

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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Kate’s Corner

It’s a new millennium, and I am acutely aware of changes occurring all around me. Some are good, some not so good, and some are both. People retiring from successful careers to have more time to enjoy life, is a good thing. When the person retiring has been a mentor and constant star in your constellation, the change feels bad. Annie Wade (parent, TCB caseworker, and former Outreach Family Specialist) has retired. I have mixed feelings about this. She is taking off on the next big adventure in her life. When I think of her leaving us on our own, I become incredibly upset about this change. Then I tell myself, “If I play my cards right, I can still talk her into a bit of work here and there.” Annie, I know I speak for all of the Outreach staff, TCB staff, and the educators and families you have served, when

I wish you the very best in your next phase. I hope you really kick back and relax. But if you get bored, call me.

Kate’s Corner - continued on page 37

Editor's note: The three articles that follow are written by parents and a student who attended the Second Annual Blind and Visually Impaired Sports Extravaganza which took place in the Dallas-Ft. Worth area in October, 2000. This event was organized by Region 10 Education Service Center and the major sponsors included the Lions International District 2-X1, Irving ISD, and Dr. Pepper. It was held at the Nimitz High School in Irving, Texas for individuals from all over Texas. This event included competitive events for school age students such as 25, 50, and 100 meter dashes, long jump competitions, shot put and soft ball throw, 25 meter walk, wheelchair obstacle course, archery, beep ball, and goal ball. For infants and toddlers there were a variety of structured activities such as a parent-child obstacle course. Participants had an opportunity to vie for first, second, and third place medals in each event, but all participants received ribbons for participating.

Region 10 staff initiated the first Sports Extravaganza in response to the need for increased emphasis on compensatory skills development for blind and visually impaired children and youth. While improved academic performance may appear to be the major goal of compensatory skills development, the Sports Extravaganza is aimed at lowering the barriers visually impaired youngsters encounter in physical activities and athletic events. Limited vision prevents their physical imitation of the movements of others. This frequently delays their motor development, resulting in a lack of coordination and a feeling of discomfort in physical activity. Avoidance of physical fitness activities and the choice of inactive leisure activities is a natural consequence. If you or your child is interested in the Sports Extravaganza, contact Kitra Gray at Education Service Center Region 10 in Richardson at (972) 348-1580.

Fun for All Ages

By Marsha Lindsey, Parent, Carrollton, Texas

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On Saturday October 14, 2000, Region 10 Education Service Center held the 2nd Annual Sport Extravaganza at Nimitz High School in Irving, Texas. The day was warm and windy with the sun peeking out of the partly cloudy skies. We wore shorts and tee shirts anticipating a fun-filled day. My two-and-a-half-year-old son, Bryan, was signed up to participate in the obstacle course event that began at 10:00 a.m. Upon registering, Bryan received a tee shirt which he loved putting on and wearing. It made him feel special. He is special every day, but maybe more so on this day! As a parent of a visually impaired child and as a visually impaired person myself, I knew that my son would have tons of fun. But I truly did not know what to expect. I had only attended events such as this as a student at Texas School for the Blind and Visually Impaired. So for me to go to the Sport Extravaganza as a parent, was an exciting, new experience. I never once thought that I would be having more fun than Bryan. I got to see my son do many things that he would not normally get to do. It was also wonderful for Bryan's daddy, Chance, who loves to see his son excel in all things.

Earlier, the day started with events in track and field for students 6 to 22 years of age. There were many students from all over the state of Texas including TSBVI, Denton, and Irving. Many medals were given in the track and field events to speedy students who had a variety of visual impairments including those with multiple disabilities. It seemed that the sun would come out every time a student would receive a medal, which was often. My son, Bryan, being only two-and-a-half at the time, participated in the obstacle course. He was not the only little one having fun doing all of the obstacle course challenges. Due to Bryan's vision, he did have some difficulty with the course, but he had fun trying his best. And he did a great job. He even received a special medal from Kathy Rodriguez from Region 10. Though Bryan will probably not remember the event, I will be able to show him that he was an athlete at an early age. Also Bryan's O&M instructor, Tricia Leone, was there to help him negotiate the obstacle course. So Bryan had many people cheering for him. The one thing that was so meaningful at this event was the encouragement of the bystanders. It was more important for the children to have fun than to win. Because in the eyes of the parents, sponsors, and volunteers every child, no matter the disability, was special, and was urged to do his/her very best.

After a morning full of events for the little ones and the young adults, lunch was served. The Lions Club provided lots of great food including hamburgers, hot dogs, chips, and cookies. Bryan ate more food than I have ever seen him eat, and normally he is a very picky eater. Of course, after doing the challenge course numerous times, he was hungry. During lunch, Chance and I were able to have some adult time. We talked to Bryan's O&M instructor and Teacher of the Visually Impaired in a way that we had not been able to before. It was still a parent/teacher relationship but it felt more relaxed. We were able to learn more about these people who were working with our son. It was very important for me to have this time, since I normally see his instructor in a more formal way in our home or at school.

I saw many people, including former teachers, whom I had not seen in years. They did not know that I had children. I am now the mother of three children including Bryan. It was a good time for both my husband and me. After we finished eating and chatting with old friends and new, Bryan was tired from so many runs of the obstacle course, and we decided to leave. The events continued on without us, and many more students won medals. The students had fun even though they could not all win "the gold." Being able to participate and compete with other students with similar challenges was the best part.

I would like to say that I hope in the future that there are more events like this. Not so much for me but for my son, so that he can be challenged by the different physical activities. I would also like to say thank you to Region 10 for sponsoring the event and to the Lions Club for the wonderful food. And another thank you must go to the volunteers who helped make this a wonderful event. It could not have happened without all of you. It truly was a FUN DAY FOR ALL AGES!!!

A Proud Mom

By Ann Elliott, Parent, Wichita Falls, Texas

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My husband, Dale, and I had the privilege of accompanying our son, Caleb, to Irving, Texas for Sports Extraganza, October 13 & 14, 2000. Caleb is blind; therefore, he was eligible to participate in the sporting events. He was in the 10-12 age group. The events for this group included 100 meter run, 50 meter run, and 25 meter run. They also competed in standing broad jump, beep ball find, softball throw, hitting a beep ball off a T, and some areas of goal ball.

This event, following on the heels of the Australian Olympics, did not pale in comparison. I was moved to see the pride and the effort put forth by every athlete. It was obvious they had done a great deal of preparation. The coaches and the officials took their jobs very seriously. They expected a lot from the athletes and were not disappointed. The rewards for the hard work came when awards were presented. The proud athletes took their rightful positions on the podium and were presented with Gold, Silver, and Bronze medals. Fourth place received a ribbon. It was very moving to see the pride on the faces of all the children. This was an environment where they could compete with their peers, and "may the best one win." It did not matter that some were blind, visually impaired, or even in wheelchairs. Every one put forth their greatest effort and was rewarded. One of the greatest rewards was the boost in self-esteem!

The goal ball tournament for the older athletes was held on Friday night. The competition was fierce with every team playing as hard as possible. There were teams from as far away as the New Mexico School for the Blind.

Caleb came home with three silver medals, two bronze medals and one ribbon. He has shared these with his sixth grade class and a kindergarten class where he is a mentor. Every child was properly impressed. I don't think I have ever seen such a sense of pride in my child. He competed as hard as he knew how and was rewarded.

I would like to take this opportunity to thank all the staff, the Lions Club of Irving for furnishing such a fine lunch, and

all the teachers who accompanied the athletes and cheered them on. Without all of you, this event would not be possible. Without you, many children would not have been able to travel to Irving. Without you, our kids would not be where they are today. Thank you!!

A Proud Athlete

By Caleb Elliott (age 11), Wichita Falls, Texas
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I really enjoyed participating in Sports Extravaganza in Irving, Texas. It was held on October 13th and 14th. I participated in the 100 meter dash, standing long jump, 50 meter dash, soft ball throw, beep ball stop, beep ball hit for distance, goal ball stop and goal ball roll. I enjoyed watching the goal ball events with the older kids.

My coach was Mr. Kaster. He is my Adaptive P. E. teacher at Ben Milam Elementary in Wichita Falls, Texas. He met me in Irving. I won three Silver medals, two Bronze medals, and one fourth place ribbon. We stood on a platform, and they put the medals around our necks, just like the Olympics! It was really neat!

Ten Common Mistakes Parents Make During the IEP Meeting

By Matt Foley, M.Ed and DeAnn Hyatt Foley, M.Ed., Parents, Lubbock, Texas
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and Jenison Public Schools, Jenison, Michigan, article from The Morning News, Fall 1999

Editor's note: Matt and DeAnn live in Lubbock, Texas. They have been married for seventeen years and have one son, Ryan, who is fifteen and in the ninth grade. Matt is a Licensed Professional Counselor with a M.Ed. who is in private practice. DeAnn has her M.Ed. in Special Education and has been the West Texas Area Development Director for the PATH Project since 1993. The PATH Project is funded through the U.S. Department of Education in Washington D.C. and is a Parent Training and Information Center for Texas. Currently, Matt and DeAnn are forming social skills groups for adolescents with Asperger's Disorder and related disorders. Matt and DeAnn have also developed a workshop that teaches parents and educators the special education process. Their workshop has been presented throughout Texas, at Yale University Autism Conference, and in Hawaii. I'm anxious to see them present as a couple and to read their book which will be published next year.

When our son was diagnosed with PDD-NOS (Pervasive Disability Disorder-Not Otherwise Specified) in 1990, we found ourselves ill-equipped for our new role as advocates for our son. Our first IEP (Individual Education Program) meeting was overwhelming. We found it very difficult to follow what the educators were talking about. We certainly did not know what our role was in the process. We had the expectation that the trained educators of our IEP team would make the best possible decisions for our son's education. Six months later it became abundantly clear that the decisions we had agreed to in the IEP meeting were not the best for our son's education. It was at this time that we began to educate ourselves about PDD-NOS and the Individuals with Disabilities Education Act (IDEA). In 1993 we began working with other parents to help them become informed about their child's disability and the educational laws that are in place to provide a Free Appropriate Public Education.

It is important that parents become informed and involved in their child's education. There are many sources of information and support in your state. However, the more skills you have and information you learn, the better you can advocate for your child. Over the past few years we have found that parents tend to make some common mistakes during the IEP meeting. The following is a list of ten common mistakes.

1. Believing the professionals are the only experts

It can be very intimidating to sit at a table with several educators and professionals. Professionals/educators do bring a great deal of knowledge and experience to the table. Though most parents do not have a background or degree in education, they have a great deal of knowledge and experience regarding their child. Parents are the experts in their own right. They provide historical information and the big picture from year to year. They know what works and does not work with their child and can be a great asset to the IEP team.

Parents also have an intuitive sense as to what is appropriate for their child. After working with parents for nine years, we are still amazed at how parents are usually intuitively correct about what will work for their child. We encourage parents to follow their hunches, if something does not sound right, check it out. Usually after some research parents will discover their hunch was correct.

2. Not making requests in writing

Any request a parent makes needs to be in writing. This includes requests for assessments, IEP meetings, correspondence, related services, etc. Written requests are important because they initiate timelines that the school district must follow in response to your request. This will also create a paper trail. When you write a letter be sure to send it certified mail. When you have a discussion by phone with a school official, write a letter that briefly outlines what you talked about. Documenting your conversations helps prevent miscommunication.

Documenting requests (i.e., teaching assistant, speech, etc.) for the IEP committee clarifies to the committee what you are requesting and allows you to use your own words (as opposed to the note taker paraphrasing your request). We encourage parents to type exactly what they think their child needs and list why they think it is educationally necessary. This helps parents think through why they are requesting a service for their child. Have the IEP committee record the written request as part of the IEP. At this point, the IEP committee has one of two choices; the committee can accept or deny the request. If the committee denies the request then they must follow the procedural safeguards in IDEA and provide written notice of why they are denying the parents' request. This method makes it difficult for an IEP committee to tell parents "no" without thinking through the options. If the request is not written down then the school district is not obligated to provide the service. Make sure you write it down.

3. Not being familiar with Prior Notice section of the Procedural Safeguards (34CFR300.503)

All sections of the Procedural Safeguards are important to parents. This particular section gives parents some leverage during IEP meetings. Whenever parents make a request for their child in the IEP meeting, the IEP committee is required under Prior Notice to provide the parents with written notice within a reasonable period of time. The notice must include the following:

“(b) Content of notice. . .

- (1) A description of the action proposed or refused;*
- (2) An explanation of why the agency proposes or refuses to take the action;*
- (3) A description of any other options that the agency considered and the reasons why those options were rejected;*
- (4) A description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action;*
- (5) A description of any other factor that is relevant to the agency's proposal or refusal. . .*
(34CFR300.503)”

We have found many instances where a parent requests an assessment or service only to have the IEP team tell the

parent it cannot be done. By making all requests in writing and by requiring the IEP team to provide Prior Notice, the parent makes the team accountable for its decisions. This practice also takes issues out of the emotional arena, allowing all team members to focus on IDEA standards.

4. Requesting a related service instead of an assessment that supports the need for a related service

Many times parents will request services such as speech, occupational therapy, physical therapy, etc. in the IEP meeting. Frequently the IEP committee will respond by stating that the student does not need the service. We recommend that parents do not request the service but request the assessment that supports the need for the related service. For example, instead of requesting speech for your child request a speech assessment.

Only a certified or licensed professional is qualified to determine if a child needs or does not need a particular related service. As in number 2, list the reasons why you think an assessment is educationally necessary for your child and submit your request to the IEP committee as part of the IEP.

