

SenseAbilities

A QUARTERLY PUBLICATION ABOUT VISUAL IMPAIRMENTS AND DEAFBLINDNESS FOR FAMILIES AND PROFESSIONALS

Winter 2008

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Volume 2, No. 1

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Families gathered for the 2nd Annual Texas CHARGERS Retreat last September. Read about it in the Family Wisdom section, starting on page 3.

A collaborative effort of the Texas School for the Blind and Visually Impaired and the DARS Division for Blind Services

Student Led ARD Meetings ... A Little Advice

By Courtney Stevens, High School Student with Visual Impairments, Houston, TX

Key words: Family wisdom, blind, self-determination, student led IEP meetings

Abstract: A young lady who is a sophomore in High School shares her experiences in learning to lead her own IEP meeting, and gives other students with visual impairments suggestions on how to be successful with their own.

Leading your own ARDs is not something that will just happen over night for most people. It takes time. You really need to go to your own ARDs and sit in and watch how they work before you can really get an idea on how to lead them.

Leading the ARD is tricky; you never know how the teachers, parents, or really how anyone else will respond to the student taking charge. Sometimes it can be okay with no problems and no one will be upset or feel threatened. I myself have never been in a kind of situation where anyone feels this way. I am a normally very shy person. So for me leading my own ARDs, at first, didn't seem like something I could do.

I started attending my own ARDs young, when I was in 4th grade. At my very first ARD I didn't talk much, just agreed when it was right to do so. As I got older I saw the flaws in this, and had to step up. Once I started in middle school my mother was no longer able to attend my ARDs. The school saw this as an opening and would try to place me into classes that I would not want to be in. So I stepped up and started to fight back against things that didn't seem right for me because honestly in most cases I think the student knows what is best for their own needs. My VI teacher, Ms. Elizabeth Eagan, had a better idea of how to help me along this path than I did. Now I am about to enter my second year of high school and I can lead my ARD from beginning to finish.

When a student decides or shows that they want to start trying to lead their own ARD meetings, I think that some parents and/or teachers see it as the students don't really know what's best for them. Some parents may not want to let go of that control for whatever reasons they may have. Teachers may not see things on the same level as the student and not understand why they are asking for whatever it is they are asking.

Students, here is my advice to you. One, make goals before going into your ARD and have good reasons to back them up. I can not explain to you how important this is! Two, if you want something changed or modified let teachers and/or parents know, because if you keep it to yourself it will never change on its own. Third, if you ask for something to be changed and someone kind of just looks over it without paying attention to what you said bring it up again and explain why you want this and why you think it will help you. If you are still looked over do not be afraid to fight for what you want if you really think it will help you. Just ask the other ARD members why they are looking over what you said or why they do not want to listen to what you suggested. Try to convince them this is a good thing, and if they do not see it your way, talk to others—your parents, your VI teacher, other teachers, whomever you think could help.

Now parents, if you see that your child is starting to show that they can or would

want to lead their own ARDs, do not discourage them! Support them. Help them in any way you can, and if you need help, try talking to your child's VI teacher. They are the VI teacher for a reason. Also if you see that your child's VI teacher is not letting them lead their own ARDs, talk to them about why they are doing that. The same also goes for teachers. If you see your student trying to lead the ARD, do not put them down, but instead try to help them!

Students more than likely need all the help they can get in something like an ARD, because they won't really know what is going on or how to say what they want. All I can really say is: students, open up, do not be shy—say what's on your mind. Teachers and parents listen to them and help them. If they told you something they want to be done, don't say it for them. Let them bring it up and help them to say it to everyone.

Texas CHARGERS Host 2nd Annual Family Retreat

By Cathy Springer, Texas CHARGERS President, Round Rock, TX

Key words: Family Wisdom, deafblindness, CHARGE Syndrome, family retreat, training

Abstract: The President of Texas CHARGERS, a nonprofit organization for families of children who have CHARGE Syndrome, shares her thoughts on the group's 2nd Annual Family Retreat, which drew families from across Texas for a fun-filled weekend of fellowship and learning.

On September 14th and 15th, Texas CHARGERS hosted their second Annual Retreat at Peaceable Kingdom in central Texas. Peaceable Kingdom occupies approximately 125 acres on the Lampasas River in Central Texas scenic Hill Country.

On Friday evening, smells of juniper and freshly cut hay filled the air; the hot Texas sun gave way to a beautiful sunset as members arrived at the beautiful rustic log lodge. Families were greeted by members of the board and volunteers who distributed

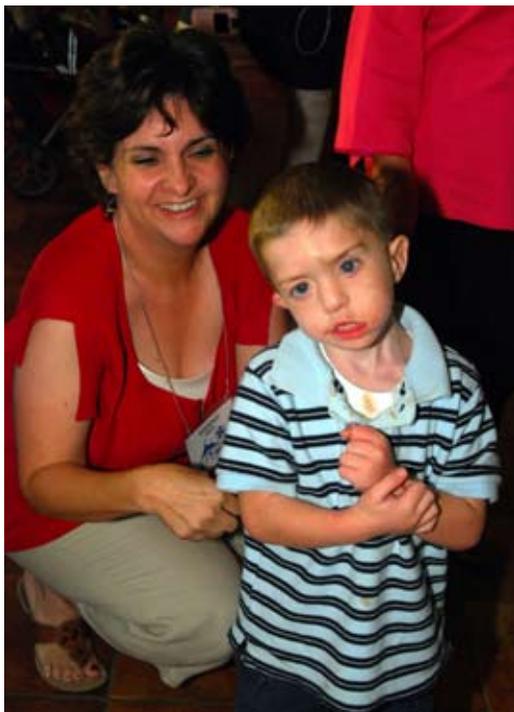


gift bags filled with information and colored t-shirts. Parent received red shirts, kids blue, and grandparents green, so as the weekend progressed it was easy to spot a fellow parent, grandparent or sibling. Twenty-six Texas families with CHARGE kids ranging in age from 6 months to 22 years participated, including a total of 130 family members.

Saturday was filled with activities for the families including a carnival complete with bounce house, games, train rides, snow cones and picnics. Volunteers assisted in providing care and entertainment for the children while parents had an opportunity to participate in presentations given by service providers from several agencies including: Helen Keller National Center, Texas Parent to Parent, Department of Rehabilitative Services, Texas School for the Blind and Visually Impaired, and Hands Free Entertainment.

A powerfully moving presentation was given by, Judy Robertson, mother of Dane who is a 17-year-old CHARGE teen, who managed to capture the hearts of everyone with his piano playing and sense of humor. Judy shared candid stories of her struggles and issues and gave everyone such hope when she shared in her son's triumphs including being mainstreamed into school.

Dane also gave a short presentation in which he shared what it is like to battle society's stereotyping of kids with disabilities. His



knowledge of music and computers demonstrated the places children with CHARGE can go. He delighted the audience when he joked, "Well I am a senior in high school, my sister is a senior at college, and my mom...well she is just a senior citizen." Everyone was affirmed with his typical teenage sense of humor.

Guest speaker for the event was David Brown from San Francisco where he works as an educational specialist for California Deaf-Blind Services.

He brought with him 25 years experience working with CHARGE individuals, and is currently working with 44 CHARGE children. He has presented to audiences all over the world, including the National CHARGE Conference held in California this year. His insight into how children with CHARGE perceive their world and how society reacts to them was very enlightening.

Brown stated that it was not his opinion that Charge kids were "mentally retarded", but were challenged by certain miss-



ing functions that might lead society to perceive that children with CHARGE are mentally retarded. The acronym "CHARGE" comes from the first letter of some of the most common features seen in this syndrome: C-Coloboma or Cranial nerve abnormalities; H-Heart malformations; A-Atresia of the choanae, a blocking of the nasal passages; R-Retardation of growth and /or development; G-Genital or urinary abnormalities; and, E-Ear abnormalities and/or hearing loss. CHARGE Syndrome is one of the leading causes, and the most commonly identified syndrome causing deafblindness in the state of Texas.



Children with CHARGE have a higher sensory sensitivity level and therefore can be stimulated in physiological ways not experienced by children without CHARGE. He assured audience members that each CHARGE child is different and has different skills. They each progress at their own pace and cannot be rushed into what parents, family, or even society might deem appropriate.

One of the most emotionally moving moments came during the Parents Panel. Fathers and mothers shared their fears, struggles and triumphs. It was a moment that was caught in time as every word that was spoken stirred hearts with all the emotions the families have experienced.

Participants left that day knowing they had made a life-changing trip, one that would stay with them forever, each a new member of an extended family. Together they face the future, and in this endeavor, as they drove away, a new acronym came to mind—CHARGE stands for: Children

Have Always Reminded us of the Goodness in Everything.

The event could not have been as successful without the participation of volunteers and sponsors. Texas Chargers appreciated their countless hours of devotion to this endeavor. Texas CHARGERS wishes to thank several organization including: the Wednesday Review Club; TSBVI Deafblind Outreach; DARS, Division for Blind Services; Region 13 Education Service Center; Alpha Phi Omega, Southwestern University; and the numerous individuals that donated time and money for this event.

The Texas CHARGERS is a group of Texas families, friends, and professionals who are dedicated to helping children and adults who live with CHARGE Syndrome. The primary function of our organization is to support the emotional and educational needs of people with CHARGE Syndrome and the families and professionals working with them, to provide them with a better quality of life.

WRESTLING: Illness doesn't set back Cy Falls' Mouton— Partially blind wrestler also competitive in judo

By Todd Hveem, *Chronicle* Correspondent
Reprinted with permission from the *Houston Chronicle*, 2-12-07

Keywords: blind, athlete, judo, wrestling, paralympics, rod-cone dystrophy

Abstract: A girl losing her vision from Rod-Cone Dystrophy works hard to make adjustments in her life. By participating in swimming, wrestling and judo, she uses and develops her athletic abilities. She competes regionally and nationally, and hopes to qualify for the Paralympic Games in 2008.

Jordan Mouton was like most little girls. She loved to play with friends. She loved to cuddle with her mother. And she was simply fascinated by life.

But one day, Mouton's outlook on life changed completely. Not emotionally, but physically. Jordan Mouton was losing her vision. And she was only 8-years-old.

"It has been getting slowly getting worse ever since," said Mouton, who is a senior at Cypress Falls High School. "It has been tough to adjust to. It is manageable, but it is hard.

"It has really been a test. But I still have my faith. I think you have to, or you wouldn't be able to deal with it."

Mouton was diagnosed with Rod Cone Dystrophy. The disease, which is extremely rare, has caused her to lose her center vision and not be able to tell colors. But it has not caused her to lose her zest for life.

"It is true that your other senses become better," said Mouton, who carries a 3.5 grade-point average on a 4.0 scale. "My hearing is really good and my sense of smell is the best."

Mouton also has picked up a couple other fascinating traits, too. She recently qualified for the regional wrestling tournament after winning the district title at 128 points. She entered the regional meet with a sparring record of 25-5.

