over the country, and our profession had to look carefully at the skills and knowledge we were providing to blind and visually impaired students. In the San Francisco Bay Area, several of us began to develop an immediate solution for recent high school graduates who were not ready for work and life in the community. And from this effort was born the “Blind Adolescent Life Skills Center” (now known as the Living Skills Center for the Visually Impaired).

In 1972 this new Center opened its doors to 20 recently graduated blind youths from all over California. It's original five objectives were:

1. Orientation and Mobility
2. Vocational Skills
3. Social Skills
4. Independent Living Skills
5. Recreation Skills

Early participants in this Center verified our worst fears regarding their "readiness" for adult life. Hatlen, Le Duc, and Canter wrote an article entitled "The Blind Adolescent Life Skills Center" that appeared in the March, 1975, issue of *The New Outlook for the Blind*. Please read what these authors had to say:

"...The transition from living either in a residential school or at home to living independently requires many skills, the knowledge of which, unfortunately, have been taken for granted or simply ignored by many educational services..." (P 109)

I was going to include additional quotes from this article, but as I reviewed it, I decided that you would be able to receive the full message of what is said if you read the entire article, and I urge you to do so.

Some years after the Living Skills Center for the Visually Impaired was founded, we began to hear the use of the word "Transition." The content of this new concept virtually paralleled the curriculum of the Living Skills Center. I'm not certain as to why this happened, except to suspect that it took an identification of the needs of high prevalence disability groups to move toward naming a new curriculum area.

I am pleased that fellow educators of blind and visually impaired young people pioneered Transition before it was ever a defined concept. We did so because we are sensitive to the needs of students, and we act to meet those needs.

There's much more to say about Transition, and I'll save it for future editions.

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## **Does Your Child Have a Special Need? Then So Do You!**

Texas Parent to Parent is a nonprofit organization that was created by parents to provide support and information for families of children with disabilities, chronic illness and other special needs throughout the state of Texas. The majority of our Board of Directors and staff are parents of children with disabilities or chronic illness. Our staff and volunteers have many years' experience in providing parent to parent support.

#### **MISSION**

Texas Parent to Parent empowers families to be advocates for their children with disabilities, chronic illness, and other special needs through peer support, resource referral, and public awareness.

We believe that peer support is the best way to assist a family on the journey of raising a child with special needs. The sharing of joy, frustration and hope is one of the most powerful experiences a parent can receive. We also believe that parents are the experts on their child, and that the children are our best teachers.

## **OUR GOALS ARE**

- To increase the confidence, emotional stability and skills of families by providing peer support and ongoing opportunities for specific information and training
- To provide a place where families can get answers to specific questions about issues related to their child
- To increase families' knowledge and access to resources
- To decrease stress and isolation for families of children with disabilities, chronic illness or other special needs
- To help families find or create resources for support in their own community
- To enhance the education and understanding of the professionals presently working with or preparing to work with families and their children so that they can be sensitive to the stresses faced by these families

## **WE PROVIDE THE FOLLOWING SERVICES:**

- Matching new parents to trained volunteer parents who have children with similar disabilities or issues via email and telephone.
- Providing resource information via website resource directory or in writing to provide families with statewide and local resources. These resources include long-term financial help, therapy centers, parent support groups, etc.
- Providing a forum via email or telephone for families to get answers to specific questions about issues related to their child such as special education services, insurance issues, sibling issues, etc.
- Providing fact sheets and quarterly newsletters to new families via email or in writing. Information provided will include information on specific disabilities, care for the caregiver, special education law, insurance issues, respite care, applicable websites, etc.
- Training volunteer parents in active listening, local resources, the stresses and the stages that new parents experience, etc. via email and/or face-to-face meetings.
- Providing information and support to the trained volunteer families via email or in writing in the form of quarterly newsletters. Information provided will include the benefits of parent-to-parent support, special education law, active listening skills, etc.
- Providing opportunities for professionals to learn from experienced trained parents about the stresses faced by families through educational and informational seminars and programs.
- Providing technical support to families or parent groups for creating support systems within their community.
- Collaborating with other Texas statewide programs to provide an annual statewide disability conference for parents.
- Implementing the Directive of Critical Care (DOCC) Program, which is a medical residency program that matches families to medical residents. (Texas Parent to Parent is currently seeking families that are interested in allowing residents to spend a day with them, serving on parent panels, and/or participating in a private interview with a resident.)