5. Accepting assessment results that do not recommend the services you think your child needs

Sometimes parents receive assessment results that do not accurately describe their child and/or do not recommend the amount and duration of services the parents think their child needs. Under 34 CFR 300.502 Independent Educational Evaluation (IEE), parents of a child with a disability have the right to obtain an independent evaluation at public expense if they disagree with the results of the school's assessment. When the parent requests the IEE (in writing) the school has one of two choices; they may either provide the IEE in a reasonable period of time, or they may take the parents to due process. When an IEE is agreed upon, parent and school must come to an agreement as to who is qualified to assess the student. The examiner for an IEE cannot be employed by the school district. Parents should request the school district policy on guidelines and qualifications for their examiners.

6. Allowing the assessment information to be presented for the first time at the IEP meeting

Parents are entitled to have the assessment information explained to them before the IEP meeting. We encourage parents to have the person who administered the assessment give them a copy of the report and meet with them to explain the report several days before the IEP meeting. This enables the parents to think through the information before making decisions for their child. If all IEP decisions are based on the information from the assessment, it only makes sense for the parents to be knowledgeable and informed about the assessment results in a way they can understand.

7. Accepting goals and objectives that are not measurable

Measurable goals and objectives are paramount for your child's IEP. Without measurable goals and objectives, it is difficult to determine if your child has had a successful school year. In working with parents, we have encountered many IEP goals and objectives that are not measurable.

All goals and objectives come from assessment data. Assessment has four different components:

- 1) Formal assessment (i.e., WIAT, Woodcock-Johnson, Brigance),
- 2) Informal assessment (i.e., classroom work),
- 3) Teacher/parent observation, and
- 4) Interviews.

After the information has been collected about the student, it is compiled into an assessment report. Recommendations on how to work with the student are listed toward the end of the report. If you receive an assessment report that does not give you recommendations for potential goals and objectives, the assessment is not complete.

After the assessment has been completed, the IEP committee determines the student's present level of performance

(PLOP) and states what the student is currently able to do. The committee then develops the IEP goals and objectives. The goals state what the student is expected to accomplish by the end of the year. Objectives break the goal down into increments. For example:

PLOP: Based on the Brigance and classroom work Johnny is currently able to read on a fourth grade level with 90% mastery.

Goal: By the end of the school year Johnny will be able to read on a fifth grade level as measured by the Brigance and classroom work with 80% mastery.

Objectives:

- By October 1, Johnny will be able to read fourth grade, second month level with teacher assistance as measured by the Brigance and classroom work with 80% mastery.
- By January 1, without teacher assistance Johnny will be able to read on a fourth grade, sixth month level as measured by the Brigance and classroom work with 80% mastery.

A method of determining if your goals and objectives are measurable is to ask someone who is not on your IEP team to read them (i.e., a teacher, another parent, advocate, etc.). Then ask, “Hypothetically, if you were to go into the classroom, would you be able to see my child working on these goals and objectives?” If someone outside of your IEP team cannot answer “yes”, then your goals and objectives are not measurable.

8. Allowing placement decisions to be made before IEP goals and objectives are written

Many times after assessment information is discussed, the IEP committee will determine the child’s placement.

Goals and objectives are always written before placement is discussed. To ensure that the child is placed in the Least Restrictive Environment (LRE) the IEP committee must determine:

- Which of these goals and objectives can best be met in the general classroom?
- With the remaining goals and objectives that cannot be met in the general classroom the committee determines:
Which of these goals and objectives can best be met in the general classroom with modifications and support?

This line of inquiry continues until all placement options have been decided upon for all the goals and objectives. The committee must always start with the LRE and then work toward a more restrictive environment as necessary. IDEA is very clear that the IEP committee must always consider the general education classroom as the first option for students with disabilities.

9. Allowing your child’s IEP meeting to be rushed so the school staff can begin the next child’s IEP meeting

This practice is particularly common at the end of the school year when educators are frantically trying to have IEP meetings for all the students who receive special education services. IEP meetings may be held one right after another. There is no problem with this practice as long as the members of the IEP team feel that all issues have been adequately discussed. Many times, however, parents feel rushed. It is important that all issues are adequately addressed before ending the IEP meeting. When the educators have not given themselves adequate time to address all relevant issues, request that the IEP team meet again at a more convenient time to further discuss your child’s education.

10. Not asking a lot of questions

It is very important to ask questions and lots of them. Educators use many terms and acronyms specific to special education. Parents may become confused when these terms are used during the IEP meeting. This can add to the frustration that a parent may already be feeling when they do not understand what is being said. It is important to ask what the terms or acronyms mean. Unless a parent has a background in special education they are not expected to

know the terms and acronyms. Informed decisions cannot be made when parents do not understand what is being discussed.

The preceding is a short list of common mistakes parents make during the IEP meetings and some suggestions for avoiding these mistakes. At some point in time we have made all the mistakes listed above. We developed the habit of debriefing after every IEP meeting as to our performance during the meeting. We have gradually accumulated information and developed skills, and we continue to trust our intuition.

We have found that when parents apply the suggestions listed above while working with their IEP team, they will see the results. It is important that parents continue to accumulate information and develop skills relating to the IEP process. Most parents feel overwhelmed by the special education process. Do not be discouraged in your pursuit to obtain the supports and services your child needs. We found it helpful to break the process down into small steps. When you use the suggestions listed above you will be that much closer to obtaining your child's Free Appropriate Public Education. After using each suggestion listed, pat yourself on the back for becoming an even better advocate for your child.

Are You Learning to Fish?

By Jean Robinson, Family Support Specialist, TSBVI, VI Outreach

I want to share an e-mail that I received from a parent that describes the benefits she received from attending training on "Parent Advocacy and Self-Esteem." It was inspiring to me.

The director of the Mountain States Parents CAN (website - <www.mspscan.org>), Teri Toothman, knows first-hand how difficult it is for parents of children with disabilities to get the skills and services their children need. Initially, Teri's staff did individual advocacy for parents and they were very successful. Later, the organization began teaching parents how to advocate for themselves and their children. What led to this change?

Teri found an old Chinese proverb that sums up what their mission is all about. "Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime."

Teri says, "I realized that we were actually doing parents an injustice by not giving them the tools they needed to advocate for their kids. In response to this discovery, I developed the *Parents As Advocates* curriculum. Our parent advocates take classes for a year and learn about policymaking, negotiating, educational law, mental health law, and parent/professional collaboration."

Discussing her growth as an advocate, Teri said, "I remember when I started advocating for my three children and how hard it was without negotiating skills and education law knowledge. I felt hopeless at these meeting and agreed with whatever they said because I thought they were the professionals and knew what was best for my child."

"Then I learned educational law. I went into meetings thinking I knew what was best for my child and no one could tell me different. Barriers went up so fast that I didn't know what was happening. I didn't accomplish anything with that attitude."

"Then I learned negotiating skills. I went into meetings with an attitude that we would work together - and the barriers started coming down."

"I would be lying if I said it was a bed of roses. We still have struggles, but with the skills I have acquired, I have the strength to go on. Some days, I think about how things should be and how much we haven't accomplished. But a very dear friend said to me, 'Stop looking at the gravel road ahead, and look at the road you've paved behind you.'"

Dressed to Distress?

By Tara Potterveld, MA, IC/TC, CI and CT, California,
and Marylouise Lambert, BA, OTC, California

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“I am a Deaf person who has Usher’s Syndrome. I went to a low vision clinic at a prominent research university to have my eyes checked. A fair skinned interpreter showed up wearing a shirt that was pink on one side and yellow on the other. Needless to say, I could not see the interpreter’s hands against this minimally contrasting background. By the time my driver ran to the car to get a black jacket for the interpreter to wear, we were twenty minutes late starting the appointment.”

This Deaf consumer was justified in her distress, yet interpreters are not the kind of people who go out of their way to make the lives of Deaf and Deaf-Blind persons miserable. The interpreters we know are caring, conscientious professionals who strive to do a good job in every assignment. Although most Deaf people have good eyesight and can tolerate a variety of clothing colors, we should always be aware that low vision and Deaf-Blind people require special accommodations.

The Helen Keller National Center in New York estimates that there are 10,000 Deaf-Blind children from birth to age 21 and 40,000 adults. Some studies estimate there are 700,000 individuals, including elderly people with age related disorders, who lose their vision and hearing. The National Technical Assistance Consortium for Children and Young Adults Who are Deaf-Blind estimates there are 12,000 children and youth who are Deaf-Blind. With numbers this high, all interpreters should be prepared to encounter Deaf-Blind consumers in the course of their work.

Unfortunately, not all interpreters have the pleasure of being guided by the wonderful mentor Virginia Hughes, who wisely taught interpreters the value of wearing solid colors that contrasted with their skin. Virginia’s contention was that, as interpreters, we should make it easy for Deaf people to read our signs. Beginning in the 1970’s, interpreters at California State University at Northridge were required to carry solid colored smocks to wear over their street clothes. There is still value in carrying a contrasting garment to each assignment. Too often good interpreters show up to work dressed inappropriately for low vision Deaf clients.

One of the authors of this article was called by an agency at the request of a consumer. The author knew from prior experience that this consumer is a person with low vision. The assignment was an event at a “center for the Blind.” When accepting the job, the interpreter asked the agency to be sure to tell the team interpreter that the Deaf consumer had difficulty seeing and needed the interpreters to wear clothing that contrasted with their skin. A week before the event, the Deaf consumer called the agency to remind them to tell the interpreters to wear appropriate clothing to improve visibility. The day of the event, the team interpreter showed up wearing a dark shirt with a flesh colored jumper over it. The Deaf consumer asked if the interpreter “could remove her vest.” Unfortunately, since it was a jumper, not a vest, removing it would have left her working in her shirt and stockings. Luckily, she wore the same size as the other interpreter and was able to borrow a dark jacket for the assignment. This interpreter, a fine professional with good skills, felt terrible. The agency had, in this instance, not told her that the consumer had limited vision. Although the name of the organization for this assignment should have given the interpreter a clue, many interpreters have not had experience working with Deaf-Blind people.

The range of vision among the Deaf-Blind community varies greatly. Some people are completely without vision and don’t care if the interpreter wears polka dots and stripes. But many Deaf-Blind people have limited vision. The spectrum of differences is broad. Some people with Usher’s Syndrome have tunnel vision and can only see the interpreter when the interpreter is seated directly in front of the consumer. Good lighting and contrasting clothing are vital to communication as is the interpreter’s utilization of a smaller signing space.

Other consumers with blurred vision may prefer to have the interpreter quite close. A leader in the Deaf-Blind community mentioned that she, with optic nerve damage, likes to have the interpreters wear soft solid colors such as medium blue or green. A Deaf-Blind consumer who is coordinator of interpreting services at a community college states that, “Deaf consumers have a number of common and low incidence vision conditions which cause them distress when interpreters unknowingly wear ‘inappropriate’ clothing for an assignment. Individuals with conditions such as, but not limited to, epilepsy and Attention Deficit Disorder, can also be adversely affected by interpreter’s clothing.”

Theresa B. Smith in her book, *Guidelines: Practical Tips for Working and Socializing with Deaf-Blind People*, recommends “...if your skin is very dark, you’ll want a top that offers as much contrast as possible and at the same time reflects as little light as possible. A soft cotton top that is medium to light gray color is generally a good choice. A ‘not too bright’ yellow is good ... If you have very light colored skin, tops that are black or navy blue are absolutely the best choice for people with retinitis pigmentosa ... People with optic atrophy, rubella, or cataracts often prefer a brighter color such as aqua blue, emerald green, or even dark pink.” (p. 113) Smith also notes that the clothing fabric should be non-reflective, soft rather than shiny, and that “touchy-feely clothes that are tactually beautiful are always nice.” (p. 109) When interpreting for consumers regularly, it is helpful to ask what clothing colors they prefer the interpreter to wear.

A Deaf-Blind professional who uses interpreters regularly and works with Deaf people who have partial vision asked that we also include the following guidelines in this article:

1. Please do not use scented products. “I rely on my sense of smell to capture clues about my environment. When interpreters use perfume, cologne, or scented hair products, I feel disoriented.” Because tactile interpreting requires that the Deaf consumer and the interpreter sit in very close proximity, smoking any time prior to the assignment should be avoided and good personal hygiene is an absolute must.
2. Please keep your fingernails short and smooth. “I prefer the interpreters not to use fingernail polish as even clear polish reflects light.”
3. “Because of reflected glint and glare, which is distracting, I appreciate when interpreters remove body piercings and other jewelry when working with me. Unfortunately, even shirt buttons in strong light can flash bits of light to my brain, making it hard to concentrate on the signing.”
4. Wash your hands thoroughly and often. Germs and diseases are easily spread through contact.

In accepting an assignment, whose responsibility is it to ensure that a low vision Deaf or Deaf-Blind consumer’s needs are met? We wonder if interpreting agencies could put a note in their database or filing system indicating the special accommodations required by each of their clients. One author of this article, after interpreting an assignment for a Deaf consumer with whom she had never previously worked, called the agency that had sent her to see if they knew that the consumer had limited vision. The director of the agency was surprised. “I have sent interpreters to this person’s appointments for three years and you are the first one to mention that there are special circumstances. Thank you.”

We are proud to be in a profession where our colleagues put so much effort into developing and enhancing their skills. We appreciate the dedication and hard work of all interpreters. Those fine skills are of little use, however, when an interpreter arrives at an assignment wearing clothing, jewelry, or nail polish that make it impossible for the Deaf person to take full advantage of the interpretation.

