



**Handbook for Teachers Serving Students  
who are  
Deafblind, Deaf or Hard of Hearing with  
Additional Disabilities, and Blind or  
Visually Impaired with Additional Disabilities**





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During the 2002-2003 school year a committee was formed to clarify the role of APSEA staff working with children who are deafblind, deaf or hard of hearing with additional disabilities, and blind or visually impaired with additional disabilities. The focus of the committee was to encourage collaboration among all staff working these children. The committee members were:

Bonnie Fraser  
Raymond LeBlanc  
Ann MacCuspie  
Mary MacLeod  
Suzanne Martin  
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The committee recommended the development of a handbook to be used as a resource by teachers and other professionals working with this group of children.

November 2003

\* Special thanks to Angela Boutilier, Administrative Assistant, Programs for Students who are Blind or Visually Impaired.

*Serving Children and Youth who are Deaf, Hard of Hearing, DeafBlind, Blind or Visually Impaired*

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**Services to Students who are Deafblind, Deaf or Hard of Hearing  
with Additional Disabilities, and Blind or Visually Impaired  
with Additional Disabilities**

**APSEA's Position Statement**

During the last few decades there have been tremendous changes in the philosophy and practices associated with the education of students who have sensory disabilities. Children with severe visual impairments or those who are deaf had few opportunities for academic success in the regular classrooms of the 1960s. They now frequently attain their formal education in the public school setting. Students who rely on Braille as their primary reading medium are commonly enrolled in the regular classroom for the majority of their instructional time. Previously limited opportunities for educational programming for children with multiple disabilities in addition to deafness or blindness have dramatically expanded with the provision of supports that allow these children to attend public schools with their age-appropriate peers. The significant benefits and learning potential of children with even severe multiple disabilities is now well established in both the research literature and in practice. Furthermore, the formal intervention to promote the optimum development of children with sensory impairments, including those with multiple disabilities, typically begins in the preschool years immediately following diagnosis.

APSEA has a long tradition of providing programs and services to children with a sensory disability and has a strong commitment to ensuring these children and youth receive the programs and services which will allow them to develop to their optimum potential. **All children with a sensory loss, regardless of the presence and severity of additional disabilities, have equal access to the programs and services provided by APSEA.** Teachers of students who are blind or visually impaired and teachers of students who are deaf or hard of hearing are valued team members of the school-based team and early intervention groups established to plan, implement and evaluate programs for these children. In addition, when a student has a dual sensory loss (i.e., hearing and vision loss) or is deafblind, it is essential that the itinerant teachers for both students who are blind or visually impaired and students who are deaf or hard of hearing work collaboratively to deliver both direct service to the child and consultation to the child's teachers and parents. APSEA staff are expected to initiate opportunities to routinely meet together to program for the student, observe one another working with the child, assess the student, and participate in the school-based or early intervention planning meetings and case conferences.

APSEA itinerant teachers must discuss the type and frequency of service for the student, plan adequate time in their schedules to provide the agreed upon services, and keep Provincial Supervisors advised of the needs of students with additional disabilities. Provincial Supervisors strongly support the right of children who have a sensory loss and additional disabilities to receive equal access to APSEA programs and services. They depend on the input from itinerant teachers to address budgetary implications and appropriate caseload assignments necessitated to accommodate these students.

## **The Child who is Deafblind**

When we hear the term deafblind, we often imagine a person who is unable to hear or see anything. This is typically not the case. A range of vision and hearing loss can occur in combination. Functional levels may vary from hard-of-hearing and partially sighted to profoundly deaf and totally blind. This may allow some individuals with deafblindness to have enough vision to move about in their environments, see sign language at close distances, recognize loud familiar sounds, and recognize familiar objects. Individuals included in this definition of deafblindness are deafblind, may be at risk of becoming deafblind, or may have deafblindness with additional disabilities. For example, one student with deafblindness may have Usher's Syndrome in which he was born deaf and will be losing his vision as he gets older. Another student may have been born with a congenital infection (e.g., cytomegalovirus) and have a profound cognitive disability, cerebral palsy, seizure disorder, severe sensorineural hearing loss and a visual impairment. Both students would meet the definition of deafblind.