We are affiliated with other statewide parent to parent programs through the University of Kansas' Beach Center. We share information, best practices, and find matches for families that their individual state is unable to match. We share and learn from each other how best to provide support to families.

For more information, please contact Texas Parent to Parent at 3710 Cedar St., Box 12, Austin, TX 78705, (866) 896-6001, (512) 458-8600, or <[www.main.org/txp2p](http://www.main.org/txp2p)>.

## **Instructional Materials Accessibility Act 2002 (IMAA)**

By Mary Ann Siller, Co-Chair of National Education Program,  
American Federation of the Blind

On April 24, a bipartisan press conference announcing the introduction of the Instructional Materials Accessibility Act (IMAA) was held in Washington, D.C. The bill numbers for the IMAA are H.R. 4582 and S.2246. The IMAA 2002 legislation is the result of two years of intensive efforts involving representatives of the blindness community, AFB Textbooks and Instructional Materials Solutions Forum, Association of American Publishers (AAP), braille software developers, producers of materials in braille, and parents. The efforts were undertaken to improve the efficiency of the conversion process from print format to braille and other formats because K-12 students often encountered lengthy delays in obtaining current instructional materials in accessible formats. In some cases, the materials were never made available in braille. H.R. 4582 and S 2246 are designed to correct these inequities, and to insure that the instructional materials needed by blind and print-disabled children are met in the same timely manner as materials for sighted children.

Among the key provisions, the legislation would: provide for the establishment of a well-structured, standardized national electronic file format to be used for the conversion of K-12 textbooks and other print instructional material into accessible formats; mandate that publishers provide core instructional materials in the national electronic file format to a central repository for their timely and convenient distribution for conversion; establish and authorize funding for the national repository responsible for the receipt, cataloging, storage and distribution of the standardized electronic files provided by publishers; and require states to develop and implement state-wide plans designed to ensure that K-12 students who are blind or visually impaired, or who have other print disabilities, have access to print instructional materials in formats they can use at the same time such materials are provided to students without such disabilities.

There are three Representatives from Texas who are key members of the House Committee on Education and the Workforce. This committee will review H.R. 4582 (for information, go to <<http://www.afb.org/textbooks.asp>>). They are from Dallas (Sam Johnson), Houston ( John Culberson) and the Rio Grande Valley (Ruben Hinojosa). Ruben Hinojosa signed on as a cosponsor in May 2002. At <[www.afb.org/textbooks.asp](http://www.afb.org/textbooks.asp)> you will find the following informative documents: members of the U.S. House of Representatives and U.S. Senate that will be associated with the IMAA (fax and phone numbers are included), the section by section description of the IMAA, the actual bills, endorsing organizations, and the current cosponsors of the IMAA 2002 in the U.S. House of Representatives and U.S. Senate.

If you have an opinion on this legislation, you should let your voice be heard by doing the following:

- . Immediately fax a letter explaining your point of view to members of Congress from Texas who are associated with the Committee on Health, Education, Labor and Pensions from the U.S. House of Representatives (go to [www.afb.org/textbooks.asp](http://www.afb.org/textbooks.asp) for the fax and phone numbers).
- . Fax a letter to your district member in the U.S. House of Representatives and Texas' Senators with the same information.

It is best to fax the letters, because mail is still slow in getting to Congress and e-mails are not immediately read. Please send a copy of your letters to Mary Ann Siller at 214-352-3214 (fax). We keep track of opinions expressed about relevant legislation.

## **Blind, Sighted Bun Runners Share a Vision of Success**

By Jonathon Osborn, American-Statesman Staff

Reprinted with permission from the Austin American Statesman 4/22/02

Sometimes, people take choices for granted. For Alan Mackey, that choice was to run, which was really less a decision and more a way of life. He reveled in his outdoor runs.

But about a year and a half ago, Mackey a 39-year-old former American Airlines pilot and Dallas resident, lost his eyesight to bacterial meningitis. And with his vision gone, he thought he had lost one of his favorite pastimes.

Then he met a rehabilitation therapist, Kathryn Randall, at the Criss Cole Rehabilitation Center in Austin.