"I was told I would have a pretty good chance to go to state," said Mouton, who missed the regional meet after finishing third in district at 110 pounds as a junior. "That would be quite a thrill. The top four advance."

She also loves judo and swimming. She is a member of the United States Association for Blind Athletes.

"Judo is my main sport," Mouton said. "I am on the judo team that will go to Brazil. If I do well there, I will qualify for the Para-Olympics in 2008 in Beijing. I went to France last year for Judo. It was a lot of fun."

How did she get into martial arts, wrestling and swimming? "My brother started wrestling when he was real little," she said. "I always wanted to do it, too. My dad didn't want me to, but then he let me after I joined judo."

Hunter Mouton, who attends Blinn College, also suffers from Rod Cone Dystrophy. His disease started when he was 6. At 19, he is completely blind.

"I don't know if he takes comfort from me, but I definitely look up to him," Jordan said of her brother. "I figure if he can do it, I can do it.

"Nobody knows why this happened. My parents are both fine. But we don't sit and complain. We just do the best we can."

After high school, Jordan plans to go to Texas A&M and major in psychology. "I really like to listen to people and help try and figure them out," Jordan said. "I definitely like to try and help people."

Jordan said she must stay focused at all times in school. "I have to try harder at things," she said. "I have to read Braille, so it takes me 10 times longer to do my school work. But it definitely makes me stay focused. I think that helps my judo and wrestling."

Her favorite wrestling hold is to put an opponent's arms behind their neck and push their arms across their face. "I use that one a lot," Mouton said.

Mouton plans to be on the judo team and live in the dorms at Texas A&M. She really doesn't want any special treatment. "Sometimes, my friends even forget I have this disease," Mouton said. "That is the way I like it."

About USABA: A member organization of the U.S. Olympic Committee, USABA is a non-profit organization that provides training for blind and visually impaired athletes for competition in nine sports. USABA members range from blind children developing sports skills to elite athletes who train for competitions such as the Paralympic Games, the world's second largest athletic competition that draws more than 4,000 disabled athletes. For more information visit <www.usaba.org>.

How to Hire a Care Provider for your Child/Young Adult - Tips from a Parent who has been Employing Helpers for Years

By Rosemary Alexander, Transition Coordinator, Texas Parent to Parent
Reprinted with permission from the Texas Parent to Parent winter newsletter. To learn more about Texas Parent to Parent, please visit their website at <www.txp2p.org>.

Abstract: The author shares valuable tips for parents to use in being the employers of the people who care for their children with disabilities.

Keywords: Family Wisdom, disabilities, parent-employers, attendant care, respite care, child care, recruitment resources, training tips, maintaining working relations

Sooner or later, many parents of children and young adults with disabilities need to find a care provider. It might be a baby-sitter for a Saturday night out, a respite provider to stay a weekend with your child while you go to your high school reunion, an after-school childcare provider, or after graduation, an attendant to assist your young person with his or her daily activities. It's not easy to find someone you like and trust, then train them and keep them as your employee. You probably think of yourself as a parent, not an employer—but when you hire an attendant, you become

an employer! Here are some ideas for carrying out this new job.

First, you have to realize you need help! For some of us, this is an easy step or a necessity, but every parent is on his or her own time-line for letting go. I remember well the first steps I took to allow someone else to care for our son Will (who is now 24!), besides the occasional sitter. My husband was offered a chance to teach a 2-week class in Finland and our way would be paid. I really wanted to do it but Will was only 8 and I couldn't imagine leaving

him for 2 weeks. Taking Will was out of the question, because of the long flight, his seizure disorder and the demands of his care. Then I found a nurse who was a good friend of a friend and agreed to live in our home for 2 weeks. It was a huge success and gave me the courage to leave him with someone occasionally. The next step was when my second son began to become pretty independent, when the boys were around 10 and 12. Then Will's basic care seemed overwhelming, compared to my other son's self-sufficiency. My husband and I were miserable by the end of every weekend, bickering over who should change his diaper or help him eat. So I found a nice guy, again the relative of a friend, who came over every Saturday from 1-5 pm and gave us a break. Just having someone regular and a time that I could anticipate was a lifesaver—and a marriage saver. We decided that time off from Will's care was more important than buying a new car. And so it has gone, with Will going to Camp CAMP, spending weekends in a care provider's home, to the present when he has attendant care everyday paid for by CLASS (Medicaid Waiver Program).

So assuming you are ready and eager to find someone to help you out, how do you get started? First, you have to locate people who would be interested in a part-time job and have the skills, experience and heart for working with someone with a disability. Think about what skills are required to care for your child or young adult, but remember that the willingness to learn might serve as well as previous experience. I have found several very able attendants for my son who had no experience with disabilities but were good and able people, ready to learn.

Where to find people:

- Your own network of friends, relatives and acquaintances; tell everyone you know that you are looking for some-

one and you might find someone's cousin, sister, daughter, son, or friend who is interested;

- Staff in special education programs in public schools;
- Students at local universities and junior colleges, particularly students majoring in education, social work, nursing, health and human services, OT, PT, etc.;
- The Internet, such as www.craigslist.com or www.attendantnetwork.com;
- Bulletin boards in high traffic areas such as grocery stores, banks, community centers, churches;
- Local employment offices or rehabilitation agencies;
- Local agencies or service organizations, non-profits;
- Local newspaper ads;
- Newsletters for neighborhoods, churches, parent organizations, community organizations.

You will often need an ad of some kind to recruit potential employees. Try to be realistic about the job requirements yet also make the job attractive. Start with the necessities, such as the hours and days of the week, a basic job description, the pay rate, if the person must drive, etc. But if there is room, perhaps you can also mention the benefits of the job, such as what's fun about the job or how the job will provide new opportunities to grow and learn. Don't include your name or address or other private information, just how to respond through a phone number or email address. One friend of mine has a website about her son where a potential employee can read a bit about the job and her son's disability and decide at that point whether to pursue the job.

Let's suppose that you have gone through the search process and have found some-

one that you might hire. What's next? You might start with a phone interview that will screen out those that just won't work. Give more detail about the job (you have to change diapers!) and see if they are still interested. Ask a few questions to see if you are still interested in them, such as what's your experience, do you have reliable transportation, do you smoke, are you allergic to pets (if you have pets in your home). If things seem promising, set up an interview or tell them you'll call back with an interview time and place, giving yourself time to think about it or compare them to others who might call. Even if you can't use this person at this time, keep the name and number for future reference.

Your next step depends on what you know about the possible employee. If the person is your best friend's daughter, the process can be more informal. If this is a stranger who emailed you from Craig's List, you should proceed with caution. The interview can occur in your home or if you are feeling careful, in a neutral place. Prepare for the interview by writing down a job description and the questions you want to be sure to ask. Try to make the person feel comfortable and get to know them a bit. Ask the person to tell you about themselves, what experience they'd had, why they want the job. Tell them about the job and about your child. Give the person time to ask questions. Know what you are looking for and ask yourself if this person fits your needs. Try to picture this person with your child—would your child feel safe and happy? Would you feel comfortable leaving your child with this person?

Another issue is when you introduce the person to your child, immediately or after your interview? Again, if you are feeling cautious, wait until you've checked out the person.

Be sure you deal with the business end of the job. Talk about money: what the

rate is, how often they will be paid, if you will reimburse them for mileage and food or other items they may provide for your child. Write down how to reach them and other basic facts, such as references. Get permission to do a criminal background check; for a background check you'll need their full name and date of birth.

Be sure to do the follow-up: call references and do a criminal background check. To do the check, go to www.txdps.state.tx.us, then select online services, then conviction records. You will need to create a new account or sign in with your user id and password. Each search costs \$3.75. You enter the name and date of birth and then the results will appear. What you want to see is NO Matching Records; that means the person does not show up in the criminal database. Amazing what you can do through the internet!

Once you've hired someone, you have to get them ready to work. Here are some ideas for orientation and training:

- Make sure this person has CPR and First Aid training. You might offer to pay for the training as an incentive to take on the job.
- Spend time with the new employee; give them a written schedule, procedures, and contact information for both of you.
- Be sure they understand your expectations and how to communicate with you.
- Be sure they know techniques for handling your child's behavior, communication methods and other essentials for your child's care.
- Link the new person with another person already doing the job so the new person can gain on-the-job training.
- Define the first month as a trial period and then talk at the end of the month

about whether the job is working out for each of you.

- Check in often to make sure the new employee understands the job and has a chance to ask questions and get further training.

If you feel uncomfortable leaving your child alone with a new person, let go gradually. At first, stay at home but remain in another room and leave the new employee nearby with your child. Then leave home but stay close to home so you could return quickly; stay away only for an hour or so. Gradually extend the length of time you are gone and how far away you go. Build trust gradually.

If you like the new person and they are doing the job well, you will probably want to keep them working for you as long as possible. You will need to nurture and monitor the working relationship. Here are some guidelines:

- Do an occasional evaluation or assessment where both you and your employee talk about what's going on, what's working well and not working well; give the employee a chance to talk.
- If you are in a program that requires a formal evaluation, (the CLASS program, for example), tell the employee several months ahead of time what the evaluation will be based on.
- Give a bonus or gift at holiday time.
- Give a bonus for staying and/or doing a good job.
- Have occasional gatherings for your employees (if you have more than one) to talk, work on schedules, eat and enjoy time together. Work to build a team.
- Provide your employee with the expertise and equipment to do a good job.

- Use a logbook for each employee to record what went on during their time with your child or adult and ask the person to write in it every day.

Your attitude toward the employee makes a big difference. To retain an employee, you must always be respectful of this person. Never yell at them, berate them, or be overly critical. If you have to confront the employee with negative feedback, think first about how to present it. Communicate your thoughts privately, never in public; don't attack the person but rather comment on the behavior; tell them how to remedy the problem and what you want them to do instead of what they are doing.

We as parent-employers are sometimes in a tough spot, because this is not an ordinary working relationship. This employee may be in your home and may bathe your child, dress and feed him, entertain him. The employee gets to know your child, home and family in a close way. You may see your child as very vulnerable and you are trusting this person to care for him or her with love and respect. You may end up developing a strong relationship with the employee, even a real friendship. Yet you are also the employer. It's sometimes hard to point out to a friend when he or she is not doing what you require for a job. Somehow you have to maintain a balance between being positive, approachable, concerned, respectful, yet still able to discuss the job requirements objectively; you have to be able to talk about money, performance, or failures. It's a delicate balance and takes practice. You learn the skills as you go to be an effective employer. Putting the time and energy into being a good employer is worth it: you will get the help you need to provide quality care for your child or young adult. Learn to share with another person the joys and challenges of parenting a person with a disability!

Stop! The Cart is before the Zebra: A Call to Define an “Appropriate Education” for Students having MI/CVI

By: Karen Farnum, Parent, Coppell, TX

Abstract: A parent shares her views about Special Education and the impact recent changes have had on children who have low incidence disabilities.