The responsibility for ensuring that a consumer’s interpreting needs are appropriately served belongs to the agency, the interpreter, and the consumer. If each of these participants assumes responsibility for making the interpreting environment the very best possible for the consumer, these special accommodations are more likely to be discussed and implemented and true professional service rendered.

The V.I.P.s: Visually Impaired Players and Very Important People

By Mary Carrilee Adkins, Vision Teacher, North East Independent School District
and Deborah Thompson, Educational Specialist for the Project for Students
with Visual Impairments, Education Service Center Region 20, San Antonio, Texas

In the fall of 1998, Rebecca Kilian-Smith, a Teacher of the Visually Impaired in the North East I.S.D. in San Antonio, made a suggestion to her colleagues with a resulting impact that many would long remember. She suggested that dance classes might be of interest and value to our middle and high school students. A suggestion was made for a small group, but the ultimate outcome would affect all students with visual impairments in the Education Service Center, Region 20 (ESC Region 20) area.

WHERE COULD WE START LOOKING FOR A DANCE TEACHER?

Carrilee Adkins, another North East I.S.D. VI teacher, had taught adult and community education classes for the district for many years. She suggested the Adult/Community Education department as a logical place to begin looking for a qualified teacher. One name was mentioned - Ms. Pat Wells, dance teacher, judge for international dance competitions seen on television, and director of children's theatre. A phone call was made, an appointment kept. Soon, not only were ESC Region 20-funded dance classes a reality, but a dream of summer theatre for students with visual impairments was born. Pat told us that for several years she had conducted summer theatre camps for sighted students, although she had never worked with students who were visually impaired. Still, she was willing and anxious to try such a project with our students, making any necessary adaptations and modifications.

NEXT QUESTION - WHO COULD SPONSOR SUCH A PROJECT?

It was definitely more than one school district could handle alone. We approached Deborah Thompson, Educational Specialist for the Project for Students with Visual Impairments at ESC Region 20. She, in turn, presented a proposal to members of the Region 20 Visually Impaired Regional Advisory Committee, who deemed the project worthwhile. It was soon realized that additional help with funding was needed. The San Antonio office of the Texas Commission for the Blind (TCB) was invited to join the project. Judy Wright, BVIC caseworker, agreed to work with us, perhaps not truly realizing all the INTERESTING skills she was about to acquire.

RATIONALE AND A BUDGET

Rationale

Before we could really get started, two major items were needed - a rationale for our project (**Chart 1**) and a budget. Our rationale, or expectations for the project, was based on evaluation of data from informal student surveys and Regional Student Performance Indicators.

In the area of vocational skills, students would be expected to exhibit skills required to maintain a job. These included punctuality, problem solving, staying on task, following directions, interaction with others (both peers and adults), following a schedule, etc.

In the area of orientation and mobility (O&M) skills, students would learn safe movement within the theatre (particularly on the stage), getting to and from the camp each day, and use of appropriate O&M skills. They would also need an understanding of the body concepts required in the performing arts.

Social skills were emphasized on a daily basis when students were required to exhibit appropriate interactions with adults and peers in both large and small group activities. They had to exhibit good listening skills, respect for others, and think of ways to involve parents and other family members in the theatre camp. Theatre skills were addressed as the students rotated through classes in singing, dancing, acting, and set designing.

**Chart 1 - EXPECTATIONS FOR SUMMER VOCATIONAL SKILLS,
SOCIAL SKILLS AND THEATRE PROGRAM
ESC Region 20**

Name: _____ D.O.B.: _____
School District: _____ School/Grade: _____

Goal:

The student will master appropriate vocational skills through a summer theatre program at the 9-22 years age level, to be measured by participation in a stage production at completion of the program.

Objectives:

The student will exhibit appropriate skills required to maintain a job:

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- punctuality
- appropriate dress
- problem solving
- following directions
- staying on task
- organizational skills
- job completion in timely manner
- interaction with employer
- prompt return from breaks
- follow a daily schedule
- time management
- solicit aid
- storage of materials
- retrieval of materials

Goal:

The student will master appropriate social skills through a summer theatre program at the 9-22 years age level, to be measured by participation in a stage production at the completion of the program.

Objectives:

- The student will exhibit appropriate interaction with adults and other students in large group activities.
- The student will exhibit appropriate interaction with adults and other students in small group activities.
- The student will use appropriate listening skills.
- The student will exhibit respect for others.
- The student will communicate appropriately with adults and other students.
- The student will invite his/her parents to assist him/her in activities related to the summer program.

Goal:

The student will master appropriate orientation and mobility skills at the 9-22 years age level, to be measured by participation in a stage production at the completion of the program.

Objectives:

- The student will travel to and from the summer program on a daily basis by means of appropriate transportation.
- The student will use alternate means of transportation when the primary mode of travel is unavailable.

- The student will make quick decisions regarding alternate means of transportation if the need arises and have the necessary funds available to meet the need.
- The student will use appropriate orientation and mobility skills during the course of the day.
- The student will use the appropriate orientation and mobility skills while on stage during the program.
- The student will act responsibly in regard to designated tasks during the program.

Goal:

The student will master appropriate pre-vocational skills at the 9-22 years age level in the areas of acting, music, art, engineering, clothing manufacturing, carpentry, and commercial painting, to be measured by a stage production upon completion of the program.

Objectives:

- The student will participate appropriately in drama activities.
- The student will perform the basic skills required to appropriately apply theater makeup as a pre-vocational skill within the performing arts profession. These skills are also basic to the cosmetology industry.
- The student will perform the basic skills required to appropriately design and create costumes as a pre-vocational skill within the performing arts profession. The skills of design, creation, and sewing are also basic to the clothing industry.
- The student will perform the basic skills required for learning to act and speak in public as pre-vocational skills within the performing arts profession. These skills are also important for job interviews.
- The student will participate appropriately in musical activities.
- The student will perform the basic skills required for learning to sing and dance as pre-vocational skills within the performing arts profession.
- The student will participate appropriately in artistic activities.
- The student will perform basic skills required to design, create and build theater sets as pre-vocational skills within the performing arts profession. The skills of carpentry, drafting, and painting are also basic to the construction industry.

Budget

Creating a budget was a more difficult task. We did not really know all that was involved with such a project. We certainly had no idea about how much money to allow for each aspect of the program. There were personnel costs (salaries for HOW MANY people?) and production costs (royalties, Braille, large type, taped scripts, tapes, sets, light and sound equipment, rent on the location, air-conditioning, custodians - the list seemed endless). After many hours, we finally had a budget that seemed workable and included funding from ESC Region 20, Texas Commission for the Blind, and small private donations.

Our greatest budget expenditure has been for staff. We basically have two different groups of personnel: Certified VI teachers / O&M staff, and theatre personnel. Theatre personnel were handpicked by Pat Wells, Director, and each is very capable in his/her particular field. They include a music coach, an acting coach, and a dance instructor. Last year, we added a sign language interpreter to assist a deafblind student who planned to participate. What a great Indian our interpreter made in the production! We have employed two certified VI teachers and two certified O&M specialists each summer. They have been real troopers. They really didn't expect to be on stage, but have done a terrific job assisting students through all the rehearsals and the final successful performances. We were very lucky to

have had two O&M interns who provided their expertise without additional cost to us. We owe much to the combined talent and perseverance of all these gifted and dedicated people.

PARENTS PLAY A KEY ROLE

We have been very excited by the parental involvement each summer. Parents brought their children each day, provided lunches, helped make costumes, applied makeup on performance night, assisted with serving refreshments at the cast party, gave words of encouragement to the staff, and in general were a very positive influence throughout both of our camps. We would never be able to have a successful camp without these fabulous parents.

LOCATION, LOCATION, LOCATION!

As every business person knows, location is everything. It seemed simple enough. Little did we know that it would become our greatest challenge. Not just for one year, but for each year that we have worked on this project. Just as we had solved a problem, other potholes occurred in the road we thought was so smoothly paved the year before. Finding a site for our project involved much more than we had ever imagined - liability insurance, accident insurance, air-conditioning, custodians on a daily basis (as well as prolonged service on the day of the final performance), parking lot security, lighting and sound equipment, a stage, musical instruments, practice and classroom space, restrooms, a place for lunch each day, tech personnel to operate equipment, appropriate stage equipment, and on and on. We have used the North East School of the Arts theatre for the last two years and hope to do so again this next summer. Their facilities have been ideally suited to our needs, and their staff has been very helpful and accommodating.

TIME TO INVITE THE STUDENTS

Once all of the above tasks were accomplished, it was time to invite the students. Thanks to the efforts of the VI teachers in the San Antonio area, we were able to enroll our first group of V.I.P.s - twenty-one students from ten different school districts in Region 20. The "Wizard of Oz" was our first great success for students, parents, camp staff, and guests. Our second production in the summer of 2000 was "Peter Pan." This camp differed from our first in that we permitted our VI students to invite a sighted friend or sibling to participate. We had several visually impaired students who returned from the year before. What a delightful experience everyone had.

THE REVIEWS ARE IN

The results have been phenomenal! The most significant gains in student performance were seen in acting and public speaking. By the end of each two-week camp, all students were able to project their voices and recite lines from memorization with 80% or better accuracy. Perhaps the most impressive student achievements that were not measured formally were in the areas of peer relations and self-confidence, especially in those students who attended the first camp and then returned for the second summer. Shy students became some of our best actors and actresses and were outstanding role models for first-time participants. Students who were afraid to speak above a whisper were belting out songs with all their hearts. Students who had never had a close friend before were exchanging phone numbers with other students (both VI and non-VI).

It is difficult to measure these skills. However, in conversations with the children and families during and after the camps, we have determined that these positive effects prove to be lasting. Friendships that blossomed during the camps have been maintained through telephone calls, letters, and e-mails. One mother called recently and said that her child's experiences in the camp had led her to try out for her campus' drama group. We are happy to report that this very talented young lady is now a part of that group and performing extremely well!

Positive results as noted by the parents include: "meeting more friends outside his small circle of friends;" "helps Mom realize there are many things in life available for my son;" "he [son] was proud to be given responsibility of a part when he didn't expect it;" and "she [daughter] looked forward to going every morning." We appreciate all of the feedback and kind remarks.

STILL SOME CHALLENGES FOR THE FUTURE

There are still some problems that need to be resolved - daily transportation has been our toughest nut to crack. We have primarily relied upon parents and VIAtrans, San Antonio's door-to-door transportation system. San Antonio I.S.D. has provided a school bus for their students both years. We hope to expand bus service by asking other districts for their assistance in arranging transportation for their students.

There is still much to learn. Each year is a new experience. Everyone involved has learned something they didn't know before. Judy Wright probably never dreamed that she would be communicating with big New York production companies for the rights to produce our plays. She certainly did not expect to become an insurance agent or leasing agent. Ask her to bend your ear sometime about contract negotiation. The VI staff learned more about the theatre, and the theatre staff learned more about making adaptations and modifications for students who are blind or visually impaired. VI students and students with normal vision learned how to work and play together. They also learned how important each and every person is to a successful production. Exhaustion and fatigue have nearly overwhelmed us at the end of each camp. However, we come away each time with a deep sense of satisfaction and gratitude for having been privileged to work with these groups of truly talented and wonderful students and to celebrate their tremendous gains.

Plans are already underway for the next camp. Meetings with Connie Pressler, Regional Director for Texas Commission for the Blind in San Antonio, and Judy Wright, have begun. We're on a fast and furious time schedule to facilitate our Summer 2001 production. Permission has been requested to produce "Cinderella." We are negotiating for our prime location. If you're in the San Antonio area on July 21, 2001, stop by and watch our kids in action - you'll be in for a spectacular treat!

What is the Expanded Core Curriculum for Blind and Visually Impaired Students?

By Cyral Miller, Director of Outreach, Texas School for the Blind and Visually Impaired

At this time of year, many families and professionals are beginning to prepare for their annual IEP meetings. As you know, team members gather to review assessment on the current progress of each student enrolled in special education, and jointly determine future priorities and programming. Often parents are unsure whether the programs offered to their children are truly appropriate. They may not feel confident that they know what to advocate for, especially beyond typical academic coursework. Each family knows that a visual impairment affects multiple aspects of their child's life, but some families may not be able to articulate how those differences can or should be addressed by the school.

The National Agenda for Blind and Visually Impaired Children and Youths, Including Those with Additional Disabilities, is a national project aimed at achieving eight priority goals for improving the quality of educational services for students with visual impairments. (More information on the National Agenda and a full copy of the article excerpted below can be found at <www.tsbvi.edu>.) For parents to be full partners in the educational process, they must be knowledgeable about the kinds of programming that is appropriate for their children. Goal 8 states that instruction should reflect the assessed needs of each student in all areas of academic and disability-specific core curriculum. These areas of emphasis have also been called the expanded core curriculum, and reflect an agreement within the educational field that areas beyond academics must be addressed within a comprehensive educational program. Assessments in all areas that determine each child's strengths and weaknesses can be used to help families and educational staff build a program together that truly addresses life-long competencies.

In 1996, Dr. Phil Hatlen wrote a description of the core curriculum for the National Agenda. Excerpts of his article are included below (full text is found at <www.tsbvi.edu>).

Educators define “core curriculum” as the knowledge and skills expected to be learned by a student by high school graduation. Generally, the core curriculum consists of knowledge and skills related to academic subjects. Mastery of the core curriculum is what both parents and teachers stress as essential for academic success in school, and later in life. . . This core curriculum becomes the foundation for almost all learning, from kindergarten through high school. With respect to blind and visually impaired students, the existing core curriculum, as developed for sighted students, is entirely appropriate and generally available. Because educators of visually impaired students have developed expertise in curriculum adaptation, it should be possible to take any curriculum that has been developed and make it readily available for visually impaired learners.