And on Sunday morning, Mackey, along with 17 other blind athletes, each tethered to a sighted guide, completed the 20th annual Schlotsky's Bun Run and Family Fun Run.

This is the first year the Bun Run has included blind runners, but it won't be the last, said Schlotsky's Chief Executive Officer John Wooley. Schlotsky's paid the entry fees for the blind runners and their guides, gave them all red T-shirts and shuttled them from the rehabilitation center to the race.

"I'd really given up on running," Mackey said. Now he's planning to take the idea of Running Eyes for the Blind, a new organization that pairs runners who see with those who can't, back to North Texas. "I'm going to see if there's something — or get something going," he said.

More than 5,000 runners from across the state were in Sunday's Bun Run, the oldest 5-kilometer race in Austin. Proceeds go to the Austin Sunshine Camps, a summer program for at-risk children sponsored by the Young Men's Business League.

Randall said the idea of having blind runners in the race came out of therapy sessions with Mackey. In February, she asked him what he enjoyed doing before he lost his sight. He told her that he liked to run. Randall connected with Running Eyes for the Blind's founder, Austin lawyer Margo Ahern.

Ahern, an avid competitive runner, had been looking for a community service project that involved running. She talked with a church friend who is blind, and out of that discussion, her organization was born.

"I just started asking around in the community and found out there wasn't anything specific to Austin" for blind runners, Ahern said. Now the group has become almost like a second career to her.

Seventy runners have offered to be guides in future races, and Ahern wants the group to go national.

Randall said after Mackey signed up, 17 others raced into line behind him.

“It was like this thing exploded,” Randall said. “It’s just taken on a life of its own.”

Running Eyes for the Blind was founded in January in Austin. The Bun Run was the first of what it hopes will be many competitions for blind runners.

On Sunday, some runners were joined to their guides with shoestrings, while other pairs simply held onto shirt sleeves or tied themselves together with t-shirts.

Martin Kareithi, a 19-year-old competitor from The Woodlands who lost his eyesight in a car wreck almost a year ago, said he used to run a six-minute mile — sometimes even faster.

For the past six weeks, he and the other blind runners have been training for the Bun Run, and it has paid off, he said.

“My body is stronger but not quite as strong as it used to be,” he said. “It’s important to get back out there.”

And that’s what Running Eyes for the Blind is all about, Randall said.

“It’s the best thing that could happen,” she said. “These people have a choice, and now the opportunity is there”.

## **Lifespan Respite Care Bill to be Introduced**

By The National Respite Coalition

Parents and interested organizations may be interested in learning about a federal bill that was recently introduced, the Lifespan Respite Care Act of 2002 (S.2489). The bill was introduced in the Senate on May 9, 2002, by Senators Clinton (D-NY), Snowe (R-ME), Mikulski (D-MD) and Breaux (D-LA). Senators Inouye (D-HI) and Smith (R-OR) have joined as cosponsors. A companion bill is expected to be introduced shortly in the House.

The bill would authorize funds for development of Lifespan respite programs at the state and local levels; evaluation of such programs; planned or emergency respite care services; training and recruitment of respite care workers and volunteers; and caregiver training to help make informed decisions about respite care services.

### **WHAT IS A LIFESPAN RESPITE PROGRAM?**

Lifespan respite programs are defined in the bill as “coordinated systems of accessible, community-based respite care services for all caregivers of individuals regardless of the individual’s age, race, ethnicity or special need.”

### **WHO CAN ACCESS LIFESPAN RESPITE PROGRAMS?**

Caregivers who are family members (including grandparents caring for grandchildren), foster parents, or other adults providing ongoing unpaid care for an individual with a special need may access these programs. Special need is defined broadly as: Alzheimer’s disease and related disorders; developmental disabilities; mental retardation; physical disabilities; chronic illness; behavioral, mental and emotional conditions; situations in which there exists a high risk of abuse or neglect, or of being placed in the foster care system, or in which a child’s parent is unavailable due to parent’s death, incapacitation, or incarceration; or any other conditions established by regulation.

## LEAD AGENCY ELIGIBILITY

Funds would be provided on a competitive grant basis to state agencies, other public or private nonprofit entities capable of operating on a statewide basis, a political subdivision of a state that has a population greater than 3 million, or any already recognized State respite coordinating body. Priority would be given to applicants that show the greatest likelihood of implementing or enhancing Lifespan respite care statewide.