Keywords: family wisdom, blind, multiply impaired, cortical visual impairment, low incidence disabilities, evidenced based practice, appropriate education, No Child Left Behind, National Agenda for Students with Visual Impairments, IDEA

My child’s a zebra. Well, of course not literally, and not really exactly. Actually, it is more accurate to say, my child’s special education educational needs are zebra-like. What do I mean? In my prior career as a registered nurse and then as a nurse practitioner, I learned not to go looking for zebras (the rare health care occurrences) when horses (the usual, common, and ordinary) were all around. My child’s educational needs are by no means usual, common, or ordinary. My child’s educational needs really are zebra-like, or in the words of the Individuals with Disabilities Education Act (IDEA), my child has “low-incidence” disabilities.

Public education is mostly about meeting the educational needs of the usual, common, and ordinary, because at its essence, public education is all about educating the masses. I think special education as it was originally intended at its outset in 1975, was supposed to be about meeting the needs of the zebras. But as it has evolved over the past 30 years, special education today seems to be more focused on meeting the needs of the student populations served the most, not the least. Some low-incidence special education populations, such as those students with blindness, deafness, or deafblindness, have to some degree benefited from already being widely recognized as having “special” special education needs within the education community. But what about all the other low-incidence populations, the zebras, such as students having

multiple impairments with a concomitant cortical visual impairment (CVI); are their educational needs being appropriately met? I believe the answer to this question is no, and because of this, I think the time has come to define exactly what constitutes an “appropriate education” for students having multiple severe challenges and specifically, MI/CVI.

I pose the above question now, due in part, to three significant events of the past couple of years. First, the IDEA 2004 regulations were finally published. IDEA 2004 seems to effectively “correct” many of the special education implementation pitfalls that came into practice following the Board of Education v. Rowley decision of 1982. Talk of maximizing a student’s potential within special education is no longer considered taboo, but rather it is now the expectation. Since high expectations are now the norm for all students, thankfully the 70% special education competency performance standard should now forever be gone from practice. And additionally, IDEA 2004 adds the professional preparation expectation of “high-quality, intensive preservice” education and training for all personnel who work with students having disabilities, including those students having low-incidence disabilities. The second significant change is my awakening to the real world challenge of sustaining a high-quality special education special program over time. In the past, my child and her school has benefited from the expert involvement and interven-

tion of the TSBVI outreach staff. But as time has demonstrated, maintaining a program's integrity, continuity, and high-level of expertise is an immense and constant challenge due to never ending changes in school staffing. And the last significant change was that Texas learned it could no longer use locally developed alternative assessment (LDAA) tools for determining adequate yearly progress for No Child Left Behind (NCLB), so the development of the TAKS-ALT measurement tool began. The 2007 TAKS-ALT field testing process was a required on-line self-tutorial and paperwork nightmare for my child's teacher that moved her away from focusing on the daily teaching and learning classroom activities, to instead creating empty, meaningless, and disconnected paperwork that had absolutely no relationship to actual daily classroom activities.

I wholly believe in and support accountability measures, but I also believe this particular time consuming and empty exercise perfectly exemplifies just how far "the cart has gotten ahead of the zebras." In July 2000, Mary Morse, Ph.D., a special education consultant, penned "Learning and Educational Babysitting are Incompatible: Working with Students who have Severe Multiple Challenges", wherein she outlined an appropriate program for this specific student population. I think it is time to revisit this writing, and others like it, to first develop understanding and then reach a comprehensive consensus as to "what" merits an "appropriate education" for students having severe multiple impairments, like MI/CVI. It seems logical that only once this step is completed, should the process of assessing educational effectiveness begin. Requiring special education teachers to create paper evidence that this specific low-incidence student population is making adequate yearly progress by completing meaningless paperwork exercises under the guise of TAKS-ALT accountability test-

ing prior to defining what an "appropriate education entails" is just that, meaningless.

When Dr. Phil Hatlen, former Superintendent of TSBVI, addressed the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) in July 2000, he shared his personal convictions for meeting the needs of the blind and visually impaired in the 21st century. Item 12 on his list was, "I believe that children with severe multiple disabilities are precious children, deserving of the very best that education has to offer." With every fiber of my being, I share Dr. Hatlen's conviction. To continue the evolution toward actually delivering the best education has to offer, and to move toward genuine TAKS-ALT accountability measures, I believe it is time to rethink the ARD/IEP development process for the low-incidence populations.

The education community could learn something from the processes and experiences utilized by the healthcare community toward developing nationally recognized standards of care for the delivery of healthcare. By utilizing a model like the one used in healthcare, a template of "standard educational practice" could be created for the low-incidence populations. This template should include all of the critical components, characteristics, and elements that are widely considered to be absolutely essential toward delivering an appropriate educational program for these students. The purpose of this would be to insure that no student would have to rely on an ARD/IEP committee whose members are potentially uninformed regarding the intricacies of an appropriate education for students with low-incidence disabilities, or the competency of their parent to be well informed and able to highly function as a diligent advocate, in order to receive the highly specialized programming their low-incidence disability requires. In healthcare

it is well documented that patient outcomes are statistically significant better in those institutions where certain rare or high-risk procedures are common and performed frequently. Education can borrow from this model. I believe educational outcomes for the low-incidence populations can be improved by looking more to the experts and proven practices to guide the individualized educational plan (IEP).

For MI/VI, the beginnings of such a template already exist, and can be found in the Resources for Expansion of the Core Curriculum (RECC) section of the TSBVI website, <www.tsbvi.edu/recc/mivi.htm#mivi44>. This webpage offers a one-stop shop with a multitude of resources, tools, background information, and more, all about MI/VI. Unfortunately though, sometimes IEP teams do not have experience with or information about these evidence-based effective practices, and consequently may not be implementing them. When this happens, it is ultimately the students who lose out. I believe that leading experts at the TSBVI and elsewhere in the field have been collecting, collating, and publishing the very “research-based” practices that have been mandated by IDEA to be implemented in our schools and classrooms. As first stated in IDEA 97, and repeated in IDEA 2004, research-based practices have not been broadly utilized in the delivery of special education. To overcome this fact, IEP teams should more effectively make use of resources such as the RECC and other web-based clearinghouses, TSBVI Outreach consultation, and vision specialists at the regional Education Service Centers. To continue the momentum toward delivering the best that education has to offer, I believe the following topics are long overdue for debate at the local, state, and federal levels:

TEACHER PREPARATION

Can generalist special education teachers adequately and appropriately meet the

unique educational needs of the low-incidence student populations? If not, then specifically, what “high-quality, intensive pre-service preparation and professional development” do they need to complete prior to working with students having low-incidence disabilities, such as MI/VI, in order for them to be able to deliver a free appropriate public education? For example, new graduate nurses are prepared for basic nursing practice, but not prepared to work in an ICU, OR, burn unit, or trauma center until an advanced level of training is completed. The common student populations that special education teachers are educated for and best prepared to teach needs to be defined, as does the student populations necessitating “specialized” special education teacher training, and the specifics of that specialized training needs to be delineated?

LOST IN TRANSLATION

Over the past 5 or so years, implementation of “Active Learning” as described by Lillie Nielsen has been evolving throughout the state of Texas, which I believe is both good and bad. I believe it is good, because this approach is very appropriate for some students. At the same time I believe it is bad, because Active Learning if it is used alone, is not complete—and therein lies a substantial risk for the student. An appropriate education for students having MI/VI is much more than just Nielsen’s Active Learning. While participating in ARD/IEP committee meetings, uninformed parents may unfortunately be swayed by the novel visual presentation of the Active Learning equipment. However, having neat equipment does not equate to having an appropriate educational program. Rather, it is actually the level of knowledge and expertise of the people implementing the program that is the most accurate predictive indicator of the program’s future success. Nielsen’s Active Learning is just one of several methodologies to be utilized toward delivering

an appropriate education to some students with severe multiple challenges, including MI/VI. Before LEAs continue their Active Learning programs, due diligence must be exercised to insure that programs are comprised of more than just Active Learning, and that appropriate safe guards, such as inclusion and exclusion criteria, are in place to prevent inappropriate student placement in Active Learning activities. For instance consider the following question, "In the absence of a student having the IDEA eligibility of VI, is Nielsen's Active Learning ever appropriate?"

THE CATCH-22 OF THE ARRAY OF PLACEMENT OPTIONS

As initially detailed in the Purposes and Findings section of IDEA 97 and repeated in IDEA 2004, it has been historically demonstrated that any special education placement other than the regular classroom can potentially become a "dumping ground" for any and all students having unique educational needs, but without any "special" education being delivered. I believe in and support a continuum or array of placement options, but ONLY when an LEA has protected against repeating special education missteps of the past by instituting preventative practices, such as:

- When the LEA has defined and publicized quality professional preparation and performance standards for ALL their special programs, has identified and acquired acceptable teaching and learning materials for the special program, and has developed curriculum guides for all components of special education.
- When on-going oversight or monitoring practices are in place to insure only appropriate special program placements are being made, and that quality performance standards for every placement option are actually being delivered as stated at the outset.

- When parents and ARD committee members focus on understanding a special program's unique staff knowledge, preparation and training, and how that specific knowledge meets the student's unique needs in making placement decisions, rather than focusing on the program's location, or its equipment.
- When all programs within the array of placement options continue to deliver an individualized education within the specialized program.

VI INTERVENTION

Special education consultant and CVI author Mary Morse, PhD., speculates that "typical" vision stimulation activities are harmful to the child with CVI. Author, lecturer, and APH CVI lead Christine Roman-Lansky, PhD., shared during a lecture that she is burdened by her memories from early in her career when she "terrorized" children known to have CVI with typical vision activities. How are vision services the same for all students with VI, and more importantly, how are VI services different for students with CVI? How are vision services more different yet for students having both multiple impairments and CVI? Can those VI services described as being essential for students having MI/VI in Silberman and Sacks' "Expansion of the Role of the Teacher of Students with Visual Impairment: Providing for Students who have Severe/Multiple Disabilities", be delivered in 30 minutes of weekly itinerant consult time?

TIMELY LOCAL TRAINING OPPORTUNITIES

Are our regional service centers providing sufficient "pre-service" summer learning opportunities and on-going continuing education programs to address the unique educational needs of the "Low-Incidence" populations, and specifically MI/CVI?

What Did You Do During Your Summer Vacation? The Families Connecting with Families Conference

Revised with permission from *Connections*, Fall 2007, a publication of the American Foundation for the Blind, <www.afb.org>

Abstract: Three parents describe their experiences bringing their children with visual impairments to a national family conference.

Keywords: blindness, visual impairment, children, family conference, traveling with child, NAPVI

Editor's note: The original article only included Shawna Tausch's story. TAPVI has added two other families' perspectives for the reader's enjoyment.

"What did you do on your summer vacation?" was a familiar writing assignment for many people when they were growing up. What would the 186 children who attended this summer's "Families Connecting with Families" conference in the Heartland

TAPVI



of America in Omaha, NE, write about their weekend at the conference? Would they share stories of the

chocolate dessert fountain on Friday night, the trip to the zoo, the Indian dances on Saturday night, the old-time songs played on a real harmonica, the adventure of making new friends in the children's activity setting, or listening to teenagers tell their stories? We didn't ask the children who attended the conference to write up their stories. However, we did ask three mothers from Texas who attended to share their families' experiences. Their stories follow.