But most professionals hold a strong position that there is an expanded core curriculum for visually impaired students that requires additional areas of learning.

There are experiences and concepts casually and incidentally learned by sighted students that must be systematically and sequentially taught to the visually impaired student. The core curriculum for visually impaired students is not the same as for sighted students. Indeed, it is much larger and more complex.

The existence of special needs, or a unique core curriculum for blind and visually impaired students, has been known for years. References to the subject of grooming skills date back as far as 1891. . .

Although states determine the content of the core curriculum individually, most states demand that competencies in basic subjects be mastered. The following example incorporates these basic subjects and adds the expanded core curriculum for visually impaired students:

THE CORE CURRICULUM FOR BLIND AND VISUALLY IMPAIRED CHILDREN AND YOUTHS

The Existing Core Curriculum

- English language arts, other languages, to the extent possible
- mathematics science
- health, physical education
- fine arts
- social studies
- economics, business education
- vocational education
- history

The Expanded Core Curriculum

- compensatory or functional academic skills, including communication modes
- orientation and mobility
- social interaction skills
- independent living skills
- recreation and leisure skills
- career education
- use of assistive technology
- visual efficiency skills

A short description for each of these areas of expanded core curriculum follow:

Compensatory or Functional Academic Skills, Including Communication Modes

(Note: for this area of the expanded core curriculum for blind and visually impaired students, a distinction must be made between compensatory skills and functional skills. Compensatory skills are those needed by blind and visually impaired students in order to access all areas of core curriculum. Mastery of compensatory skills will usually mean that the visually impaired student has access to learning in a manner equal to that of sighted peers. Functional skills refers to the skills that students with multiple disabilities learn that provide them with the opportunity to work, play, socialize, and take care of personal needs to the highest level possible.)

Compensatory and functional skills include such learning experiences as concept development, spatial understanding, study and organizational skills, speaking and listening skills, and adaptations necessary for accessing all areas of the existing core curriculum. Communication needs will vary, depending on degree of functional vision, effects of additional disabilities, and the task to be done. Children may use braille, large print, print with the use of optical devices, regular print, tactile symbols, a calendar system, sign language, and/or recorded materials to communicate. Regardless, each student will need instruction from a teacher with professional preparation to instruct students with visual impairments in each of the compensatory and functional skills they need to master. . .

Orientation and Mobility

As a part of the expanded core curriculum, orientation and mobility is a vital area of learning. Specialists who have been specifically prepared to teach orientation and mobility to blind and visually impaired learners are necessary in the delivery of this curriculum. Students will need to learn about themselves and the environment in which they move - from basic body image to independent travel in rural areas and busy cities. . . The expanded core curriculum must include emphasis on the fundamental need and basic right of visually impaired persons to travel as independently as possible, enjoying and learning from the environment through which they are passing to the greatest extent possible.

Social Interaction Skills

Almost all social skills used by sighted children and adults have been learned by visually observing the environment and other persons, and behaving in socially appropriate ways based on that information. Social interaction skills are not learned casually and incidentally by blind and visually impaired individuals as they are by sighted persons. Social skills must be carefully, consciously, and sequentially taught to blind and visually impaired students. . .

Independent Living Skills

This area of the expanded core curriculum is often referred to as “daily living skills.” It consists of all the tasks and functions persons perform, in accordance with their abilities, in order to lead lives as independently as possible. These curricular needs are varied, as they include skills in personal hygiene, food preparation, money management, time monitoring, organization, etc. . . The skills and knowledge that sighted students acquire by casually and incidentally observing and interacting with their environment are often difficult, if not impossible, for blind and visually impaired students to learn without direct, sequential instruction by knowledgeable persons.

Recreation and Leisure Skills

Skills in recreation and leisure are seldom offered as a part of the existing core curriculum. Rather, physical education in the form of team games and athletics are the usual way in which physical fitness needs are met for sighted students. Many of the activities in physical education are excellent and appropriate for visually impaired students. In addition, however, these students need to develop activities in recreation and leisure that they can enjoy throughout their adult lives. . . The teaching of recreation and leisure skills to blind and visually impaired students must be planned and deliberately taught, and should focus on the development of life-long skills.

Career Education

There is a need for general vocational education, as offered in the traditional core curriculum, as well as the need for career education offered specifically for blind and visually impaired students. Many of the skills and knowledge offered to all students through vocational education can be of value to blind and visually impaired students. They will not be sufficient, however, to prepare students for adult life, since such instruction assumes a basic knowledge of the world of work based on prior visual experiences. . . Because unemployment and underemployment have been the leading problems facing adult visually impaired persons in the United States, this portion of

the expanded core curriculum is vital to students, and should be part of the expanded curriculum for even the youngest of these individuals.

Technology

Technology is a tool to unlock learning and expand the horizons of students. It is not, in reality, a curriculum area. However, it is added to the expanded core curriculum because technology occupies a special place in the education of blind and visually impaired students. Technology can be a great equalizer. For the braille user, it allows the student to provide feedback to teachers by first producing material in braille for personal use, and then in print for the teacher, classmates, and parents. It gives blind persons the capability of storing and retrieving information. It brings the gift of a library under the fingertips of the visually impaired person. Technology enhances communication and learning, as well as expands the world of blind and visually impaired persons in many significant ways. Thus, technology is a tool to master, and is essential as a part of the expanded core curriculum.

Visual Efficiency Skills

The visual acuity of children diagnosed as being visually impaired varies greatly. Through the use of thorough, systematic training, most students with remaining functional vision can be taught to better and more efficiently utilize their remaining vision. The responsibility for performing a functional vision assessment, planning appropriate learning activities for effective visual utilization, and instructing students in using their functional vision in effective and efficient ways is clearly an area of the expanded core curriculum. Educational responsibility for teaching visual efficiency skills falls to the professionally prepared teacher of visually impaired learners.

As teams prepare for the ARD process, a thorough look at each visually impaired child's level of performance in each of the areas of the core and expanded core curriculum can yield valuable information on which to base recommendations for the next year's programming. Not all areas will have equal urgency each year, but to make informed decisions on where to focus, it is essential to measure progress and functioning across all areas. Families and professionals working together can and should prioritize needs in order to develop an appropriate and comprehensive educational program for the visually impaired student.

PROGRAMMING

Stepping Over Thresholds: Transitions for Children and Youth with Visual Impairment

By Dr. Natalie C. Barraga, Professor Emerita, The University of Texas at Austin

From birth throughout life babies, children, and youth with visual impairment have numerous challenges and transitional stages as they develop and learn. We might consider these as thresholds they must "step over" if they are to utilize their functional vision to the maximum. Team members involved at various stages, the variables to be considered, and decisions to be made, change as the challenges increase. In the early years, parents, with other team members, are responsible for providing the opportunities for visual development and visual learning. As progress is made and the child becomes more responsible, the focus changes. The child's involvement in educational and personal decisions gradually increases over time.

Let's take a look at six typical transitional stages, the team members who are involved at each stage, and the variables to be considered as crucial decisions are made.

STAGE 1 - INFANTS AND PARENTS FROM (BIRTH TO 2 YEARS OF AGE)

Initially, parents are dealing with emotional issues such as shock, trauma, and grief associated with the first diagnosis of visual impairment. There is much confusion and uncertainty in their thinking. Gradually they begin to understand and

to accept the reality of the situation. Their next threshold is to begin seeking information through support systems, reading, and training. In Texas, parents will connect with the Early Childhood Intervention (ECI) program to help them navigate through their child's earliest years.

Medical and clinical personnel (preferably pediatricians, pediatric ophthalmologists and low vision specialists) are responsible for diagnostic information. This includes describing the structure and condition of the internal parts of the eye and any possible medical/surgical interventions. They will also prescribe glasses, contacts, or other optical devices. It is desirable for there to be frequent monitoring of the health of the eye and retina, as well as, noting any changes in visual behavioral responses. This is especially critical since there is no way to measure just how much useful vision may develop.

Teachers of the visually impaired (TVI) are the next individuals to join the team. They are brought in by the ECI program to help establish eligibility for specialized vision services and become part of the Individual Family Service Plan. Their challenge is to evaluate functional vision use, establish communication and rapport with the parents, provide positive support to the IFSP team, and interpret clinical information. The TVI will also try to answer questions from the team or refer them to appropriate people or reading material. During home visits they will model teaching techniques for the parents. The TVI should also provide written information to help the parents learn how to work with their child. This includes learning to emphasize tactual, visual, and auditory stimulation; name objects; imitate sounds and actions, and encourage and structure body movements. (Remember that babies will have only limited, if any, imitative abilities at this age.) There are many resources on the unique techniques needed by babies with low vision which the TVI can offer families during this stage. Some are available on tape, others in print, and still others on the Web. There is also much for the parents to learn just by meeting other families.

Certified orientation and mobility specialists (COMS) begin to teach orientation to touch, sound, and visual objects when children are about 6 months old. They may offer checklists of activities to help guide parent/child interactions. These professionals model ways to teach reaching, sitting alone, and crawling. Later on, they will focus on strategies to encourage walking. Other instruction provided by the COMS includes teaching body parts, body positioning, spatial concepts, and body movements. They may encourage parents to keep a journal documenting each new voluntary movement and behavior that indicates how the child uses his/her vision.

Blind and Visually Impaired Children's Program (BVICP) caseworkers from the Texas Commission for the Blind (TCB) are also brought in at an early stage and stay involved throughout a student's educational life. Their role is to help parents access resources and learn about their role in the educational, health and human services systems.

Others may also be added to the team, coordinated through ECI. These include: a social worker, to make parents aware of, and help them obtain, resources; a neurologist, in the event of noticeable movement deviations; physical, occupational, and/or speech specialists who may need to address additional disabilities; and/or a low vision specialist to teach parents about encouraging their child's use of vision.

STAGE 2 - TODDLERS AND PRESCHOOLERS (2-4 YEARS OF AGE)

This is the stage when the child is striving for independence in all areas. Parents (or primary caregivers) are still the critical members of the team. Their primary decision is to determine who gives the major care during the day: parents, another family member, or day care. This is the stage when the child requires one-on-one teaching of skills. A large focus is placed on language learning. Decisions need to be made about whether there is exclusive home teaching or a blend of home teaching and center-based teaching. The parents must find out what options are available in their community such as a regular daycare, a preschool, a public school-based classroom for children with disabilities or (in larger districts) a special class for children with impaired vision. Family needs outside of the educational arena continue to be supported primarily by ECI (until age 3) and the BVICP caseworker from TCB.

Medical /clinicians are still key members of the team at this stage. Typically they will be encouraging regular visits to monitor stability of the eye condition and assess visual responses. It is important for them to invite reports from parents and teachers about the child's visual behavior. These professionals will continue to evaluate lenses and/or optical devices for their appropriateness.

The TVI will help determine the amount of vision-specific services needed to fully support the young child's learning. However, at this point, preschool teachers often begin to be the leaders for daily learning development and diagnostic assessment, working with parents, the TVI, and clinicians. The challenges for the team are to select and utilize appropriate magnification (when needed); work on major cognitive skills such as language development and story telling; provide stimulation of all senses; develop gross and fine motor activities; establish cognitive concepts; and encourage increasing independence and responsibility.

The COMS focuses on sensory orientation skills associated with movement. He/she will also work to increase the scope of gross motor skills and some fine motor skills, such as protective techniques, trailing, sighted guide, etc. The COMS may also introduce mobility devices for independent movement such as a variety of push objects and later the cane.

Playmates become important team members at this time. At first they engage in parallel play, then model imitative play and other movement actions. They become teachers when there is partnership in activities such as running, hopping, skipping, and jumping. Language interaction stimulates curiosity. It becomes a motivating force for exploration and engagement in the world beyond the child's visual and tactile reach.

STAGE 3 - KINDERGARTEN, 1ST AND 2ND GRADE (5-7 YEARS OF AGE)

This stage occurs from about 5-7 years of age and involves many of the same team members as the previous stage with a few additions. Parents, in consultation with teachers, have important placement decisions to make. Should the child attend regular or special kindergarten? Is the child ready to begin regular schoolwork? And later on, does the most appropriate placement mean a regular class with a TVI available as needed, a resource room with a TVI as needed, a self-contained class with TVI support, or a special school for the blind? The child's visual status is not the sole determinant in making these decisions. One placement may be appropriate at first, and another later on. The placements may be short-term (such as in a residential school) or long-term, depending on the progress and needs of the individual.

At home the parents are challenged to encourage more independence and greater responsibilities in personal and home activities. Texas Commission for the Blind staff may provide resources to support family growth. Play opportunities with peers are especially critical. Children need time with parents to communicate about activities and incidents of the day, to ask questions, and receive open and candid answers. By this stage children should know exactly what their visual condition is; how to explain it to peers and teachers; how to advocate for their visual needs; and how to ask for assistance when necessary. Children who are using any special equipment or devices need to be able to explain what they are for and how they make work more efficient. They may even need to be able to oversee their peers experimenting with magnifiers or telescopic devices. Children also need to be able to politely refuse offers of help when it's not needed, and to accept help graciously when it is necessary.