## FEDERAL ADMINISTRATION

Coordination is required at the federal level between the administering agency, the Maternal and Child Health Bureau, Health Resources and Services Administration, and these federal agencies: National Family Caregiver Support Program of the Administration on Aging, the Administration for Children, Youth and Families, the Administration on Developmental Disabilities, and the Substance Abuse and Mental Health Services Administration.

## FUNDING

Authorization levels: \$90.5 million in FY03 rising to \$200 million in FY07.

If you would like get additional information or express your opinion about this issue, contact Jill Kagan, National Respite Coalition, at <jbkagan@aol.com>.

## Welcome - continued from page 1

Outreach will change, too, from family training and support to teacher training. Look for her in classrooms around the state, helping develop quality student programs. Many thanks to Kate for steering *SEE/HEAR* at such a high level of excellence, and for her years of personal, caring support to families across the state. Although Kate will shift her focus, the Deafblind Project will maintain our emphasis on family issues with the new hiring of Edgenie Lindquist for the family support position. Edgenie has been a Children's Program Consultant at TCB and TCB editor of *SEE/HEAR*, with experience working with and for families of children with visual impairments for over 15 years. She is a Certified O&M Specialist, committed professional, and wonderful addition to the Deafblind Team.

Craig Axelrod, our exacting layout editor, is going to relinquish his role in order to have time to work with Kim Conlin, Tish Smith, and other TSBVI staff to create a new instructional CD-rom under the advisement of Dr. Jan van Dijk. The lucky new editor-in-chief will be the talented David Wiley, supported in layout design by Carolyn Perkins.

Our personnel changes come are mainly due to the retirement of Robbie Blaha. After pioneering and then being an integral member of the statewide deafblind technical assistance project since 1982, she hopes to transition to a very part-time basis next year. It is impossible to overstate the incredible impact that Robbie has had on developing services to students with deafblindness in Texas and beyond--we are so pleased that we will continue to benefit from her expertise in deafblindness.

Another retiree will be Nick Necaise. His is a well known voice across the state, helping and cajoling VI teachers and O&M specialists to order free materials for their students from the American Printing House for the Blind, and registering students with the Texas Education Agency each year. He will return to work part-time following retirement.

So enjoy your summer, and your transitions, and this issue of *SEE/HEAR*. We are all growing and changing this season, and resting up before the busy and productive year ahead!

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# CLASSIFIED

Mail or e-mail your new classifieds to Jim Durkel at:  
TSBVI Outreach, 1100 West 45th St., Austin, TX 78756, or JimDurkel@tsbvi.edu.  
An up-to-date Statewide Staff Development Calendar is posted on TSBVI's website at <www.tsbvi.edu>.

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## **The Deaf-Blind Multihandicapped Association of Texas (DBMAT) 30th Annual Statewide Family Conference and Workshop “The Missing Piece”**

A Fun-Filled Learning Weekend for the Entire Family

October 11-13, 2002  
Camp John Marc, near Meridian, Texas

For more information, contact:  
DBMAT  
815 High School Road  
Seagoville, Texas 75159-7137  
972-287-1245      214-370-3938  
DBMATorg@aol.com

On the web at DBMAT.org

### **2003 Texas Symposium on Deafblindness**

February 7-8, 2003  
Raddison Hotel in Austin, Texas

Please mark your calendars now for the upcoming Texas Symposium on Deafblindness! The event will bring together families of infants and school-aged children with deafblindness and the professionals and paraprofessionals who serve them. They will have the opportunity to hear a host of experts discuss various aspects of programming for children and young adults with deafblindness.

Funding is available to assist families to participate in this event including costs related to travel, child care, and registration. Special opportunities will be available for families and professionals to network and socialize.

Out-of-state participants are limited but welcome. We will not have funds available to assist these individuals with conference costs.

Registration flyers will be mailed out this fall to our SEE/HEAR readers. Information will also be available on the TSBVI website at <http://www.tsbvi.edu/Outreach/vi.htm>. You may also contact Beth Rees at 512-206-9103 or email her at [bethrees@tsbvi.edu](mailto:bethrees@tsbvi.edu) to request a registration flyer.