**By MICHELE CHAUVIN, TAPVI PRESIDENT
ELECT, SUGARLAND, TX**

Recently my daughter, Lauren, and I attended our first family conference together at the NAPVI "Families Connecting with Families" conference in Omaha, Nebraska. Lauren is six-years old, and she is legally and functionally blind due to retinopathy of prematurity (ROP). My biggest concern about going was Lauren's behavior on the plane ride, at the hotel room, and during

childcare. Would Lauren yell out, "Plane all done!" and have us thrown off before take-off? Would she sleep at night or keep me up all night? Would someone find me at the conference, tap me on the shoulder, and whisk me away to collect my unruly child?

Although this was her first airplane ride, Lauren surprised me. She behaved very well at the airport and on the plane, mostly listening to DVDs, audio and music CDs, and reading braille books. I learned the hard way that it is easier bringing a carry-on backpack than a rolling suitcase for a child who is blind, both for the parent and the child. This allowed for quick and occasional sighted guide as needed in crowded airports.

At the conference, Lauren had plenty of opportunities for polishing her social skills and her cane skills. We shared a hotel room with another mom and daughter from Houston, and we enjoyed the girly slumber party each evening. I was amazed how well four females shared one bathroom! It can be done. Lauren had fun learning cane travel techniques and songs from her teenage roomie. She daily practiced riding elevators and escalators, as we traveled to the conference childcare area. Lauren also spent an afternoon at the Omaha Zoo, which was a huge step towards independence since I left her in good hands with the conference caregivers.

I admit I wondered if I would learn anything new or valuable after years of attending trainings. I was nicely surprised again. While the kids were preoccupied, the adults attended wide selection of conference sessions. We had the opportunity to hear everyone from Carl Augusto, AFB President and CEO, to Mike May, President of Sendero Group, to Linda Lawrence, a pediatric ophthalmologist. I enjoyed every minute of it.

I especially benefited from a small group Q&A session, as well as the larger general session with Dr. Linda Lawrence. She addressed eye diseases and treatments around the world. It really helped put things in perspective, as I realized how truly blessed we are in our country concerning vision health care. I also gained new insights from a breakout session led by a music therapist, who discussed how our brain processes music.

Throughout the conference, we met several families with children who were Lauren's age or who have her eye disease. I valued our time with these families the most, as it was an exceptional opportunity for connection with others who share similar challenges and concerns

Though our plane was delayed slightly when returning home, we were glad to finally get back. Now we could get on to the best part about the conference...sharing what we learned with our friends, family, teachers, therapists, etc. If I had it to do again, I'd do it in a heartbeat. Thanks to TSBVI Outreach for making it all possible for my family to attend.

By KIM CUNNINGHAM, PARENT, PEARLAND, TX

My fifteen-year old daughter, Kayleigh, and I really enjoyed attending the "Families Connecting with Families" conference in Omaha. It was such a pleasure to meet the "younger" families and their children. There were so many people, so eager to learn.

Kayleigh and I met a wonderful lady who competes in triathlons. She inspired Kayleigh to keep up with her athletic abilities.

Kayleigh and I both enjoyed hearing Carl Augusto, the President and CEO of the American Foundation for the Blind, speak. He is so inspirational. Mr. Augusto spoke of his mother encouraging him as a youngster and how much she influenced his life. Apparently Kayleigh was very touched by his words and tears flowed down her cheek. Someone in the audience noticed and offered to introduce her to him after his speech. She was thrilled to meet him!

I hope that Kayleigh and I gave encouragement to the other families by seeing that blindness is not gloom and doom, but just a different happy place. We both tried to answer as many questions as we could.

Kayleigh and I were both interviewed and hope to make the "cut" for the video AFB is compiling for families. That was a lot of fun!

Most of the breakout sessions were geared more for families with younger children, and I didn't learn much from them. We were also hoping that there were going to be more teens attending, but Kayleigh met only two others. I felt a little misled about age ranges for the conference. Hopefully the next conference will offer more for teens who attend, like a dance or something. I have offered both Kayleigh's and my help if needed. These conferences are great times for our kids to foster friendships.

Ultimately, the trip to Omaha was great because it gave Kayleigh and I the opportunity to "hang out" and enjoy each other's company. Often times, these situations allow us to be more relaxed and discuss issues that we may miss out on during our day to day lives. We also had the opportunity to checkout the technology during the

exhibit. Kayleigh found several pieces that would benefit her in school. Look out Region IV! We'll be knocking on your door!

**By SHAWNA TAUSCH, TAPVI PRESIDENT,
LOCKHART TX**

I will start at the beginning, a 22-hour road trip to Omaha in a rented RV with six of our seven children. That, in and of itself, was an experience. Cramming the aforementioned children and two adults into two hotel rooms was another experience; it was fun in that weird, family-bonding kind of way.

At the conference there was something for everyone. Every child found someone they could relate to in the diverse group of children. Those in charge of childcare were unbelievably compassionate and attentive. Several of my beloved children have behavioral issues and I was concerned that they would be unable to participate in group activities, but the days were structured so that we had no behavior problems at all (at least none that were reported to us).

As for the sessions, they were equally diverse. I am fairly well versed in special ed law, IDEA, ECC, etc. My husband of less than two years is relatively new to all of it. This was his first conference experience. He came away from it armed with enough information to begin assisting me in ARD (Admission, Referral and Dismissal) meetings and advocating for the boys. In fact, we have two ARDs tomorrow in which he already has a list of ECC goals he wants addressed.

The vendors were also a huge help. The crew from Humanware was very helpful in pointing us in the right direction with technology for the boys. The kids also enjoyed the numerous "freebies" that were available. (Although as parents, we didn't enjoy the whistling yo-yos so much on the 22-hour drive home).

Family night was great; all the kids seemed to enjoy the activities and they are practicing the Old Western songs on their harmonicas almost daily. (On the ride home, 6 harmonicas in the RV for 22 hours was a unique experience). The kids have decided that they are going to create a "band." I am going to send them to Bill Daugherty's office when they do.

The biggest plus about this conference is that it refocused us on what we need to do for the boys. We had dropped braille in favor of auditory learning. After attending several sessions and talking to various visually impaired adults as well as professionals and other parents, we have decided to increase their braille time with the goal of having them become braille readers.

This conference also gave us the knowledge, motivation, and resources to adjust our IEP goals to do what we feel is best for our boys. We are able to offer documented studies and statistics in our discussions about what is best for them.

My husband and I have talked about the family conference extensively since July and we really have nothing major that we would have changed. We would have loved for it to last a few more days. I will admit that we did miss the family social because we were all exhausted. We are planning on arriving the day before in LA. All in all, it was a great family vacation.

Editor's Note: Michelle, Kim and Shawna wish to thank All Blind Children of Texas for gracious assistance allowing Texas to have a strong representation at this national family conference. The American Foundation for the Blind (AFB), The Seeing Eye, Inc., and the National Association for Parents of Children with Visual Impairments (NAPVI) partnered to sponsor and this event, which drew 689 attendees. If you weren't able to attend this year, start making plans for Los Angeles in 2009...see you there!

Observations of Learning Styles of Infants and Toddlers with Visual Impairments or Deafblindness: Using Information About How Children Learn to Plan Effective Intervention

By Deborah Gleason, Regional Coordinator, Asia/Pacific Programs, Hilton/Perkins Program, Perkins School for the Blind, Watertown, MA

Introductory remarks and Handout reprinted with permission of Deborah Gleason and The Early Intervention Training Center for Infants and Toddlers with Visual Impairments

Abstract: This article discusses the importance of determining the factors that influence how a child learns. A guide to help identify these factors so that they can be addressed to provide more effective programming is included.

Key Words: learning style, assessment, self-regulation, exploration, infants, toddlers

Assessments of infants and toddlers with visual impairments or deafblindness should include information about how children appear to learn, not just what they are able to do. In order for assessments to lead to developmentally appropriate and family-centered intervention, families and interventionists must understand how children learn most effectively. Interventionists can learn about children's learning styles from both observations of the child and interviews with families/caregivers/service providers. Such assessment requires no specialized materials, but rather relies on keen observation skills and thoughtful interview strategies. Thus, these learning style observation guidelines are appropriate for use in various cultures. They have been used as a tool to guide planning of effective intervention strategies for young children in a wide variety of programs, including well-established programs in the U.S., as well as newly developing programs throughout Asia.

Children are observed in a variety of settings/ activities. Observations of learning style are made in the following areas:

- child's interests, motivation, and preferences
- child's dislikes
- processing time
- self-regulation

- exploratory strategies
- attention to activities
- learning environments
- response to routines
- transitions
- response to learning opportunities
- generalization of skills
- positioning and movement
- challenging behaviors

The full text of the Learning Style Observations follows. Electronic copies can be retrieved at <<http://www.fpg.unc.edu/~edin/Resources/modules/AM3.cfm>>. Additional related materials are available online. These materials were developed through the Early Intervention Training Center for Infants and Toddlers with Visual Impairments–Frank Porter Graham Child Development Institute, University of North Carolina–Chapel Hill. The mission of this five-year project was to develop resources that build the capacity of colleges and universities to prepare personnel to serve infants and toddlers with visual impairments and their families. Five university courses were developed:

- Family-Centered Practices for Infants and Toddlers with Visual Impairments
- Visual Conditions and Functional Vision: Early Intervention Issues

- Developmentally Appropriate Orientation and Mobility
- Communication and Emergent Literacy: Early Intervention Issues
- Assessment of Infants and Toddlers with Visual Impairments

Courses also include information related to young children with visual impairment and multiple disabilities. Materials for all five courses are available online at: <<http://www.fpg.unc.edu/~edin/Resources/modules/index.cfm>>.

Early Intervention Training Center for Infants and Toddlers With Visual Impairments

Module: Assessment of Infants and Toddlers With Visual Impairments

Session 3: Areas of Assessment

Handout I: Learning-Style Observations: Infants and Toddlers With Visual Impairments

Gleason, D. (2006). *Learning-style observations: Infants and toddlers with visual impairments*. Chapel Hill: University of North Carolina, FPG Child Development Institute, Early Intervention Training Center for Infants and Toddlers With Visual Impairments.

Assessments of infants and toddlers with visual impairments should include information about how children appear to learn, not just what they are able to do. In order for assessments to lead to developmentally appropriate and family-centered intervention, families and interventionists must understand how children learn most effectively. Interventionists can learn about children's learning styles from observations and interviews.

OBSERVE CHILDREN

- in familiar and unfamiliar activities,
- with familiar and unfamiliar toys and objects,
- in activities they have mastered,
- in challenging or new activities
- in individual and group activities,
- in indoor and outdoor activities,
- during adult-facilitated engagement,
- during independent engagement,
- in movement activities,
- in seated activities,
- in stimulating environments, and
- in quiet, non-distracting environments.