The educational diagnostician becomes a member of the team and collaborates with the TVI to assess visual, auditory, and tactile concepts; evaluate gross and fine motor coordination; assess receptive and expressive language skills; and note any sensory preferences by evaluating their efficiency. In some cases he/she may be asked to administer educational test measures and, if indicated, to give group or individual intelligence tests. Typically standardized tests must be modified for children with impaired vision. Both the TVI and educational diagnostician share responsibility for interpreting results and sharing them in a sensitive manner with parents and teachers. It is this information that will serve as the foundation for development of the individual educational plan (IEP).

Team members encounter many thresholds in these early years. Parents and the TVI especially should be in constant communication with each other regarding placement decisions and the educational plan's content. Special vision skills training may be incorporated as a part of the school day or scheduled after school or on weekends. Special skills in the classroom include teaching handwriting (preferably cursive) and introduction of all primary learning media - visual, tactual, and auditory. Training in all learning media continue, without exclusion of any one, until the student shows a clear preference for, and efficient use of, one or two media. Another skill focused on at this time is the proper use of magnification devices, monoculars, and other non-prescriptive and prescriptive devices. Classroom independence and responsibility are also emphasized during this stage.

The COMS is also challenged by many thresholds during this stage. These include teaching skills such as: traveling independently in the school building or local neighborhood; learning how to locate one's self in space using landmarks and directionality; learning how to use the monocular for distance orientation and location; understanding safety factors; and developing or perfecting cane travel if needed.

The low vision therapist or specialist is responsible for evaluating and improving the use of optical devices (magnifiers and monoculars). He/she may show parents how to encourage the child's use of vision in personal care and home activities. Use of residual vision is not just for the classroom, but should also be encouraged in everyday living at home and in the community .

Medical/clinical team members continue to receive reports from parents, teachers, low vision specialists/therapists, the TVI and COMS. They continue to monitor the condition of the child's visual system, and suggest any safety cautions or activity limitations. They will also continue to check on the appropriateness of prescriptions for lenses and optical devices.

STAGE 4 - ELEMENTARY SCHOOL (8-12 YEARS OF AGE)

This is a crucial time for students and for all members of the team. It is a time when many issues and decisions require communication and cooperation between the team members who all have unique and corporate responsibilities. Parents, the child with visual impairments, TVIs, COMs, classroom teachers, Texas Commission for the Blind staff, peers, and others share this responsibility. The key challenge is placing the learning scope and efficiency of the students as a priority. This helps ensure the child's progress to greater levels of decision making and independence in learning and in preparation of school work. Placement changes may be indicated. The child may return from special school or move to a new placement in a special school for short or long periods. If the team chooses placement in a local school, will regular class placement be part time or full time? Is a resource room with a specially trained teacher available, or is the vision teacher available on an itinerant basis? Does the child need a self-contained setting? The parents and local district must collaborate on the decision.

The next major threshold relates to continuing assessment of the appropriate learning media. Will it be visual or will it be tactual supplemented by auditory learning? Will both tactual and visual skills continue to be developed, according to the child's efficiency and endurance? Perhaps tactual skills should be emphasized, supplemented by selected visual and auditory materials. As soon as the primary learning medium/media have been selected, formal listening skills are introduced. This is especially important in the later years, so appropriate additional reading material can be made available for listening. Once braille and/or print skills are well established, listening in recreational reading activities is introduced.

If the student uses visual materials, another factor to consider is how the student will access them. Does he/she need regular print with appropriate magnification (stand or hand held magnifiers, CCTVs, etc.) or large print? The clinical low vision specialists may evaluate the child for appropriate use of low vision aids or glasses. The TVI performs a functional visual evaluation to determine how these devices will be used in the classroom and for what purposes. For example, a student with severe low vision may wish to use the CCTV for practicing handwriting or looking up a word

in the dictionary, but not as their primary reading device. If that is the only device which enlarges print sufficiently for the student to see, then that student should use braille as his/her primary reading medium. New skills to teach include typing and keyboarding for the computer, along with training in the use of the abacus and calculator. Listening skills are added as other learning become more efficient.

Another critical threshold is the acquisition of social skills that enhance communication and interaction with classmates, teachers, and other adults. The child must continue to increase his/her ability to express thoughts, needs, wishes, and concerns that lead to more independence and greater responsibilities at school, at home, and in the community. These skills are needed for successful leisure and recreational opportunities. Each year new social skills are practiced until they become second-nature to the student who is preparing for middle and high school programs.

STAGE 5 - MIDDLE AND SENIOR HIGH SCHOOL (12-18 YEARS OF AGE)

Some of the same team members are still present in the early and later teen years, and others are usually added as educational curriculum takes on a broader scope of academic, vocational, and job-seeking considerations. Peers and other family members, classroom teachers, TVIs and COMs will be joined by a transition counselor from the Texas Commission for the Blind, other human service providers, and/or job coach. This is the stage in which there is refinement of personal and academic skills. The student learns to acquire, evaluate, and use information and organize data. He/she learns to select, use, and maintain equipment and tools, including technology. Personal and vocational goals start to be set. It becomes more important for the young adult to analyze and solve problems more independently at school, home, and in the community. Personal and behavioral values, such as honesty about his/her visual condition related to peer pressure, are also developed. Job-seeking skills are emphasized and he/she begins to perform volunteer and/or paid work.

As these skills are learned, more family members may be included on the team. For example, siblings and other relatives may begin to assume roles in planning. Consultation with career or job counselors may be beneficial, in order to learn about future career possibilities. Students will want to acquire adult mentors with visual impairments as realistic support persons. There is a need to become aware of what work is and what kinds of jobs are available. We want the student to demonstrate good work habits such as following instructions, assuming responsibility for oneself and possessions, meeting time schedules, and staying on task. Other competencies for the student to explore include time management, adjusting to greater academic and personal responsibilities, mastering a broader range of adaptive skills, conducting interviews, and entertaining and implementing more complex ideas.

Peers may have a strong influence in these years. Students continue to learn about values, standards of behavior, and how to interact and communicate with others. As the young adult seeks to express his/her growing independence, respect for parents and other adults often presents some challenges. The student (and his/her parents) will appreciate learning skills that compensate for the inability to drive. Extracurricular activities such as clubs and sports may give a boost to self-esteem and an identity unique to the individual.

STAGE 6 - TRANSITION TO ADULTHOOD (18 YEARS AND BEYOND)

Because skills build over time, many team members become less involved, although they stay connected. The young adult, rehabilitation counselors, COMs, adult models, evaluators, peers, and family become the primary team members. Team members begin to focus on what happens next, outside the public school arena.

If the individual has additional physical, mental, and/or emotional disabilities, identifying the proper work and living situation becomes a priority. Should the individual live in a group home, in his/her parents home or in an apartment? What types of support programs, such as Medicaid waivers and Master Pool Trusts will need to be accessed? Will a job coach be needed, or will the individual be involved in a day activity center program?

If the young adult does not have additional disabilities (i.e., his/her primary challenge is a visual impairment), then the threshold decisions may be less complicated. The questions he/she will be asking, with support from the team, are more like those asked by his/her typical peers. Is further education appropriate, needed and desired? If so, will it be trade school with future placement in an apprenticeship or vocational trade? What skills are needed and can they be acquired? If junior college is selected, will the focus be on an academic curriculum leading to additional schooling at a university? Will the focus be training in a specific skill, or a variety of related skills, such as those needed to be a teacher's aide, child-care worker or small business owner?

When a professional career is deemed to be appropriate, then a university setting is the choice. Previous career planning should have determined the career best suited to the individual. Of course, this decision should be the result of a careful evaluation of interests, abilities, skills, work habits, independence, and responsibilities.

Whatever career choice is made, job skills such as job seeking and interviewing, management of work responsibilities, networking and communication need to be refined. Increased sophistication in human relations and greater maturity of thoughts and actions in decision making are also needed. Self-evaluation of personal and work skills, realistic life planning, self-advocacy and self-confidence also take on increased importance.

Living arrangements should be selected on the basis of personal and daily living skills, self-direction, travel skills and transportation needs, and economic considerations. Decisions must also be made regarding independent travel. If he/she wants a guide dog, an orientation and mobility evaluation will be necessary. The COMS will need to see where he/she lives, and evaluate safety factors, level of responsibility and personal preference. An individual who wants a guide dog must also be a skilled cane user for those times when using a dog is not appropriate.

Someone who has learned all the skills necessary to step over these thresholds, should grow up to be a visually impaired adult who can approach and respond to all people with ease and comfort. They will be a person who is confident, comfortable with his/herself. Someone who has a curiosity to enter new activities and a willingness to accept limits and routines. They will respect the feelings and rights of others, set personal goals, make life plans, and reach desired standards. This individual will be someone who accepts the consequences of mistakes without asking for favors or making excuses; an active participant in the future.

Clarifying a Point about Fetal Alcohol Syndrome

By Cheri Scott, Parent and Family Specialist, Alaska Dual Sensory Impairment Services

After reviewing the information included in the Fall 2000 issue of *SEE/HEAR* on Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE), I feel like I need to clarify one point. Individuals affected by FAE can have neurological difficulties just as severe or worse than those who are diagnosed with FAS. The difference is that FAE doesn't include the cranio-facial abnormalities and growth retardation. When that is the case, the neurobehavioral difficulties can be easily misdiagnosed or not diagnosed at all. Because the child does not have any obvious disability, families and service providers interpret these behaviors as non-compliance or laziness, or come to think of the child as just a "bad kid." This, of course, can lead to a multitude of secondary disabilities (as documented by Dr. Ann Streissguth). Her study showed that a child with FAS was more likely to be identified at a younger age than a child with FAE. As a result, the FAS child and family received intervention and support earlier, resulting in more positive lifelong outcomes.

I want to thank you again for sharing our story with educators, service providers and families in your state. Every time we bring this topic out into the open we get one step closer to ending the nightmare of prenatal alcohol exposure in our communities.

Neurological Visual Impairment

Also Known as: Cortical Visual Impairment, Delayed Visual Maturation, Cortical Blindness

By Sam Morgan, Education Specialist

Fact Sheet reprinted with permission from California Deaf-Blind Services

Neurological Visual Impairment (NVI) is now the preferred name for a type of vision impairment that has been and is still referred to as Cortical Visual Impairment or Cortical Blindness. NVI is now divided into three categories: Cortical Visual Impairment, Delayed Visual Maturation, and Cortical Blindness. These divisions are made according to what area of the brain has been effected.

A variety of studies indicate that the percentage of children with vision impairments who have NVI is between 3.6 and 21%, making it the major cause of vision impairment in children who are deaf-blind. NVI occurs when the part of the brain that is responsible for seeing is damaged. In other words the eye itself is normal, but the brain does not process the information properly. NVI has a variety of causes, including, but not limited to, lack of oxygen before, during, and after birth, viral or bacterial illness such as meningitis and cytomegalovirus, or traumatic brain injury. These children can but do not always have additional disabilities. Other types of vision impairments such as optic atrophy (defect of the optic nerve resulting in the inability of the nerve to conduct images to the brain) and optic nerve hypoplasia (a vision impairment caused by a congenital defect of the optic disk) are more common in children with NVI.

NVI effects vision in a variety of ways and causes vision loss that can be from mild to severe, temporary or permanent. There is no way to predict what a young child's vision will be like as they mature but many children with NVI experience improvement in their vision. Fluctuating vision is common. This is most pronounced in children with seizure disorders or in those on certain medications such as Dilantin, Tegretol, or Phenobarbital. A child may be able to see an object one day and be unable to the next. These children may also have better peripheral than central vision and thus look at objects out of the side of their eye. They may have visual field losses that are not symmetrical (one eye may be worse than the other). This uneven loss does not necessarily correspond to hand function. If the left eye is better than the right, the left hand is not necessarily stronger than the right.

Children with NVI experience problems with specific types of visual tasks. They have difficulty with figure-ground (seeing an object instead of the background), and with complex visual displays such as cluttered pictures (a picture of five different animals instead of two). Spatial confusion is common; for example being unable to locate their chair even though they can see it. They may also be visually inattentive, not wanting to look at objects, and may prefer their sense of touch. It is common to see a child turn his/her head away as they explore an object with their hands. Seeing with NVI can be compared with trying to listen to one voice in a noisy room or to speaking a foreign language.

Vision stimulation is proven to help most children with vision impairments improve the way they use their vision; this is especially true of children with NVI. For vision stimulation to be effective it needs to happen in everyday real life situations, not only in therapy sessions. Identifying colors in an activity, visually tracking their classmate as they move across the room, and identifying the shape of every day objects are examples.

SUGGESTED INSTRUCTIONAL STRATEGIES FOR CHILDREN WITH NVI

1. Materials, such as pictures, should be simple in form, high contrast (the colors of a picture or object should be different such as a yellow toy against a black background instead of an orange one), and presented one at a time.
2. Bright lighting can help a child see and attend to visual materials more consistently. Adjust the light both natural and

artificial to determine what is best. Controlled incandescent lighting may be better than fluorescent lighting.

3. Give the child time to respond to the materials that are being presented.
4. Color vision is usually intact, and color can be used effectively. Yellow and red are possibly easier to see and can be used to outline numbers, letters, or pictures, to color code, or to attract attention to something you want the child to look at.
5. It is also important to keep the color of materials constant to avoid confusion. This also applies to visual cues in general which should also be consistent over time and location. If the child uses a red bowl at home and this is how he knows it is time to eat then the same should be done at school. Watch to see if the child has a preference for size or color.
6. Use a multisensory approach such as pairing an object that you want them to see with a sound.
7. Touch should be considered as a major sense for learning. Children with NVI appear to learn effectively through this sense.
8. Repetition and routines can help the child understand their visual environment. If changes are needed make them slowly to allow time to adjust.
9. Fluctuations in visual performance can be limited by reducing fatigue. Try working in short spurts, or divide a long task into shorter periods.
10. Reduce outside noise and other environmental stimulation that may distract the child.
11. Objects can be more easily seen when they are moving. This is especially true when they are in the peripheral fields.
12. Positioning is also important. The more energy being expended on holding yourself up the less can be used for seeing.
13. Language helps a child to understand a visual situation by adding meaning to it. Be consistent in the language you use.