**2002**

**Virginia Murrroy Sowell Center  
Distinguished Lecturer Series**

**“Providing Quality Instruction  
in the Expanded Core Curriculum”**

September 27 & 28, 2002

with Dr. Phil Hatlen, Superintendent, TSBVI  
& Other Guest Speakers

Texas Tech University, Lubbock  
Virginia Murray Sowell Center  
for Research and Education in Visual Impairment,  
(806) 742-2345 or  
(806) 742-2326 (fax)

Website: <[http://www.educ.ttu.edu/sowell/  
VSC\\_pages/Lecture/lecturerseries.html](http://www.educ.ttu.edu/sowell/VSC_pages/Lecture/lecturerseries.html)>

**Discovery:**

**The Low Vision Conference 2002**

September 26-28

Location: The Congress Plaza Hotel, Chicago, IL

Contact: Chicago Lighthouse at  
[jrimkus@chicagolighthouse.org](mailto:jrimkus@chicagolighthouse.org)

**National Braille Association  
Fall Regional Meeting & Workshops**

October 17-19

Location: Mariott, Overland Park, KS

Contact: NBA at (716) 427-8260

**Closing the Gap Conference**

October 17-19, 2002

Location: The Radisson South Hotel,  
Bloomington, Minnesota

Contact: Sarah Anderson, Closing the Gap, Inc.  
P.O. Box 68, Henderson, MN 56044  
(507) 248-3294 or (507) 248-3810 (fax)  
[sanderson@closingthegap.com](mailto:sanderson@closingthegap.com)  
<<http://www.closingthegap.com>>

**Sensory Loss**

**for the Elderly Population:  
Confident Living Program**

October 21-25

Location: Helen Keller National Center for Deaf-Blind  
Youths and Adults, Sand Points, NY

Contact: Sr. Bernadette Wynne or Theresa Rose,  
Helen Keller National Center  
at (516) 944-8900, ext. 233 or [nthknc@aol.com](mailto:nthknc@aol.com)

**American Speech  
and Hearing Association  
Annual Convention**

November 15-18, 2002

New Orleans, LA

Contact: ASHA, 10801 Rockville Pike  
Rockville, MD 20852  
(800) 498-2071 or (301) 897-5700 (TTY)  
[actioncenter@asha](mailto:actioncenter@asha)

<<http://professional.asha.org/events/index.cfm>>

**Orientation and Mobility  
Techniques**

**for Persons Who Are Deaf-Blind**

November 18-22

Location: Helen Keller National Center for Deaf-Blind  
Youths and Adults, Sand Points, NY

Contact: Sr. Bernadette Wynne or Theresa Rose,  
Helen Keller National Center  
at (516) 944-8900, ext. 233 or [nthknc@aol.com](mailto:nthknc@aol.com)

**American Association  
of the Deaf-Blind  
2003 Conference**

July 12-18, 2003

San Diego State University, San Diego, CA

Contact: AADB  
814 Thayer Ave, Ste. 302, Silver Spring, MD 20910  
(301) 588-8705 (fax) or (510) 797-3213 (TTY)  
[tomjill@juno.com](mailto:tomjill@juno.com)

## Watch for These Events Coming Soon

### Active Learning with Dr. Lilli Nielsen

September 9-11, 2002

Austin, Texas

Registration information available at:  
[www.tsbvi.edu](http://www.tsbvi.edu)

### Technology Institute

October 4 & 5, 2002

Austin, Texas

Registration information will be available at:  
[www.tsbvi.edu](http://www.tsbvi.edu)  
after July 1

### 2003 Texas Symposium on Deafblindness

February 7 & 8, 2003

Austin, Texas

### TAER

April 24-26, 2003

Omni Hotel, Austin, Texas

Contact: Neva Fairchild at:

[Neva.Fairchild@tcb.state.tx.us](mailto:Neva.Fairchild@tcb.state.tx.us)

(TAER is looking for conference presenters.  
The Call for Papers will conclude Oct. 31, 2002.  
For information, contact Edgenie Bellah  
at TSBVI Outreach.)

### Texas Focus 2003: Focus on Tactile Learning Keynote speaker: Dr. Sally Mangold

June 12 & 13, 2003

will be held in central Texas.