CONSIDER THE FOLLOWING FACTORS AND THE IMPACT THAT EACH MAY HAVE ON SPECIFIC ASPECTS OF CHILDREN'S LEARNING STYLES:

- health concerns (e.g., ongoing medical conditions, surgery, illness),
- medications (e.g., type of medication, timing of medications),
- seizures,
- sleeping schedule,
- nutritional issues (e.g., adequacy of food and liquid intake, gastrointestinal [g]-tube), and
- physical comfort (e.g., teething, constipation, gas).

Interventionists should talk to families, caregivers, and other professionals about children's learning styles at home and in a variety of settings (e.g., childcare, homes of relatives and friends, community locations). Families are often able to provide unique information about their children. Learning style can be identified by observing children's interests, motivation, and preferences; dislikes; processing time; self-regulation; exploratory strategies; attention to activities; learning environments; response to routines, transitions, and response to learning opportunities; generalization of

skills; positioning and movement; and behaviors. The following questions may be used to guide learning-style assessments.

INTERESTS, MOTIVATION, AND PREFERENCES

- What interests or motivates the child? What does the child like? For example, favorite people, activities, music, objects, and sensory characteristics of objects/activities
- What types of reinforcements are most effective for the child? For example, social praise, food, preferred toy, music, touch, and movement
- What are the child's favorite activities? For example, snuggling on parent's lap with a book, singing a song, playing frolic games, and playing with musical toys
- What are the child's favorite objects?
- What is the best way to present an object to the child? For example, touch a body part with an object, provide a sound cue, or present an object in the child's left visual quadrant
- How does the child respond to music, finger plays, and/or poems with a strong rhythm/beat? For example, the child tolerates tactile activities when they are paired with a song or poem with a beat
- Does the child have favorite songs? If so, what are they?
- What are the child's favorite foods?
- What makes the child happy? For example, interactive play with grandfather, playing with shiny Mardi Gras beads with sister, and quiet time on Mom's lap
- How does the child show that he or she enjoys an activity, interaction, movement, song, or object? For example, kicks feet, vocalizes, smiles or laughs, makes contented cooing sounds, listens or stills to show alertness, or keeps hands in close contact with toy

- Are there particular people with whom the child is most comfortable?

DISLIKES

- What, if any, are the child's least favorite activities?
- What activities, if any, does the child avoid?
- What objects, if any, does the child refuse to touch?
- What foods, textures, or temperatures, if any, does the child particularly dislike?
- What objects, activities, people, sounds, etc., if any, does the child fear?

PROCESSING TIME

- Describe the child's processing time in various situations. Count in seconds the elapsed time from adult input/cue to the child response. How much time does the child need in order to respond
 - o in familiar situations/activities?
 - o in unfamiliar situations/activities?
 - o given a verbal cue only?
 - o given a visual sign and verbal cue?
 - o given a tactile sign or physical prompt with a verbal cue?
- Is the child provided enough time to process and respond to the information?

SELF-REGULATION

- What strategies does the child use to calm him/herself? For example, brings hand to mouth, pushes feet against side of crib or other firm surface, or closes eyes to reduce environmental stimulation
- How does the caregiver calm the child or support the child's attempts to self-calm? For example, swaddling baby in a blanket, assisting child in bringing her hands to mouth, providing slow rhythmic rocking, applying firm pressure on

shoulders, reducing noise in the room, and limiting handling and movement of the child

- What communication strategies, sensory strategies, or behavioral support strategies are effective in supporting the child's attempts to self-regulate? Are there any interventions that have been implemented that did not work?
- What signals and cues does the child give to indicate
 - o "I need a break or a change from this activity,"
 - o "I can calm myself," or
 - o "I need help to calm myself"?
- Does the child become upset or get overly stimulated easily?
 - o How do you know when the child is overly stimulated? For example, the child becomes irritable, falls asleep, closes eyes, or avoids visual input.
 - o In what environments or contexts does the child become overstimulated? For example, in new places, during large family gatherings, at the mall, or in noisy places
 - o When the child does become upset, can he or she be calmed easily?

EXPLORATORY STRATEGIES

- Describe how the child explores or recognizes familiar objects, places, and people.
- Describe how the child explores new objects, places, toys, and materials.
- What types of objects does the child examine? Consider
 - o tactile qualities (e.g., texture, weight, vibration),
 - o size and shape (e.g., a toy small enough to fit easily in a child's hand, a shape that is easy to grasp),

o visual characteristics (e.g., reflective, shiny, brightly colored), and

- o auditory qualities (e.g., musical, toy that makes a continuous sound, low-pitched sound).
- How is the child most effectively encouraged to explore?
 - o Does the child initiate exploration independently?
 - o How much and what type of adult assistance does the child need (e.g., providing adequate pause time, providing prompts to encourage the child to explore)?
- How does the child use various senses to explore (e.g., vision, touch, hearing, movement, mouthing)?
- Describe the child's sense of curiosity. For example, when a sound is presented somewhere in the room, how does the child respond? If something is presented in a box, how does the child approach it?
- Does the child use particular compensatory strategies when exploring? For example, does the child look away when exploring with his or her hands; does the child put a hand up to look through the fingers when seeing something new?
- Describe how the child interacts with new people.

ATTENTION TO ACTIVITIES

- How is the child's attention best gained (e.g., through eye contact, signing/gestures, sound, spoken word, tactile cue, visual cue, a combination)?
- How is the child's interest in an activity or interaction best maintained?
- If the child loses interest during an activity, how can attention be regained? How can the child be reengaged in the activity?

- Describe the child's attention to activities based on
 - o type of activity,
 - o familiarity of the activity,
 - o time of day,
 - o environmental conditions (e.g., noise level, lighting),
 - o sensory characteristics of the activity,
 - o motor components (e.g., movement or stationary activity),
 - o adult or peer involvement,
 - o seizure activity, and
 - o medication (e.g., timing, dosage, type). (Note: Children may be drowsy and less likely to be attentive for the first hour after some medications are administered).

LEARNING ENVIRONMENT

- Describe environments that facilitate the child's active engagement in activities and interactions with people. For example, a quiet environment, controlled lighting, clearly organized space with a minimum of clutter
- Does the child become overly stimulated in particular environments? If so, what sensory aspects does the child find overly stimulating (e.g., visual, auditory, tactile, movement)?
- Is the child easily distracted in particular environments? If so, what distracts the child (e.g., visual, auditory, tactile, movement)?
- Which aspects of the physical environment especially appeals to the child?

RESPONSE TO ROUTINES

- Does the child have consistent routines for daily activities such as eating, bathing, dressing, sleeping, and play?
- Does the child anticipate consistent daily routines?

- How does the child demonstrate anticipation of daily routines?
- How does the child respond to changes in routines? For example, a child may be comfortable with changes in her routine; she is used to eating while seated in her highchair at home but is also comfortable eating sitting on an adult's lap at the home of a relative. Another child may become upset when her routine is disrupted. She is used to a bedtime routine of reading a story with her parents before falling asleep in her crib. Although her parents keep the routine of reading a bedtime story when they visit grandparents' house for the weekend, the child will not fall asleep in her port-a-crib, recognizing it is different from her crib at home. When the family returns home, it takes a full week for the child to get back to falling asleep on her own in her crib after just one night's disruption in her bedtime routine.

TRANSITIONS

- Are transitions difficult for the child?
 - o If so, describe the ways in which transitions are difficult.
- What strategies help the child transition smoothly from one activity to the next? For example, having a predictable sequence of daily activities, a verbal warning before a change in activity, a "finished box" in which to put materials from a completed activity, or a "transition song"

RESPONSE TO LEARNING OPPORTUNITIES

- How does the child respond to physical demonstrations, such as hand-under-hand demonstration?
- How does the child respond to touch cues?
- How does the child respond to visual cues or to visual demonstration and modeling?

- How does the child respond to pointing cues?
- How does the child respond to verbal directions?
- How does the child respond to gestural cues or sign directions?
- How does the child respond to object cues?
- How does the child respond to picture cues?
- How can adults most effectively communicate with the child?
- How does the child respond to emergent literacy experiences? For example, does the child have opportunities to share storybooks? How does the child respond? How does the child respond to pictures or tactile illustrations? How does the child respond to shared storybook reading?

GENERALIZATION OF SKILLS

- Is the child able to generalize skills to new situations or to new objects? For example, if the child enjoys playing with a favorite drum at home, is he or she able to generalize when playing with a new drum at a neighbor's house? Can he or she generalize the skill to play a xylophone with a stick or mallet?
- If possible, observe the child doing a familiar activity in a new place. This observation can provide information about generalization of skills, problem-solving strategies, and how the child approaches and learns in a new environment. For example, if the child has learned to wash his or her hands at the bathroom sink at home, how does he or she approach washing hands at a sink in the childcare center or in the bathroom at the local library?

POSITIONING/MOVEMENT

- What positions are most effective for specific activities for the child? For ex-

ample, seated in adapted chair with tray and support under elbows to facilitate reaching for and manipulating toys on the tray, supported sitting in parent's arms while listening to story and looking at clear pictures and feeling textures on the pages, supine with towel or pillow support under shoulders while reaching for objects hung from a floor mobile, or side-lying on right side to facilitate use of both hands

- Are there any positions that should be avoided?
- Does the child learn effectively during movement activities? For example, the child learns movements of interactive movement games or finger plays; or the child most frequently and clearly communicates when involved in swinging or bouncing activities.
- Does the child learn effectively during stationary activities? For example, the child attends longer to an activity when seated in a chair with a tray.
- Does the child benefit from clearly defined play spaces? If so, describe. For example, play corner, toys attached to tray/easel/play space, chair and tray/table, or floor play area defined with blanket
- Are there any positions or movement activities that the child avoids?

CHALLENGING BEHAVIORS

- Does the child have behaviors that interfere with interactions with people, exploration of objects, or participation in daily activities and routines?
 - o Describe the behaviors.
 - o How often does the behavior occur?
 - o How long does the behavior last? (What is the duration?)
 - o When does the behavior occur most frequently?

- o When is the behavior unlikely to occur?
- o What purpose does the behavior seem to serve for the child?
- o How do people respond to the behavior?
- o Are there any potential medical issues related to the behavior?

IN SUMMARY

- How does the child most effectively learn?
- How can adults best support and facilitate the child's learning?
- What environmental conditions best support and facilitate the child's learning?

Individual Learning Needs of Visually Impaired Children and Youth From Birth to Adulthood

Dr. Natalie Barraga, Professor Emeritus, The University of Texas at Austin

Abstract: This article describes six stages of learning and education students with visual impairment and their families experience as they grow and change. Educational and family issues are discussed.

Keywords: blindness, visual impairment, child development, educational issues in vision impairment

Editor's note: Dr. Barraga is an internationally renowned expert in visual impairment. She directed the training program for teachers of the visually impaired at the University of Texas at Austin from 1963 until she retired in 1984 and has stayed active in the field. She was inducted into the American Printing House for the Blind's Hall of Fame in 1992. Read more about her at the APH website: <www.aph.org/hall_fame/bios/barraga.html>.