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Fact sheets from California Deaf-Blind Services are to be used by both families and professionals serving individuals with dual sensory impairments. The information applies to students 0-22 years of age. The purpose of the fact sheet is to give general information on a specific topic. More specific information for an individual student can be provided through individualized technical assistance available from CDBS. The fact sheet is a starting point for further information.

Central Auditory Processing Disorder and Auditory Neuropathy

By Jim Durkel, Audiologist and Statewide Staff Development Coordinator, TSBVI, Outreach
with help from Kate Moss, Family Support Specialist, Texas Deafblind Outreach

December 2007 Note: This article has become very dated, and is being rewritten...

I recently responded to a question about the difference between Auditory Neuropathy and Central Auditory Processing Disorder (CAPD). There is currently much discussion about CAPD, especially related to considering a child with this type of auditory concern and visual impairments as deafblind. We thought it might be helpful to share my response with *SEE/HEAR* readers.

~~CENTRAL AUDITORY PROCESSING DISORDER (CAPD)~~

~~CAPD Defined~~

~~ASHA defined Central Auditory Processing Disorder in 1996 as a disorder with problems in one of six areas:~~

- ~~1. sound localization and lateralization (knowing where in space a sound source is located),~~
- ~~2. auditory discrimination (usually with reference to speech, but the ability to tell that one sound is different from another),~~
- ~~3. auditory pattern recognition (musical rhythms are one example of an auditory pattern),~~
- ~~4. temporal aspects of audition (auditory processing relies on making fine discriminations of timing changes in auditory input, especially differences in timing between the way input comes through one ear as opposed to the other),~~
- ~~5. auditory performance decrements with competing acoustic signals (listening in noise), and~~
- ~~6. auditory performance decrements with degraded acoustic signals (listening to sounds that are muffled, missing information or for some reason not clear. The best example I can think of is trying to listen to speech taking place on the other side of a wall. The wall 'filters' or blocks out certain parts of the speech, but a typical listener can often understand the conversation.)~~

~~A person may have one or more of these problems for a variety of reasons. Originally, tests for CAPD were designed to be used with adults who had had a stroke or some other form of injury to the central nervous system. The tests were developed using speech, since the processing of speech uses skills covered in these six areas. Also, the tests were to be used with people who had already developed speech and language. When used with adults, these tests pointed to damage in the brain that could be confirmed by other means.~~

~~Later these tests began to be used with children who seemed to have difficulties similar to an adult with CAPD. However, no specific brain damage was found in these children. Remember the days when we used the term "minimal brain damage?" Now we refer to these conditions as learning disability (LD). The theory about minimal brain damage was that there were neurological differences. However, these differences were too subtle to show up by the means used to directly examine the brain at that time.~~

~~About this time a great debate started in speech language pathology and audiology circles about CAPD in children. Does it exist? Is it a hearing loss if pure tone thresholds were normal? Was it different from a language disorder? What were the educational implications? There was research done. For example, some research indicated a link between chronic middle ear problems and CAPD, other research showed no connection. After following the debate for over twenty years, I can tell you that we are still asking the same questions with no more certainty about our answers. I don't know if the research is helping or hurting!~~

Auditory neuropathy one cause of CAPD

So how does CAPD fit with auditory neuropathy? Well, it is my belief that CAPD is a term that refers to some type of problem in the auditory system which occurs neurologically above the level of the cochlea. These problems can occur for a variety of reasons. Differences in the auditory nerve (auditory neuropathy) might cause some of these problems. But there is more to the neurology of the auditory system than the auditory nerve.

As the nerve fibers enter the brainstem at the base of the skull, they split and cross (similar to the optic nerve at the optic chiasm). Then the fibers go to various parts of the cortex of the brain. Most of the fibers go to the temporal lobe. However, current brain research is beginning to show that may be a model that is too simplistic. Differences in neurology, anywhere along the line, might result in the symptoms of CAPD. So, CAPD is a larger term. Auditory neuropathy may be only one cause of CAPD. This is mirroring our ideas about what we call neurological visual impairment (NVI).

Auditory neuropathy defined

Auditory neuropathy is a type of hearing impairment where the cochlea is working fine (or mostly fine), but the auditory nerve is not. We know so little about the ear and how it functions that we don't know why this occurs. These types of hearing losses can run the range from the person having no functional hearing at all to having fairly normal hearing. One of the theories behind hearing loss such as this is that the auditory nerve has not matured for some reason, such as prematurity, low birth weight, etc. Nature and time may effect a cure for this type of hearing loss. Sometimes good auditory stimulation may aide in this process, though there is currently no conclusive data.

Historically, we probably have been serving many children as hearing impaired who have auditory neuropathy, but we did not have the technology to easily make the diagnosis. The fields of audiology and deaf education are divided about how to treat these children. One thing is for sure. We need to be very careful about using hearing aids with these children. They have normal cochleas that can be damaged by loud sounds, the same as anyone else with normal hearing. Amplification may only serve to blast those hair cells into oblivion.

Are these children auditorially impaired?

So, do we consider these children with CAPD or auditory neuropathy to be auditorially impaired? In Texas, for a child to be identified as auditorially impaired, an audiologist needs to say that there is a "serious" hearing loss. No specification of cause (such as conductive or sensorineural) has to be made. Do I consider auditory neuropathy to be a type of auditory impairment? Yes! Does that mean that your audiologist and IEP team would consider your child with auditory neuropathy to be auditorially impaired? Not necessarily.

There are some ways testing can be done that may help your team (including your audiologist) decide if your child should have the label of auditorially impaired. If the pure tone testing that was done indicates hearing is normal and the child is learning language but still delayed, it would be good to test word discrimination skills. Poor discrimination abilities may explain the language delays and support the existence of a "serious" auditory impairment.

An audiologist could also look at discrimination skills in the presence of noise. The auditory neural pathways serve to help us localize and suppress noise. That way we can find what we need to pay attention to in the presence of noise. For a visually impaired child, these are critical skills. Think about how the student will be able to listen to the teacher in a noisy classroom or gym, or how he will be able to localize and pick out the sound of traffic to make a safe street crossing. Testing for discrimination skills in the presence of noise is another way to help your team determine how to proceed.

As an audiologist, if I find any malfunction of any part of the auditory system that cannot be fixed quickly (middle ear infection, wax in the ear canal, etc.), I consider that person to have an auditory difference. If that difference affects that person's ability to function, then I would consider the difference to be an impairment. Because of my knowledge as a

teacher of the visually impaired, I have a broader idea of what the word “function” means to a visually impaired child. In determining whether a child is auditorially impaired, your team should consider the demands placed on that child’s hearing.

IMPLICATION OF CAPD FOR THE VISUALLY IMPAIRED STUDENT

What are the implications of CAPD for our students with visual impairments? Some students may be more at risk for CAPD. The reason for this is because the damage to their neurological systems which caused the visual impairments may also have caused damage to the auditory system. We certainly don’t know what causes CAPD. Something that caused the visual impairment could, in theory, have also caused CAPD.

Would the loss of the ability to listen in noise have a different impact on a visually impaired student than a sighted student? Yes. Students with visual impairments often have to make greater use of spoken language than students with vision. Visually impaired students may be reliant on auditory reading, and have higher demands made on their auditory memory. They may be using “talking technology” such as a Braille N Speak or JAWS for their computer. Talk about a degraded acoustic signal! If you have heard the voice quality of most talking technology you understand. Students with visual impairments also have need of good auditory skills for orientation purposes. Even though it is not good practice, we still persist in misusing auditory language to teach basic concepts in the absence of concrete experiences for these students. These are some examples of how we put greater demand on the auditory system of a person with visual impairments.

Additionally, strategies related to teaching students with CAPD to compensate for their auditory impairment rely heavily on the use of vision. We counsel teachers of students with CAPD to write directions on the blackboard so that the student with CAPD can confirm what was heard by reading. Sighted students with CAPD learn to watch what their peers are doing if they miss a teacher’s verbal directions. These strategies probably wouldn’t work for a student with a visual impairment or blindness.

DO CAPD AND VISUAL IMPAIRMENT EQUAL DEAFBLINDNESS?

Given that a visually impaired student with CAPD faces some rather unique challenges, would I consider this student to be deafblind? The Federal definition of deafblindness says:

Deafblindness means concomitant hearing and vision impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness. [34 CFR§300.7]

The question IEP teams should ask is this: Would a label of deafblindness get this student unique support he needs and would not otherwise get?

Visually impaired students with speech and language

So if I had a visually impaired student with speech and language who had poor performance on tests for CAPD, I might consider him to be deafblind. At the very least, I would want to think about it. I might also want to consider him a visually impaired student with a learning disability or a visually impaired student with a language impairment.

Most teachers of students with auditory impairments will not have had much training or experience with students with CAPD. A speech language pathologist or a teacher for the learning disabled might have more to offer this student than a professional in the deafness field. This is the point where the IEP process becomes so crucial and can work so well. Each student’s educational situation is unique. I think we would do well to recognize that uniqueness when we identify disabilities and address educational programming.

Visually impaired students with cognitive impairments

Students who have visual impairments and cognitive impairments such that spoken language is not being developed present a harder case for deciding if they should be considered deafblind. Certainly something in the brain is different. Is it limited to problems with using auditory information? Or is the deficit less specific and more global? Is the problem with auditory memory or all memory? Is the problem a more global language problem as opposed to a problem specific to spoken language? If we can't test hearing with the traditional tests that rely on spoken language ability, how do we test?

Use a variety of methods to assess functioning

There are some ways to look at information that may give us partial answers. The use of new audiological tests such as otoacoustic emissions audiometry (OAE) along with brainstem testing (BSER) might give us some clues. (This type of testing is used to identify some students with auditory neuropathy.) Changes of performance in noise and in quiet might offer insight. Looking specifically for the ability to locate and track a sound source might also offer some clues. Again, we must go back to the principle of treating each student uniquely. There is really no standard formula.

I once tested a student with profound multiple disabilities who could demonstrate auditory skills only in the dark. If the room was lit, it was like the visual system grabbed all of the sensory processing ability and left nothing for the auditory system. I won't give myself any credit for being a totally fabulous audiologist! We stumbled on this purely by luck. With brain mapping becoming more available, we may have a new diagnostic tool with which to gain new insights into this condition. This new medical technology is still too new and uncommon, however, to be in regular use (at least in Texas).

Improve the listening environment

In the mean time, we need to be giving our students with profound impairments some support by providing good listening environments. This means, no radios or TV's constantly blaring in the classroom (or at home)! No classrooms stuck next to the band room because "the noise bothers our regular students, but it doesn't really matter for these students." Consider avoiding portable classrooms which are often bad listening environments because the heaters/air conditioners are so loud. Recognize that gyms and cafeterias are horrible listening environments—too much echo. Basically we need to follow this rule: No bombardment with auditory input! All sensory input needs to be connected to meaningful activities.

Make auditory input more meaningful

The same things we do to make tactile and visual input meaningful we need to do with auditory input. Certainly, we could make our speech as simple and direct as possible, by using two or three word phrases instead of long sentences. Attach words that relate to what is happening to the student here and now. That way the words can be attached to something concrete.

CONCLUSION

Whether the child is labeled deafblind or not, we have a responsibility to meet his or her educational needs. If there are legitimate issues with the way the child uses auditory information, we have to address that in programming. No doubt the debate about whether CAPD and auditory neuropathy are "true hearing impairments" will continue for some time to come. Perhaps new medical and assessment technologies will help us resolve that debate. In the mean time, we owe it to these children to make every effort possible to provide the supports they need to access learning.

"You've Got Mail!"

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

I can't believe I've already forgotten when the Texas Commission for the Blind initiated e-mails as a standard way of doing business. Three years ago - maybe four? I do remember, though, how excited we were. Our staff members who are blind could get information at the same speed as all other employees without the aid of readers; meetings could be set without multiple phone calls; and important messages from other parts of the country could arrive in minutes rather than days. We could even log on from home if we thought the office would fall apart without us.

My enthusiasm for this 20th Century technological miracle and the doors it opens for people who are blind is still high, but I came face to face recently with a few of its shortcomings that have made me an occasional skittish and somewhat recalcitrant convert. Example: Yesterday I realized I'd spent a half hour composing a response to a message that could have been handled in five minutes over the phone. Last week I was further enlightened about the limitations of e-mail. It started when my computer told me I had mail from a familiar name - a former co-worker I hadn't talked to in years. Then another popped up from a friend. Both messages were full of concerns and questions about an e-mail I'd sent to a few people earlier in the week sharing a fact sheet prepared at Criss Cole Rehabilitation Center about our steps to take the agency's philosophy of Texas Confidence Builders to its next level.

Because e-mails have become a habit, my first impulse was to write a response, but I quickly realized the impossibility of fully explaining in an e-mail message a philosophy that has been developing for three or four years. It would take days to type it. When a third message arrived, I picked up the phone. It was apparent that an old-fashioned face-to-face conversation was needed with a few key people. Since these were my colleagues and allies in the fight to reduce the incidence of unemployment among people who are blind and to increase their level of independence, continuing e-mails back and forth was definitely not the answer!