Registration information available at:  
[www.tsbvi.edu](http://www.tsbvi.edu)  
after March 1, 2002

## Proposed Technology Distance Education for 2002-2003

Presented by Sharon Nichols  
and Holly Cooper

- 8/28 An Overview of Technology for Blind and VI students
- 9/18 What Does Tech Look Like for MIVI Students
- 10/9 Computer Accessibility for Students Who are Blind
- 10/30 Learning Activities for MIVI Students: Art, Cooking, etc.
- 11/20 Accessibility to On-Line and CD Rom Resources for Students Who Are Blind
- 12/11 Integrating Low Tech and Switch Activities Into the Classroom
- 1/15 What are Talking Books and How do my Students Use Them
- 2/19 Let's Create Switch-Accessible Toys
- 3/5 Integrating Note Takers Into the General Ed Curriculum
- 4/16 Routines and Technology: Activities to Make it Work
- 5/7 Matching Technology to the Student

Exact times have not yet been determined but all presentations will be in the afternoon. Watch [www.tsbvi.edu](http://www.tsbvi.edu) for further information or contact Jim Durkel at:

[JimDurkel@tsbvi.edu](mailto:JimDurkel@tsbvi.edu)  
or (512) 206-9270

## Proposed Math Distance Ed Presentations for 2002-2003

- 9/25 Abacus
- 10/23 Preparing for the TAKS
- 12/4 Consumer Math
- 1/22 Using Tangibles in Middle School Math
- 2/26 Preparing Nemeth With the Scientific Notebook
- 3/26 Elementary Math

Exact times have not yet been determined  
but all presentations will be in the afternoon.  
Watch [www.tsbvi.edu](http://www.tsbvi.edu) for further information or  
contact Jim Durkel at:  
[JimDurkel@tsbvi.edu](mailto:JimDurkel@tsbvi.edu)

## Fourth Annual Sports Extravaganza

October 25-26  
Irving, Texas

The Sports Extravaganza is open to all students with visual impairments. There is no participation cost. Region 10 Education Service Center and Lions Clubs International, District 2-X1, jointly sponsor this event.

### Events include:

- a wheelchair obstacle course
- 25 meter walk
- 25 meter dash
- Standing long jump
- Softball throw
- Archery
- Goalball

For more information and to request an entry packet,  
please call Kitra Gray at (972) 348-1580  
or Randy Foederer at (972) 348-1570.

## TSBVI Short-Term Programs 2002-2003

### Fall Semester 2002

- Sep. 8-13: Technology Week (electronic notetakers, speech access for Windows)
- Sep. 29-Oct 4: Elementary IEP #1 (you pick the objectives)
- Oct. 20-25: Middle School IEP #1 (you pick the objectives)
- Nov. 10-15: High School IEP #1 (you pick the objectives)
- Dec. 1-6: Math (adapted tools & technology)
- Dec. 1-6: Practical Academics (students below grade level)
- \*Dec. 12-15 Middle School Holiday Gift Making

### Spring Semester 2003

- Jan. 12-17 High School IEP #2 (same as above)
- \*Jan. 23-26 Low Vision Weekend (modifications & adaptations)
- Feb. 9-14 Middle School IEP #2 (same as above)
- \*Feb. 20-23 Teen Getaway (social enrichment)
- Mar. 23-28 Secondary IEP #2 (same as above)
- \*Apr. 5-8 A Capitol Experience (visit & learn about legislature)
- Apr. 13-17 Elementary IEP #2 (same as above)
- \*May 1-4 Elementary Austin Experience (social enrichment)

\* Asterisks mark Thursday - Sunday events.  
Contact: Dr. Lauren Newton, principal  
(512) 206 - 9119 or [newtonl@tsbvi.edu](mailto:newtonl@tsbvi.edu)

## SEE/HEAR

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**TSBVI Outreach**  
1100 West 45th St.  
Austin, TX 78756

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December 1st for the Winter edition  
March 1st for the Spring edition  
June 1st for the Summer edition  
September 1st for the Fall edition

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The audio version of *SEE/HEAR* is provided by  
Recording for the Blind and Dyslexic, Austin, TX.

**If you no longer wish to receive this newsletter,  
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or e-mail her at [BethRees@tsbvi.edu](mailto:BethRees@tsbvi.edu).**



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