From birth and throughout life, babies, children, and youth with visual impairments encounter numerous challenges. Parents along with other team members are responsible for providing opportunities at various stages to identify variables to be considered and decisions to be made as the challenges increase. As progress is made and children become more responsible, the focus gradually changes to the individual for more involvement in educational and personal decisions.

There are six stages in development in which parents and various team members are involved as children grow.

STAGE 1. INFANTS AND PARENTS, FROM BIRTH TO 2 YEARS

Parents are dealing with emotional issues of shock, trauma, and grief associated with

the first diagnosis of visual impairment. Confusion and uncertainty cloud their thinking until they can begin to understand and accept the reality of the situation. By then, they need to seek information through support systems, reading and learning what to do.

Medical and clinical personnel (preferably pediatricians, pediatric ophthalmologists, and low vision specialists) provide knowledge about the eye conditions, possible medical/surgical interventions, and indicated adaptive devices. Regular examinations to monitor the health of the eye and retina are critical.

Teachers of students with visual impairments (TVI's) can establish communication and rapport with parents, provide positive support, interpret clinical information, and try to answer questions honestly or refer

to appropriate persons or reading material. They can model teaching techniques for the parents during visits, and leave written instructions for tasks parents can do daily. They will emphasize tactual, visual and auditory stimulation, and encourage talking to infants by naming objects, sounds and actions.

Certified Orientation and Mobility Specialists (COMS) begin to teach infants orientation to touch, sound, and visual objects. They give checklists of activities for parents to follow, and model teaching to reach, learning to sit alone, to crawl, and later to encourage walking. They also teach body parts, body positioning, spatial concepts, and body movements. They may encourage parents to keep a journal of each new voluntary movement and behavior indicating the use of vision.

Other professionals may need to be added to the team, such as a social worker to provide information and help parents secure needed resources; a neurologist in the event of central nervous system anomalies; physical, occupational and/or speech therapists for infants with motor disabilities; and possibly a low vision specialist, to teach parents how to encourage use of vision with appropriate lights, materials, and activities. The VI professionals begin in infancy to perform the functional vision evaluations and the learning media assessments that will guide sensory access decisions throughout the school years. The Early Childhood Intervention program works with the family on an Individual Family Services Plan (IFSP) in coordination with the school district's TVI and COMS to secure the assistance of these needed team members.

STAGE 2. TODDLERS AND PRESCHOOLERS, FROM 2-4 YEARS OF AGE

This is the stage when a child is striving for independence. Parents (or primary caregivers) are still the primary members

of the team. The major decision is to determine who gives the regular care during the day; parents, another family member, or day care. One-on-one teaching of skills and language is a necessity. The IFSP team must make decisions about whether there is exclusive home instruction, or a blend of home teaching and center based teaching. In Texas, home based programming is the most prevalent model during the 0-2 year program. At three, the choice of instructional placement is determined by an Admission, Review and Dismissal (ARD) Committee, which includes the family members, and will depend on individual needs. Children may receive instruction in a regular preschool, public school special education in a PPCD classroom, Pre-K general education, or possibly a special class for children with vision impairment.

Preschool teachers begin to be the leaders for learning development and diagnostic assessments and report to parents and therapists. It may best for the student to be placed in a regular classroom with a consulting teacher of students with visual impairments (TVI) or a special classroom, whichever is most appropriate for the child. The challenges are to select and utilize appropriate magnification when needed; focus on development of such major skills as language and story telling; stimulation of all senses; gross and fine motor activities; establishment of concepts; and encouragement of independence and responsibility.

The Certified Orientation and Mobility Specialist (COMS) teaches sensory orientation skills involved in movement, increases the scope of gross motor skills and some fine motor skills such as protective techniques. The COMS may introduce mobility devices for independent movements using push objects and later the cane.

Peers become playmates and important team members; at first they engage in parallel play, then model imitative play and

other movement actions. They are actually teachers when engaging in activities such as running, hopping, skipping, and jumping. Language interaction stimulates curiosity and is a motivating force for exploration and engagement of the world beyond tactile and visual reach.

STAGE 3. KINDERGARTEN AND THE PRIMARY GRADES, FROM 5-7 YEARS OF AGE

This stage involves many of the same team members with addition of others as indicated. Parents, in consultation with teachers have important decisions to make in regard to placement and instructional service delivery depending upon the child's readiness for and progress in the general and VI-specific expanded core curriculum. The visual status of the child is not the only determinant in placement. One placement may be appropriate initially but depending on the progress and needs of the individual may change later. If more VI service intensity is needed, increasing local TVI time and/or short or long-term placements at a residential school might be considered.

At home, the parents are challenged to encourage more independence in personal and home activities. Play opportunities with peers are especially critical as is time with parents to talk about incidents of the day. Children often have questions and they should be encouraged to talk freely about them and to receive open and candid answers. They need to know exactly what their visual condition is and be able to explain it to peers and teachers. If they use special devices they should explain how they are helping them do their work (and let others experiment with the device). Children can learn to express their visual needs and ask for help graciously when needed but politely refuse offers of help when not needed.

The TVI works closely with the instructional and assessment staff to assess visual, auditory, tactual concepts; evaluate

fine and gross motor coordination; evaluate receptive and expressive language; and note any sensory preferences and their efficiency. The Educational Diagnostician is part of the team to develop educational and cognitive measures as indicated, and share assessment data with parents and teachers to develop the individualized educational program (IEP).

Teachers, TVIs, and parents are in constant communication regarding placement options and educational plans. Special skills may be a part of the school day or scheduled after school or on weekends.

They may include handwriting, selection of primary learning media, proper use of magnification devices, monoculars, and/or other devices for greater independence.

The Orientation and Mobility Specialist teaches travel in the school building or local neighborhood, location in space on playground and safety in cane travel.

Medical/clinical team members receive reports from others and continue to monitor visual condition and appropriate lenses or devices.

STAGE 4. MIDDLE TO LATE ELEMENTARY SCHOOL, FROM 8-12 YEARS OF AGE

This is a crucial time for students and team members when issues and decisions require communication and cooperation among all members, who have both individual and team responsibilities.

The key challenge is to develop the learning scope and efficiency of the students as a priority to make maximum progress possible. Instructional decisions based upon student achievement will determine the type and amount of VI specialized instruction. Placement changes may be indicated if progress is not satisfactory, such as moving from regular class to a self-contained or resource class or placement in residential

school. Ongoing evaluation of the efficiency of the student's primary learning media (visual, tactual or both) supplemented by auditory is critical. As the nature of visual materials the student will need to access changes, the TVI will refine the learning media assessment and determine the efficiency of regular print, magnification, and/or braille. A CCTV may be useful for some specific activities, such as to enhance handwriting skills or to look up words in the dictionary or read shorter passages. New skills to be emphasized are keyboarding for the computer and other technology-related instruction. Social skills are important to enhance communication and interaction with peers and teachers, and as a means to effect natural independence as a prelude to middle and high school.

STAGE 5. MIDDLE SCHOOL AND HIGH SCHOOL, FROM 12 TO 18 YEARS OF AGE.

The early and later teen years indicate the need for additional members of the previous teams to ensure a broader scope of academic, vocational and job-seeking considerations. Rehabilitation counselors and/or job coaches, adults with visual impairments as role-models, and extended family members are valuable members of the team. The following emphases are crucial:

1. Refinement of academic and personal skills.
2. Learning to acquire, evaluate, and organize information.
3. Selecting, using, and maintaining equipment and tools including technology.
4. Setting personal and vocational goals.
5. Analyzing and solving problems at school, home, and community.
6. Developing personal and behavioral values such as honesty about the

visual condition related to peer pressure.

7. Emphasizing job-seeking skills and performing volunteer and/or paid work.
8. Applying for admission to college or vocational training.

Peers may have a strong influence during these years, but students still need values, standards of behavior, and knowledge about being respectful of parents and other adults when interacting with others. Interactive clubs and sports participation may boost self-esteem and provide a unique identity, helping compensate for being unable to drive a car.

STAGE 6. TRANSITION TO ADULTHOOD, FROM 18 YEARS AND BEYOND

The major decisions center around, "What now? Where do I live? Where can I work? Should I pursue further education?" When an individual has other disabling conditions, these decisions require consultation with team members about the optimal situation for each individual. Some may be unable to live away from home or other protected environments. Creative personal living and working situations, including sheltered or supported employment, may be suitable for those with limited independence. If additional education is indicated, then it may be a trade school for placement as an apprentice related to skills; community college can prepare one to be a teacher's aide or childcare worker or small business employer or owner. University can be a goal for those who have reached a higher level of independence in routine activities, travel, work habits, and mature decision making in relationships, self evaluation and self advocacy, and have realistic future plans.

The ideal goal is for maximum growth of each individual according to their physical abilities and cognitive development.

Enriching Interactions With Children Who Have Multiple Impairments Including Visual Impairment

By Sara Kitchen, Texas School for the Blind and Visually Impaired Outreach educational consultant for students with visual impairment

Abstract: This article describes structuring positive interactions around children and young people's preferences and responses. A description of the structure of an interactive routine to foster communication is included.

Keywords: blind, visually impaired, multiple disabilities, deafblind, communication, routines.

EFFECTIVE PRACTICES

Interaction is often difficult and scary for youngsters with multiple impairments including visual impairment. It is often unpredictable, in that others enter and leave without warning. Positive interactions help create a bond, establish trust, and foster communication. An adult who is trusted will more likely be successful in drawing out participation in a child. When interacting with a child who has visual and multiple impairments, especially when establishing a bond, it is important to pay attention to the subtleties of the child's personality. Knowl-

edge of this can help develop interaction that the child will enjoy and endeavor to maintain.

TIPS TO HELP FOSTER INTERACTION

- *Be quiet (initially).* Listen and observe what kind of verbal interaction the child enjoys, for example:
 - Silly voices
 - Singing/Rhyming
 - Quiet soothing babble
 - Slapstick/Homer Simpson sounds
 - Being imitated
- *Observe behavior.* Observe the type of sensory experience the child engages in, for example:
 - Rocking
 - Jumping
 - Flapping Hands
 - Head banging
 - Little movements
 - Big movements
- *Create games that are fun for the child and not offensive to their sensory system.* Pair auditory and motor behavior to create a simple interactive game that can be played, for example:
 - A child likes singing and rocking: row the boat is a great game which involves singing and rocking. It can be



played at various intensities according to the child's needs.

- A child likes silly voices and jumping: the child holds the adult's hands while jumping on a trampoline (or the floor if there is no trampoline). The adult says, "jump," in a high voice when the child jumps high. The adult says, "jump," in a low voice when the child jumps low.
- A child likes head banging and being imitated: often children who engage in head-banging are craving more deep pressure. This can come in the form of hugs. When the child makes a noise, the adult can make that noise and squeeze the child simultaneously.
- *Wait for the child to signal that he/she wants more.* This gives him/her a role; otherwise, it isn't really an interaction! The child may signal for continuation in a variety of ways, for example;
 - They may look at the adult when the adult has paused.
 - They may move their body after the adult has paused.
 - They may make a sound when the adult has paused.
- *Once you have established a fun, positive interaction, make it a routine.* Do it often, and do it in the same way. Introduce the game in the same way:
 - Signal to the child that the game will begin by touching them in a particular way.
 - Introduce the interaction by saying their name the way you call them when you're getting ready for a fun interaction.