The "next level" of Texas Confidence Builders raising my e-mail popularity was a fact sheet I'd shared with a few people about future classes at Criss Cole Rehabilitation Center. The announcement said that the Center's regular curriculum for all consumers choosing to receive services at the Center would in the future include basic blindness skills and confidence building activities using nonvisual techniques. Even though the fact sheet said that consumers who have remaining vision are provided a low vision evaluation, referred to the low vision clinic if appropriate, and provided with training in visual efficiency and use of low vision aids and devices once they have mastered the nonvisual techniques, there was a lot of concern about asking consumers with usable vision to take nonvisual training because it meant using a blindfold or not working with their guide dog in a particular class as they worked on skills.

For those of you unfamiliar with our premier rehabilitation center in Austin, all consumers attending CCRC must meet the state's definition of blind: *a person having not more than 20/200 visual acuity in the better eye with correcting lenses or visual acuity greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.* In simpler terms, blind can mean individuals who see nothing at all, individuals who can see light and shadows, and individuals with some limited vision.

If you are a long-time reader of *SEE/HEAR*, you may remember my Spring 1999 article, "Choosing to Carry a Full Golf Bag: An Informed Choice," in which I said that choosing the right iron for the distance in golf equates in rehabilitation terms to choosing the right skill to do a particular job. The chances of a blind person achieving his or her best are greater with instruction, practice, experience, and a full set of skills from which to choose to travel, read, write, communicate and take care of personal needs. This is why, after years of study, we are convinced that if a person chooses CCRC training and completes their courses as we've redesigned them, there are fewer challenges ahead for

which that person has not been prepared, including those individuals with some vision. If a person can read 20 words a minute with optical aids, we feel that adding the skill of reading braille at 60 words a minute is a plus, not a minus. Which skill to use is up to the person and occasion. There is nothing from which to choose, however, if the person sticks to the narrower path.

The course we are following in Texas Confidence Builders was not built overnight. The agency's top management team averages well over 20 years with TCB and in the field of blindness. Key managers have visited with every organization of and for the blind in Texas extensively over the last five years and regularly meet with national groups. We have been studying how to counteract the discouraging trend of individuals coming back into the rehabilitation system time and time again after finding themselves without the skills and confidence to thrive as a blind person in an increasingly competitive environment. We are also studying how to counteract the negative reaction to the word blind itself when blind basically means that your visual acuity is within a certain range and you use alternative ways of doing many things. There's no easy solution to either issue.

The main thing about the Commission is that we are not afraid to tackle tough assignments. We are also not afraid to admit when something isn't working and try another way, because we are in a field that is worth the time and effort. We really believe what Congress says: Disability is a natural part of the human experience and the goals of the Nation properly include the goal of providing individuals with disabilities with the tools necessary to achieve equality of opportunity, full inclusion and integration in society, employment, independent living, and economic and social self-sufficiency.

I was asked recently what the agency's philosophy of Texas Confidence Builders means to the children served by our nationally recognized Blind and Visually Impaired Children's Program (BVICP) and Transition Program, and whether nonvisual skills will be the primary focus in these two programs. In actuality, our philosophy is much broader than this one issue. Both of these programs have been full participants these past two years in providing confidence-building activities for parents and children. We're committed to working as a team with parents and our educational colleagues to ensure children get the best possible education. In collaboration with our educational and local organizational partners, a multitude of special projects were held. Many of you have participated in such events yourself - summer camps, family workshops, and similar activities. Additionally, our BVICP and Transition staffs work individually with families to help them give their children lots of opportunities to develop healthy self-esteem and positive "can do" attitudes.

Our primary job with children and their parents is to support the parents in their quest for knowledge and understanding about their children's eye conditions and to provide supplemental services to the educational system and other state programs. The Commission plans to continue being a productive member of each child's team, advocating that the child who is blind gets the best possible education. As part of that, we will encourage parents and educators to fully use the child's functional vision evaluation and learning media assessment to determine if the child is learning a reading medium that will result in his being a proficient reader. Going back to my previous article, if a child can read print but fatigues easily or reads very slowly, or has a progressive eye condition that will eventually lead to him needing to know braille, we would encourage the team to consider teaching braille so that the child can maintain literacy. The same principles apply to other areas, such as travel and technology.

What you will consistently hear from us is to explore all possible alternatives for your child, including nonvisual techniques. Talk to adults and groups of adults who are blind. Find out what worked and did not work for them. Get excited about the options and the future!

As I'm writing this, a new year has begun. I wish each and every one of you *SEE/HEAR* readers a wonderful 2001. And by the way, I and my e-mail service are at peace once again.



Clarification Regarding the Choice of Braille as a Reading and Writing Medium

By Dr. Phil Hatlen, Superintendent, Texas School for the Blind and Visually Impaired
<PhilHatlen@tsbvi.edu>

I recently had the privilege and pleasure to talk to a group of parents of blind and visually impaired children at a conference in Galveston. A popular topic among parents was how the choice is made between learning media. In other words, which children should be primarily braille readers and which should be primarily print readers? I had an opportunity to discuss this topic on Saturday afternoon. Unfortunately, I think that some of my comments were not clear, and that some parents left the meeting with impressions of my position on learning media that are not complete or correct. Therefore, I am writing this article, hoping that parents who may have misunderstood me will have a better understanding of my beliefs about teaching print and/or braille.

Most blind or visually impaired children fall into four categories when it comes to learning media. Some will certainly be print readers, for their vision allows them to read quickly and accurately, using either regular print, large print, or optical devices. Reading is not hard work for them, and they will achieve speed and comprehension rates that are sufficient for both educational and recreational reading.

Other students will obviously be braille readers and writers. Often these children will be either totally blind or have light perception only. Contrary to myths that have existed around braille for many years, this literacy medium is not too bulky, too slow, or too hard to find. Braille is, in fact, an excellent medium for reading and writing, and is not a second-class system to print.

A third group of learners will have difficulty with both print and braille. These students often have educational challenges in addition to a visual impairment. They will explore other means of literacy. One will be auditory learning. Another might be tactile symbols and calendar boxes. For all children who are blind or visually impaired, there will be a means by which literacy can be achieved in some form. That is what education is all about.

The fourth group is the one about which there is some misunderstanding and often confusion. This is comprised of children who are visually impaired and have enough vision to perform some tasks and activities visually. Some parents and professionals will want these children to learn braille. Others will advocate for full use of remaining vision, including the tasks of reading and writing.

The confusion about this fourth group happens when we fail to consider braille and print as being *equal* methods for reading and writing. If we believe one is superior over the other, we are at risk for making serious educational mistakes with children. Texas has recognized this problem, and legislation has attempted to place braille and print on a "level playing field" by requiring completion of a Learning Media Assessment on these children. The results of this assessment should serve as an excellent guide for the educational decisions that parents and teachers need to make.

What sometimes complicates the decision to be made, based on a learning media assessment, is that children who will learn print can easily be provided their reading program in a general education classroom. Children for whom braille is indicated will need to be taught by a credentialed teacher of the visually impaired. General education classroom teachers are not qualified to teach braille reading and writing, nor are paraprofessionals. For the child who will learn braille, the teacher of the visually impaired must be at his/her school every day. Recent data indicates that, for a child to be successful in learning braille, the teacher of the visually impaired must be available to offer instruction in reading for at least one hour per day.

Because of the shortage of teachers of the visually impaired in Texas as well as throughout the country, it is sometimes difficult, if not impossible, for the teacher to be with the braille learner for an hour a day. If the teacher of the visually impaired's caseload is too large, or geographic area of responsibility too big, then he/she may not be available to the child as often as needed. This is a very, very serious problem in providing the correct and most useful literacy skills to this group of students. Sometimes, in cases where there seems no other solution, the teacher of the visually impaired may consent to a child learning print even though braille would be preferred.

What I said in Galveston is that, if your child has pencil smudges on his nose when he finishes writing or if your child is reading one-inch high letters on a CCTV at less than 20 words per minute, I suspect he/she is in the wrong reading medium. If your child cannot read a whole word at a single glance, then your child may not be in the best reading medium for him/her. There are other tests to determine the correct reading medium, but the one that will satisfy both parents and teachers is the Learning Media Assessment, and it is required by Education Code to be administered to all blind and visually impaired students in Texas.

Parents, if you have not seen the results of your child's Learning Media Assessment, then I suggest you ask to see it. If you believe that your child would be better served with a different reading medium, then I suggest you discuss this with your child's teacher of the visually impaired. If your child is not receiving instruction in reading and writing as often or for as long as you agreed to at the child's ARD meeting, then discuss this with your teacher of the visually impaired.

Blind and visually impaired students are fortunate to have a variety of means by which to achieve literacy. If teachers and parents use these choices well, then every child in Texas should develop literacy skills to the maximum extent, and in the best medium, possible. It is up to parents to know what their children need, to work together with the schools to assure that there is agreement regarding the educational services provided, and to work with their teacher of the visually impaired so that children are assured of the best education possible.

Follow the Braille Trail

Reprinted with permission from the American Foundation for the Blind

Braille is endlessly fascinating for elementary school children who read print, especially for those who have a classmate who reads braille. *The Braille Trail* is the new packet from the American Foundation for the Blind to celebrate Braille Literacy Month, which was January 2001. The text was written by Anna Swensen, author of the popular book, *Beginning with Braille* (AFB Press, 1998), and was designed specifically for sighted elementary school children who want to learn about braille reading, writing, and math. The materials are introduced by Kyle Belanger, a student in New Hampshire who is an avid braille reader. He invites readers to learn more about this "secret code" of braille! *The Braille Trail* includes background information about the code, including basic explanations about braille contractions and the Nemeth code, and photographs of common types of braille technology devices. Activities in simulated braille such as scrambled words, matching columns, and riddles are included for added fun. Lists of kid-appropriate websites, and picture and chapter books are included to give children additional opportunities to read more about braille and people who are blind. In addition, a copy of the special edition Weekly Reader produced by the American Printing House for the Blind is included. There's even a "secret message" written in uncontracted, embossed braille! The entire packet is colorfully and cleverly designed to capture a child's interest and imagination. Packets are free of charge. Due to anticipated demand, only one copy will be sent per request.

Since the materials were designed for sighted elementary school children and have a high graphic content, the packet is available in print only. However, because we want blind children and teachers to also share these materials with others, we will make available, upon request, the text content of the materials in braille with a description of the graphics on each page. To request *The Braille Trail*, contact the American Foundation for the Blind National Literacy Center, 100 Peachtree St., Suite 620, Atlanta, GA 30303; phone: (404) 525-2303; toll-free: (800) 232-5463; e-mail: <literacy@afb.net>.



What I Learned Last Summer

By Jim Durkel, Statewide Staff Development Coordinator, TSBVI, Outreach

Last summer, Texas School for the Blind and Visually Impaired sponsored a technology institute. As part of that training, we had a keynote speaker by the name of Guido Corona. Guido is an employee of IBM. One of his current projects is developing software that will make surfing the Internet easier for people with sensory and motor impairments. Guido has retinitis pigmentosa and has been losing visual abilities since he was a young child.

During his talk, Guido mentioned that technology serves three main functions that in his life:

- First, he uses technology to stay organized - notetakers, personal microcassette recorders, that type of technology.
- Second, he uses technology to access his computer and the Internet.
- Finally, he uses technology to handle printed materials - bills, letters, information along those lines.

Getting this insight from Guido has helped me start thinking about the types of technology that students with visual impairments may need. It's also helped to think about desired outcomes and broad classes of technology, instead of specific devices or software. My tendency was to get into ruts and become familiar with one device that I then thought everyone should use. I would get frustrated when that piece of technology did not work for a particular student. Focusing on what I want the technology to do, then looking at all my technology options, sure seems like a better plan. Thanks for the insight, Guido!

New Guidelines Available to Provide Guidance on Making Software Accessible to Deaf or Blind Users

Reprinted with permission from the CPB/WGBH National Center for Accessible Media

Educational software publishers interested in making electronic textbooks and other instructional materials useful to as many students as possible will be aided by a new publication from the CPB/WGBH National Center for Accessible Media (NCAM). "Making Educational Software Accessible: Design Guidelines Including Math and Science Solutions" is the result of a three-year, National Science Foundation-funded effort by NCAM which offers a wealth of information for educational designers and developers. Charles E. Mayo, Assistant Director of Textbook Administration with the Texas Education Agency stated, "This document is a truly invaluable resource which the Texas Education Agency will recommend to publishers as they plan development of new multimedia textbooks. This publication fills an immense gap in the body of technical information needed by publishers to produce accessible electronic textbooks for all students." The guidelines are also expected to aid efforts by publishers of Web-based media seeking to comply with existing and pending accessibility regulations on Federal and state levels.

In this document, readers will find:

- a review of current policies requiring the use of accessible educational software;
- a basic understanding of the needs of users with different disabilities;
- a summary of various approaches to serve users with different disabilities;
- specific solutions for designing more accessible software;
- guidelines with specific checkpoints and detailed techniques for implementation.

Technical information covers common development environments and includes references to more detailed accessibility guidelines. In addition, specific guidelines on educational materials are included. Here's what another expert in the field had to say about the new guidelines:

“Adherence to these guidelines by curriculum developers and publishers will make multimedia instructional materials in science and mathematics better for all students, while ensuring that those with disabilities will enjoy a greatly improved learning environment.” (Lawrence A. Scadden, Ph.D., Senior Program Director, Program for Persons with Disabilities, National Science Foundation)

“Making Educational Software Accessible: Design Guidelines Including Math and Science Solutions” is available free of charge in print and on the World Wide Web. Request print copies (bulk orders accepted) through Mary Watkins at (617) 300-3700; e-mail: <Mary_Watkins@wgbh.org> or read the guidelines online at: <ncam.wgbh.org/cdrom>.