- Bring an object if there is one in the game and let the child explore it before beginning.

Perform the steps of the game in the same order. Use the same materials (if there are objects included). End it in the same way, for example:

- Do the same number of turns and then tell them (say or sign) that you are finished.
- Say "bye bye" at the end.
- Put the object that is used away in a container.

Routines provide predictability which decreases stress. Positive interactions establish a bond. When a child feels safe, stress is decreased and learning opportunities are increased. Positive results will follow, and everyone will have fun along the way!

Preparing Young Texans for a Successful Future

By Barbara J. Madrigal, Assistant Commissioner, DARS-Division for Blind Services

Abstract: This article describes Division for Blind Services activities to promote self-confidence and self-empowerment in young Texans who are blind or visually impaired.

Key Words: blind, visually impaired, self-confidence, self-esteem, self-empowerment, self-advocacy, Texas Confidence Builders, American Council of the Blind (ACB)

Over a number of years, the DARS-Division for Blind Services (DBS) has developed a philosophy known as Texas Confidence Builders. This philosophy is the backbone of planned activities designed to help our consumers acquire the skills necessary to develop positive self-confidence and self-empowerment, and it represents an especially critical component for younger consumers as they explore the world around them and begin making personal decisions that will have a lasting impact on their future.

The principles incorporated into the philosophy include the development of strong independent living skills such as personal communication and self-advocacy skills, orientation and mobility skills that allow the individual to travel safely in different environments, and the daily skills we all use in everyday life to prepare nutritious meals, select and take care of our clothes, make new friends, and develop a healthy lifestyle through a balance of work and recreation.

At the core of all these skills is the development of positive self-esteem and self-confidence, traits every young person needs to cultivate to be a truly independent adult. If you are a parent, you are keenly aware that these can be very difficult traits for teenagers to acquire. For that reason, DBS services for youth and young adults include workshops, conferences, and other functions to help young consumers participate in the kinds of experiences that create a solid foundation for their future goals.

One such activity, the Carolyn Garrett Legislative Leadership Conference, is an

ongoing collaboration between the DBS Transition Program and the Texas Chapter of the American Council of the Blind (ACB). Fourteen young consumers from across the state independently traveled to Austin to attend the 2007 conference, based on the theme "Advocacy Builds Leaders." Events included a keynote address by Secretary of State Roger Williams on the importance of exercising the right to vote as well as a discussion about the responsibilities and tasks involved in his duties as an elected official; a presentation by Vince Morvillo, based on his many successful accomplishments as a blind sailor, encouraging the youngsters to always work toward making their individual dreams a reality; and several breakout sessions that focused on self-advocacy skills in different situations such as ARD meetings, workplaces, and local communities. The conference participants also enjoyed a tour of the state capitol building and a visit with Representative Sylvester Turner's legislative aide, who discussed a range of current legislation and provided an overview of the duties performed by legislative aides.

Another very successful conference, the Fourth Annual Texas Confidence Builders Foundation for Life Conference, was held in Corpus Christi and attended by over 50 consumers from across the state along with their parents and siblings. The core theme at this year's conference was that families should have the same high expectations for a child who is blind or visually impaired as for any of the child's siblings. A variety of presentations covered diverse topics like the importance of acquiring solid independent living skills, developing a resume for

college or work, and the value of community volunteer work to gain experience and promote self-confidence. The consumers and their families were also offered numerous hands-on activities and opportunities to hear from gifted speakers who shared their personal perspectives about blindness. As one parent observed, "The entire program was important to my family. It gave us a shot of confidence that will help us focus on what is important for a successful life."

These types of activities help our young consumers internalize the belief that success is an achievable goal. Being a young adult is never easy, but developing a sense of self-confidence and self-empowerment through positive experiences helps open doors, creates a solid foundation for each youngster's dreams and goals, and begins preparing our young Texans for the very successful futures they deserve.

The Rebuilding of TSBVI

By William "Bill" Daugherty, Superintendent, TX School for the Blind & Visually Impaired

Abstract: Superintendent Daugherty describes to construction projects at TSBVI that utilize a Universal Design concept.

Key Words: Texas School for the Blind and Visually Impaired, TSBVI, Superintendent Bill Daugherty, blindness, visual impairment, News & Views, Universal Design

The Texas School for the Blind and Visually Impaired (TSBVI) campus will be almost totally rebuilt over the next six years with bond money approved by Texas voters. This incredible opportunity comes with many challenges regarding the design of the buildings and grounds, the construction management of the massive project, and the many steps that will have to be taken to ensure student safety and prevent disruptions to instruction. But perhaps the most critical issue to be addressed is how these new facilities will support and enhance instruction and learning.

Weekly facilities planning meetings have engaged a cross-section of educators, support and administrative staff in an intensive review of every step and detail of the architectural design process. Our architect, Paul Woodward of Halff Associates, has done a remarkable job in responding to the far-ranging and diverse design input given by OT/PT staff, Orientation and Mobility Specialists, teachers and others who all have unique perspectives borne of their professional disciplines and job responsibilities. The single unifying principle is to

build a school that maximizes student independence and minimizes barriers of all types. Both of these principles tend to fall very nicely into what is commonly called Universal Design—interior and exterior environments that work well for everyone, regardless of individual characteristics.

What will emerge over time will be building and grounds that are laid out in a logical and pleasing manner, lighting and acoustics that promote high-quality sensory input, and flexible spaces that lend themselves well to the varied curriculum that the school delivers to a broad range of learner needs.

So, will the new TSBVI be "engineered" in such a manner that it creates an unrealistically accessible environment that students, upon leaving the school, will find difficulty readjusting to the "real world"? I say no. They'll just be better advocates who, like the many users of wheelchairs who have fought long, hard and effectively for physical access to buildings, will insist that Universal Design principles benefit the entire public.

Spoken Text Website Launched...And It's Free

By Christine Sweeton, Carleton University, Ottawa, Ontario
Reprinted with permission from *The Charlatan*, Carleton University Independent Newspaper, September 14, 2007.

Abstract: A Carleton Univ. graduate launches a free website, <www.spokentext.net>, that allows members to convert text files into speech recordings.

Key Words: blindness, visual impairment, print-disabled, The Charlatan, Carleton University, spokentext, screen reader, Mark McKay, Carleton School of Psychology Human-Oriented Technology Laboratory,

A bright, young student at an American university eagerly awaited the start of the school year. She started attending her classes and enjoyed all her lectures. It was not until she went to purchase textbooks for her courses that her university career slammed to a devastating halt.

This student was blind, and her textbooks were not available as audio books.

The university rushed to acquire the information in another format. Reluctantly, publishers released the texts as digital files on CD. The written words on the computer screen were no easier to see than those on a page. As she fell behind in her courses, she wondered if this signaled the end of her university career.

While searching the Internet, one of her professors stumbled upon spokentext.net. Created through a partnership between Carleton graduate Mark McKay and the Carleton School of Psychology Human-Oriented Technology Laboratory (HOT Lab) the website is designed to assist visually-impaired people around the globe. The website, spokentext.net, is free for all users and allows members to easily convert text files into speech recordings. The recordings can then be listened to directly or transferred to iTunes or an iPod.

Being able to quickly and easily turn digital textbooks into recordings helped save that American student's education. Thank-

ful for the solution, the student wrote to McKay, the website's creator.

McKay graduated from Carleton in 2000 with a commerce degree, specializing in information systems. He is also visually-impaired and worked with the government on web accessibility prior to starting the website. Focused on helping other people, his goal was to create an easier way for the people to access text in spoken form.

"I had the idea for years," says McKay. When his government contract ended and he met Robert Biddle, a HOT Lab professor, the website began to take form. McKay wrote all the computer code and designed the interface himself.

Spokentext.net went live in December 2006 and now includes members from more than 80 countries.

After its launch, McKay and Biddle began researching user reaction to the site. They aim to keep spokentext.net as simple as possible, but many features were added at the request of users.

"I believe that technology should bend to the user, not the user bending to technology. The site's design is user-driven," says McKay. "I wanted to remove the pain from converting text. The site is empowering. There is no need to wait for the files."

The site was originally designed for the print-disabled, but now includes many

non-disabled members. Print-disabled is a broad category, which includes the blind, visually-impaired, those who are illiterate or who have learning disabilities, and anyone learning English as a second language. Unable to easily read the written word, the print-disabled look for other ways of receiving the information.

McKay says he hopes the website will reach even further. Students have started using the site to convert their study notes into recordings that they can listen to while doing things like exercising.

McKay is currently focused on promoting the site, emphasizing to those in need of this service that it is available, and free and simple to use. He has already had meetings with Carleton's Paul Menton Centre to share information about the site.

Without an official sponsor, the site is funded by McKay, Biddle and a Paypal donation feature on the home page. "I want the people who use it to support it," says McKay. They are currently raising money to add a female voice option, which will cost \$260. "It is not a huge sum," says McKay, who notes that he would love to add other voices and languages though the funding is not available yet. Both the interface and speech files are available only in English, but McKay says he eventually wants to provide multilingual speech conversions

After six months online, Spokentext.net is still growing and changing. McKay says he hopes that spokentext.net membership will continue to grow and the site will gain popularity. "We know it isn't perfect, we know it doesn't have all these features, but it's usable and it helps."

Bookshare.Org News Update

Excerpt from Bookshare.org Website

Abstract: Bookshare.org announces a five-year award that allows them to supply high quality textbooks and educational materials to students with special needs.

Key Words: Blindness, visual impairment, Bookshare.org, Benetech, literacy, IDEA, print disability.

Created in 2002 by the nonprofit organization Benetech, Bookshare.org is a subscription-based service used by nearly 6,000 U.S. residents. Bookshare.org gives print disabled people in the United States legal access to over 35,000 books and 150 periodicals that are converted to Braille, large print or text to speech audio files. Bookshare.org announces:

We're happy to share incredible news, which will transform Bookshare.org. On Friday, the Office of Special Education Programs of the U.S. federal Department of Education made a major five-year award of \$32 million to Bookshare.org. This will further the objectives of the Individuals with Disabilities Education Act (IDEA), by

supplying high quality textbooks and educational materials to students with special needs.

This funding is to fully support all schools and students with qualifying print disabilities in the United States. It applies to all students, of any age, in K-12 or beyond. We will provide these students with access to the entire Bookshare.org collection of accessible electronic books and to software for reading those books. As of October 1, 2007, we have ceased charging these schools and students anything to join Bookshare.org. We also expect to add over 100,000 new educational titles in high quality DAISY and Braille formats over the next five years, getting students the high

quality textbooks they need for academic success.