FCC Expands Described Video

From Telebility Media, Vol. 9, No. 3, October 2000

Described video on television for blind and visually impaired consumers will significantly expand by April-July 2002 with approval of a new Order and Report by the Federal Communications Commission on July 21. Broadcasters affiliated with the ABC, CBS, Fox, and NBC networks in the top 25 markets would be required to provide a minimum of 50 hours per calendar quarter, roughly four hours a week, of description in prime time and/or children's programming.

Cable systems and satellite program providers, with more than 50,000 subscribers, will be required to provide video description for the same amount and type of programming on each of any of the top five national, non-broadcast networks they carry. Any broadcaster or cable system must “pass through” the video description from a provider, if it has the technical equipment necessary to do so.

Video description is transmitted to the audience through the Secondary Audio Programming (SAP) channel. Experience will guide the Commission, the industry, and the public on whether and when to expand the new service in the future.

The new rules apply only to analog transmissions. The Commission said it wanted to bring video description to digital transmissions, but it would not do so until more experience was had with both.

The Commission said there were nearly 12 million persons with a visual difficulty that cannot be corrected with ordinary glasses or contact lenses, and noted that 9 to 14 per cent of the population 75 years or older has vision difficulties. The new service could also benefit nearly 1.5 million children with learning disabilities by capturing their attention and enhancing their information processing skills.

Jim Stovall, president of the Narrative Television Network (NTN), said, “As a blind person myself, and as head of a corporation that, for over a decade, has been a leader in accessible television for blind and visually impaired people, this may well be the most significant day in the lives of your nation's 13 million visually impaired people and their families.”

He added, “Narrated programming has opened a whole new world for blind and visually impaired people and their families. The FCC's action will make it a standard throughout the industry and will begin to include the visually impaired in all of the information, educational, and entertainment opportunities that television can provide.”

Dr. Margaret Pfanstiehl, one of the nation's leading pioneers in the field of audio description, said, “This is going to mean so much to people across the nation who are not adequately enjoying television because they can't really see the screen.” She also praised FCC Chairman William Kennard for his “courageous leadership” in supporting the rules.



Larry Goldberg, director of the Media Access Group at WGBH-TV, commented, “WGBH’s Descriptive Video Service, DVS, is celebrating its tenth anniversary this year. While we welcome the support of Public Broadcasting and Turner Classic Movie Channel, it really is time for other major information and entertainment providers to join in on this vital and wonderful service for our nation’s blind and visually impaired citizens.” DVS is a WGBH trademark.

New Web Features Will Help Employers Hire Workers with Disabilities and Help the Media Do a Better Job of Reporting on Disability Issues

From the Presidential Task Force on Employment of Adults with Disabilities

WASHINGTON - November 15, 2000 - New features have been added to a government Website to help employers do a better job employing workers with disabilities and to help journalists do a better job reporting on issues that affect those with disabilities. The new Employers’ Resource section and Media Resource section have been added to <www.disAbility.gov>.

“At a time when our nation is experiencing record levels of employment, the unemployment rate is unacceptably high for individuals with disabilities,” Secretary of Labor Alexis M. Herman said. “This web portal is another tool to support employers and job seekers in the effort to increase the employment rate.”

Secretary Herman chairs the Presidential Task Force on Employment of Adults with Disabilities, which was established in 1998 to create a coordinated and aggressive strategy to increase the employment of people with disabilities to a rate as close as possible to that of the general population.

The Website, announced by President Clinton on the Tenth Anniversary of the Americans with Disabilities Act in July, offers a vast array of resources for individuals with disabilities, including information about health, housing, education, transportation, recreation and employment. The new Employers’ Resource section provides business access to information that facilitates recruiting, hiring and making easy, low-cost accommodations for employees with disabilities. The new Media Resource section will offer journalists and broadcasters information on appropriate language for reporting about people with disabilities, interviewing tips, and a growing bibliography of publications and films that depict the disability experience.

Already, disAbility.gov has been accessed by more than 160,000 people and has won acclaim from other Websites. <CBS.com> has listed <disAbility.gov> as one of the 100 most useful web services in America. A recent study by the Harris Research Group indicates that adults with disabilities spend twice as much time on the Internet as individuals without disabilities. The survey also found that adults with disabilities are much more likely to report that the Internet has significantly improved the quality of their lives.

Despite today’s robust economy, citizens with disabilities are continually under-represented in the nation’s work force. Only three of every ten people with disabilities are working full or part time; eight of every ten who are not disabled are actively employed.

The task force chaired by Secretary Herman is currently collaborating with leading Internet dot-com employment businesses such as <Monster.com>, <BrassRing.com> and <Webhire.com> to integrate disability related employment support tools into their services. Addition of these tools will not only assist the dot-coms’ employer customers in recruiting and hiring people with disabilities, but will also provide job candidates with pre-employment tools such as resume writers and links to federal government job search services.

“We are pleased that some of America’s most successful online employment companies have made it a priority to

help employers benefit from the contributions that employees with disabilities can bring to business,” said Becky Ogle, executive director of the task force. “We hope others will join us in our effort.”

“<Monster.com> is excited to be a part of this comprehensive web portal for individuals with disabilities. We are committed to providing the services and tools that enhance career potential for all job seekers,” said Jeff Taylor, CEO of <Monster.com>. “Working with the Presidential Task Force on Employment of Adults with Disabilities allows <Monster.com> to further strengthen its mission of empowering people who want more out of their career and their life.”

“We are extremely pleased to be able to participate in this worthy endeavor. The technology industry has proven itself to be an area where people with disabilities can truly excel,” said James Sale, Executive Vice President of <BrassRing.com>.

The Presidential Task Force on Employment of Adults with Disabilities was established by Executive Order of President Clinton in March of 1998. The Task Force consists of the heads of eighteen government agencies. Tony Coelho serves as vice chair. Information about the task force also is available as <www.disAbility.gov>.

Proposed Changes for Students in Private and Home Schools

By Jean Robinson, Family Support Specialist, TSBVI, VI Outreach

Proposed changes are in sight for students enrolled in private (including home) schools. Before these proposed changes, parents in Texas, had been allowed to request and receive special education services if their child was home schooled or enrolled in a private school. Services were provided under the “dual enrollment” rule. (See Chapter 89.1095 <<http://www.tea.state.tx.us/special.ed/rules/>>.) Section 89.1095 required school districts to serve students with disabilities placed in private schools by their parents if they were dually enrolled in the school district and private school. Amended federal law limits the service that schools and states are obligated to provide to students placed in private schools by their parents. With these changes, Texas proposes to fall in line with the federal regulations and reduce services offered under “dual enrollment.” The proposed rule can be found in Chapter 89.1096 (<<http://www.tea.state.tx.us/special.ed/rules/proprule.html>>) and is expected to go into effect the summer of 2001. Special education services that have been provided in the past to students under “dual enrollment” will change. Dual enrollment will exist only for children between three and five years of age. Parents need to consider this change when deciding whether to enroll their child in a private school, home school, or public school. Check out the Texas Education Agency special education website, <www.tea.state.tx.us/special.ed>, for more information. Your public librarian can help you access this information.

Kate’s Corner - continued from page 1

Another change that has taken place is shifting the responsibility for presenting the “Through Your Child’s Eyes” workshop from Outreach staff to TCB, ESC, and others in the regional and local setting. This change began with a one-day workshop which took place at TSBVI in December using a train-the-trainers model. Approximately half of the regional education service center areas were represented by staff from the ESCs, TCB, and in one region, from the ECI program. Jean and I were delighted with the response to this change and feel good about turning “our baby” over to such dedicated and competent presenters. Although many of the participants have not been presenters at this workshop in the past, many of them have served as hosts for this workshop in their regions.

With a little more time on our hands, since “Through Your Child’s Eyes” will be handled regionally, Jean and I are working on developing two new workshops that we hope to begin taking out on the road later in 2001 or early in 2002. One of these workshops will be targeting parents of children with deafblindness and focus on the tactile sense. The other of these workshops will be on IDEA and vision specific SBOE rules. More information about these workshops will be shared in future editions of *SEE/HEAR*.



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>.

INSITE:

A Home-Based Model for Infants, Toddlers & Preschoolers Who Are Sensory Impaired with Other Disabilities

This six-day training is for professionals who work with these children and their families. If you are interested in attending this training or bringing this training to your area, call Gigi Newton at (512) 206-9272, or e-mail her at GigiNewton@tsbvi.edu.

Mt. Pleasant, Texas	Austin, Texas
Part I - June 4-6, 2001	May 14-19, 2001
Part II - June 27-29, 2001	Contact: Gigi Newton
Contact: Donna Clopton	(512) 206-9272
(903) 572-8551	

Cognitive/Communication Assessment and Interventions for Children with Multiple Disabilities

April 9-11, 2001
College Station Conference Center, Room 127
1300 George Bush Drive
College Station, Texas 77840

Presenters: Charity Rowland & Philip Schweigert

Everything you've ever wanted to know about deafblind students, students with multiple impairments, and students with visual impairments emphasizing: assessment instruments, problem solving and object interaction, analyzing the communication environment, analyzing presymbolic communication, analyzing tangible symbols.

Audience: Speech Pathologists, Educational Diagnosticians, General and Speech Education Teachers, and Parents

Contact: Nodya Thornton at (936) 293-3787
E-mail: <thornton@esc6.net>
Website: <www.esc6.net>

Josephine L. Taylor Leadership Institute 2001

Leadership, Data, and Partnerships to Level the Playing Field

March 16-18, 2001

Washington Marriott Hotel
Washington, DC

Carl Kupfer, M.D., recently retired Director of the National Eye Institute, will be keynote speaker for this year's event. Friday's plenary session, "Bringing Services to People" brings together experts from the fields of ophthalmology, optometry, and vision rehabilitation specialties. They will address future directions and strategies for leveling the playing field for people who are blind or visually impaired by focusing on leadership, data, and partnerships. Saturday's first panel is entitled, "Bringing People to Services." Experts will address some of the barriers that potential consumers face such as geographic and ethnic cultural factors. Saturday's second panel is entitled, "Go Figure! You Have the Data You Need." Experts will focus on how to meet your data needs for planning, administering, and evaluating services.

Registration fees (major meals included):
"Early Bird" registration - \$245

(2/16 postmark deadline)

"Pre-registration" - \$295

(3/8 postmark deadline)

"At-the-Door" - \$325

For more information on JLTLI 2001,
contact the events coordinator,

Gabriella Smith-Coventry

Phone: (212) 502-7654

E-Mail: <gsmith@afb.net>

Website: <www.afb.org/event>

**On Sunday afternoon following JLTLI
there will be a special training for parents
on IDEA provided by NAPVI.**

Deafblind Mailing List in Spanish

This list is entirely in Spanish and is for Deafblind people, families, volunteers, professionals, investigators and educators.

To subscribe to this list, send an email to <listserv@listserv.rediris.es>

In the body of the e-mail, write:

SUBSCRIBE sordoceguera first name last name

For assistance, contact the owner at sordoceguera-request@listserv.rediris.es

TAER

(Texas Association for the Education and Rehabilitation of the Blind and Visually Impaired)

**“Partners in C.R.I.M.E.”
(Partners in Collaborating Resources Into the Millennium for Everyone)**

Corpus Christi, Texas
The Omni Bayfront Hotel

April 19, 20 and 21, 2001

This year's conference will feature Marla Runyan as one of our guest speakers. Marla is a top-ranked middle distance runner who participated in the 2000 Olympics. She has been legally blind since she was nine years old. Read more information about Marla on her web page, <www.marlarunyan.com>.

We are also excited that Jeff Moyer - author, songwriter, entertainer, and disability rights activist has agreed to do several presentations for our conference. Jeff is visually impaired, and his messages and music focus on the acceptance of differences. To find out more about this fascinating man, visit his web page, <www.jeffmoyer.com>.

Contact: Pamela Broadston (806) 742-2345

Annual Early Childhood Intervention (ECI) Conference

Renaissance Hotel, Austin, Texas

April 30-May 2, 2001

This conference is for professionals and parents involved with children ages birth to 3 who have disabilities.

Contact: The Care Line (800) 250-2246

Texas Focus: Looking at Low Vision

Dallas/Ft. Worth Area

June 14-15, 2001

Texas Focus is an annual conference designed for teachers of students with visual impairments, orientation and mobility specialists, and parents. This year topics will center around issues concerning students with low vision, including the use of optical aids, increasing visual efficiency, and literacy.

Contact: Jim Durkel
Phone: (512) 206-9270 E-mail: JimDurkel@tsbvi.edu

TSBVI Technology Institute

Austin, Texas

September 21 & 22, 2001

The Technology Institute is designed to train teachers of students with visual impairments how to use various pieces of technology for the visually impaired. Topics include Braille N Speak, JAWS software, software to assist in Internet access as well as Megadots and Duxbury for braille production.

Contacts:
Jim Durkel (512) 206-9270,
E-mail: JimDurkel@tsbvi.edu;
Sharon Nichols (512) 206-9388,
E-mail: SharonNichols@tsbvi.edu

SEE/HEAR

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**If you no longer wish to receive this newsletter,
please call Beth Rees at (512) 206-9103 or
e-mail her at BethRees@tsbvi.edu.**



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