Bookshare.org is delighted to announce the opening of Bookshare.org to international users with qualifying print disabilities. We have an expanding number of books where we have received generous permission from publishers and authors to make

their works available globally. We suggest you check out the books we have available globally, as explained on our International Searching page.

If you are someone who can't read a printed book, or know a person who has difficulty reading printed text, the Bookshare.org community is here to serve you.

TEA Commissioner's Rules Finalized

Excerpt from TEA website

Key Words: blindness, visual impairment, disability, IDEA, TEA, Commissioners Rules, special education.

On December 3, 2004, President Bush signed into law the Individuals with Disabilities Education Improvement Act (IDEA 2004) Amendments of 2004, which contain many changes to the federal law pertaining to the education of students with disabilities. On August 14, 2006, the United States Department of Education, Office of Special Education Programs, published related federal regulations. These regulations became effective on October 13, 2006. As a result

of the changes to the federal special education law and regulations, 19 TAC Chapter 89, Adaptations for Special Populations, Subchapter AA, Special Education Services, was amended to reflect these changes in order to ensure school district compliance with new procedural and reporting requirements. To review the finalized rules, go to <www.tea.state.tx.us/special.ed/guidance/rules/index.html>.

Updated IDEA Manual Now Available

Excerpted from www.advocacyinc.org

Key Words: blindness, visual impairment, disability, special education, IDEA, Advocacy Incorporated, The Arc of Texas, It's a New IDEA,

The newly updated August 2007 version of our Parent Manual, *It's a New IDEA: The Manual for Parents and Students About Special Education Services in Texas* (both the English version and Spanish version) is now available online on this website <www.advocacyinc.org/handoutEducation.cfm>, as well as on the website of the Arc of Texas <www.thearcoftexas.org>. Anyone is welcome to download and reproduce the online version.

The new manual incorporates changes in the IDEA made by Congress in 2004, the Federal regulations that went into effect in October 2006 and state law changes from the 2007 Texas legislative session. The Texas Education Agency issued new rules that went into effect November 11, 2007. We have referenced the proposed rules in the manual and directed readers to the TEA web site, <www.tea.state.tx.us/special.ed> for specific language of the rules and TEA Guidance documents.

Book Announcement: A Parent's Guide to Special Education for Children with Visual Impairments Edited by Susan LaVenture

Excerpt from American Foundation for the Blind website <<http://www.afb.org/store>>

Key Words: blindness, visual impairment, American Foundation for the Blind, special education, National Association for Parents of Children with Visual Impairments.

This handbook for parents, family members, and caregivers of children with visual impairments explains special education services that these children are likely to need and to which they are entitled—and how to make sure that they receive them.

Edited by the Executive Director of the National Association for Parents of Children

with Visual Impairments and written by experienced professionals and parents, this helpful resource addresses the effect of visual impairment on a child's ability to learn and the services and educational programming that are essential for optimal learning. It is an invaluable manual, intended to help parents ensure that their children receive the best education possible.

Texas School for the Blind & Visually Impaired – Outreach Program Honors

Texas Fellows

Recognizing VI Professionals in their Role as Recruiters



Texas Fellow

Caren Hodges
Karen Mascho
Christy Finstad
Kristin Holton
Cynthia Mullino
Meagan Matkin
Juan Dennett
Jesse Melgoza
Kathy Rodriguez
Susan Matlock
Brenda Snow
Mary Beth Bossart
Judith Nugent
Debbie Louder
Peggy Burson

Candidate

Donna Nunn
Tanya Cook
Kara Chumbley
Mona Stavinoha
Amy Jo Stavinoha
Heather Janek
Jesse Melgoza
Donna Wagner
Susan Dunlop
Donna Wagner
Alice McCallum
Kristin Preston
Jennifer Orenic
Pam Yarbrough
Heather Dyer



For more information about becoming a Texas Fellow or working as a VI professional contact KC Dignan at <kcd@tsbvi.edu>.

BulletinBoard

Announcements / Regional, State, and National Training and Events

Mail or email your items for the Bulletin Board to Beth Bible:
TSBVI Outreach, 1100 W. 45th Street, Austin, TX 78756; or <bethbible@tsbvi.edu>.
An up-to-date Statewide Staff Development Calendar is posted at
<<http://www.tsbvi.edu/Outreach/vi.htm>>.

2008 TAER Conference:

“Reaching New Summits”

April 10-12, 2008

Sheraton Dallas North by the Galleria
4801 LBJ Freeway
Dallas, TX

Fee: Members \$100, Non-members \$120,
Parent/Legal \$50

Conference Features

O&M Pre-Conference: New Intersection
Designs / Traveling on the Light Rail

O&M Dinner

Live Auction

Breakfast Roundtable

For conference registration materials, or
more information, go to:

<http://www.txaer.org/Conferences.htm>

Discovering a Dream – Making it Real

**Planning Meaningful and Satisfying
Adult Lives for Students
with Deafblindness**

April 26 & 27, 2008

Drury Inn & Suites N. Austin
6711 I.H. 35 North
Austin TX

There is no charge

For information contact:
Brian Sobeck (512) 206-9225
briansobeck@tsbvi.edu

-or-

David Wiley
(512) 206-9219
davidwiley@tsbvi.edu

**Texas Focus 2008
Providing Access to a
World of Learning:**

**Access to the General
Education Curriculum
For Students Who Are
Visually Impaired**

DoubleTree Hotel Austin
6505 IH-35 North
Austin, Texas

June 17th and 18th
Main Conference Events

Monday, June 16th

Pre-Conference for Parents, Hosted by
Texas Association for Parents of Children
with Visually Impaired

Registration deadline: June 1, 2008
Discount if received by May 15, 2008

We have applied for ACVREP CEUs and
SBEC CPEs. We anticipate approval for 9
contact hours for the conference.

Limited financial assistance for families
may be available on a first come, first
serve basis.

Contact Kate Moss at (512) 206-9224
KateMoss@tsbvi.edu
or Paula Effenger at (512) 206-9344
PaulaEffenger@tsbvi.edu

**Learning to Facilitate
Personal Futures Planning**

Eva Lavigne, VI Transition Specialist,
TSBVI Outreach

Kate Moss, Statewide Staff Development
Coordinator, TSBVI Outreach

Friday, March 28, 2008

9:00 AM - 4:30 PM

TSBVI Conference Center in Austin

Personal Futures Planning is a valuable
tool for helping individuals with blindness
or deafblindness and their families prepare
for the future.

Participants will learn the details of the
process, and the ins and outs of facilitating
a Personal Futures Plan for someone with
disabilities. Parents, professionals, para-
professionals, and community members
are welcome to attend.

\$50 registration fee includes a notebook
with training materials.

Limited travel and registration assistance
is available upon request.

For information, contact: Kate Moss
512-206-9224 — <katemoss@tsbvi.edu>

To register go online to:
<[www.tsbvi.edu/Outreach/oncampus-
workshop.htm](http://www.tsbvi.edu/Outreach/oncampus-workshop.htm)>

TSBVI Outreach TETN - Distance Education Broadcasts

Spring, 2008

Contact your regional Education Service Center (Distance Education or VI Consultant) for the location nearest you. For more information, contact: Kate Moss, 512-206-9224, or <katemoss@tsbvi.edu>. Sorry, but at this time the distance education broadcasts can only be viewed in real time and within the state of Texas.

The Intervener Team Model: An Overview (TETN #30917)

Jenny Lace, Education Specialist and
David Wiley, Transition Specialist,
Texas Deafblind Outreach

March 26, 2008 (1:30-3:30 PM)

An overview of the Intervener Team Model especially designed for administrators and teams working with students who are deafblind. This session will summarize the uniqueness of deafblindness and address accommodations for this population. A checklist: "Interveners in the Classroom: Guidelines for Teams Working with Students who are Deafblind" will be introduced to assist administrators, teachers, interveners, and parents in understanding roles and responsibilities of interveners in the educational setting.

Data Analysis of the QPVI Master List (TETN #25262)

Nancy Toelle, TSBVI VI Outreach
Consultant

May 14, 2008 (10:00-12:00)

Analyzing your Master List of Students can be a helpful part of a programming accountability process. We will represent your Master List data graphically for ease of analysis and presentation to peers and administrators. (CPE 1.5 will be offered. Academy CPU pending approval.)

Transition Discussion (TETN # 25271)

Facilitators: Eva Lavigne, VI Transition Specialist and Kate Moss, Statewide Staff Development Coordinator, TSBVI Outreach

April 23, 2008 (2:30-4:00)

This TETN is the second in a series of two facilitated discussions on transition issues facing students with visual impairments and deafblindness. Teachers, TVI, O&M, and parents can learn and share ideas for helping to work for more successful outcomes in the adult transition from school to adult life. If you have any interest in how to improve the transition process for your students who are visually impaired or deafblind, please join in on this informal discussion group. (CPE 1.5 will be offered.)

CHARGE Syndrome: Medical Issues, Educational Issues, and Resources (TETN #25263)

Presenter: To be Announced

May 21, 2008 (1:30-3:30)

CHARGE is a very complex syndrome that requires extensive modification to the educational program for the child. Family members are intensely involved in on-going medical management. They also may need to be intensely involved with their educational team in providing appropriate programming. This broadcast will share some basic information about the syndrome, discuss statewide and national resources for parents, and briefly discuss educational issues that must be addressed for these children.

HKNC National Training Team (NTT) 2008 Seminar Schedule*

All seminars are held at the Helen Keller National Center in Sands Point, NY.

Cost of 2008 Seminars

Full week: \$500 which includes lodging, meals, professional training and manual.

Cost of 6-day Orientation & Mobility Seminar - \$550

April 13–18, 2008 – “Same but Different”

Orientation & Mobility Techniques for Deaf-Blind Travelers

May 19–23, 2008 – “The Best is Yet to Come”

Enhancing Services for Older Adults with Vision and Hearing Loss

June 16–20, 2008 – “Employment: the Ultimate Goal”

Professional Development for Employment Training Specialists

July 21–25, 2008 – “Touching Lives”

Interpreting Techniques for the Deaf-Blind Population

September 22–26, 2008 – “Transformation”

Person-Centered Approach to Habilitation

November 17–21, 2008 – “The Magic of Technology”

Adaptive Technology Training for Teaching Deaf-Blind Individuals

*Schedules are subject to change.

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TX SenseAbilities

Published quarterly: February, May, August, and November
Available in Spanish and English on TSBVI's website at
<www.tsbvi.edu>

Items to be considered for publication should be submitted by email
to the section editors at the addresses listed below, or mailed to:
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or email <bethbible@tsbvi.edu>.

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

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



This project is supported in part by the U.S. Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S. Department of Education. TSBVI Outreach Programs are funded in part by IDEA-B Formula, and IDEA-D Deaf-Blind Federal grants. Federal funds are administered through the Texas Education Agency, Division of Special Education, to the Texas School for the Blind and Visually Impaired. Texas School for the Blind and Visually Impaired does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

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