A combined vision and hearing loss can cause developmental delays and deficits in areas such as communication, concept development, social skills, and mobility, but they do not always limit the individual's learning potential. This combined auditory and visual impairment creates unique educational needs requiring specialized instructional techniques and modified curricula beyond those generally provided by any one specialist teacher, i.e., teacher of students who are deaf or hard of hearing, teacher of students who are blind or visually impaired, or teacher of students who have multiple disabilities.

The Canadian Deafblind and Rubella Association defines deafblindness as follows:

**Individuals are considered to be deafblind if they have a substantial loss of both sight and hearing such that neither is a reliable access to information. The combination of these sensory losses results in significant difficulties in acquiring educational, vocational, avocational and social skills.**

**Please note:** In Canada the term "deafblind" has been adopted as the standard spelling of this term. Various other spellings will be encountered depending upon the origin of the text.

## **The Child who is Deaf or Hard of Hearing with Multiple Disabilities**

The combined effect of hearing loss and an accompanying disability presents a unique and complex problem to professionals and parents. Multiple disabilities create a pattern of problems different from the problems usually associated with any disability alone. A review of the literature yields surprisingly little specific information on educational programs for such children. The fact that there are many differences among children with multiple disabilities adds to the difficulties of providing appropriate programs. **A broad interpretation of the term "deaf" with multiple disabilities implies a hearing loss combined with another disability generally needing services beyond those provided for a child with the single disability of**

**hearing loss. Additional disabilities may include cognitive disabilities, learning disabilities, ADD/ADHD, visual impairment, cerebral palsy, orthopedic involvement, or other physical disabilities. Such a definition, however, does not describe any general characteristics of deaf children with additional disabilities.**

The differences among children who are deaf or hard of hearing with multiple disabilities are great. They have different accompanying disabilities; they function at different levels and have different ways of learning. The level of the hearing loss, the type and severity of additional disabilities, the age of onset, and the timeliness of intervention influence their level of functioning. A further challenge is the age of identification for children who are deaf or hard of hearing with moderate, multiple disabilities tends to be later than for students with the single disability of deafness. They are often educated as students with a hearing loss for several years before the additional difficulties are recognized. In cases of severe disability, the opposite is true -- additional difficulties are recognized early and the hearing loss may not be identified until later. This creates a very challenging problem in grouping students and planning and implementing educational programs. Children who are deaf or hard of hearing with multiple disabilities may also be easily distracted, hyperactive, have short attention spans and/or memory problems, and need other support services such as physical or occupational therapy. This requires that all intervention focuses on the individual needs of each child, breaks skills down into small steps, and provides the child opportunities for success. Many children who are deaf and hard of hearing with multiple disabilities have often experienced a great deal of failure both because of the complexities of their disabilities and because teachers' education programs have not traditionally addressed the needs of these students.

### **The Child who is Blind or Visually Impaired with Multiple Disabilities**

Children who are blind or visually impaired with multiple disabilities have significant limitations in accessing information from their immediate environment. As well as not being able to "see" and make a decision to move and explore, they may be limited motorically, so "moving and doing" is dependent on the adult or intervention arranged. **These children may lack or not have enough opportunity to confidently identify sources of sensory stimuli. They have limited control of their environment and are at the mercy of our adult interventions.** As a result, environments are confusing and ever-changing to these students. Consequently, they often become passive and are then perceived to be unable to learn.

**When a child is visually impaired/blind with additional disabilities, not only does the intervention have to be appropriate for the degree and cause of visual impairment but it must also address the impact of the combined effect that visual impairment and the additional disabilities will have on learning.** For instance, the child with cortical visual impairment and cerebral palsy will require a very different set of interventions than the child with optic nerve hypoplasia and a pervasive developmental disorder.

Who are these children? These children are a diverse population who have visual impairments

caused by retinopathy of prematurity, optic nerve hypoplasia, albinism, cataracts, glaucoma and cortical visual impairment, or any number of other eye conditions. Some additional disabilities that may (but do not always) accompany the visual impairment include global developmental delay, cerebral palsy, seizure disorders, communication disorder and ongoing medical needs. The cause of these may include prematurity, chromosome disorders, infections during pregnancy, birth trauma, or they may have no known cause.

**The needs of these children require that intervention be identified through comprehensive assessment and collaboration among families, teachers and other professionals working with them.** For example, the APSEA teacher must understand the importance of positioning and handling techniques for the child who is visually impaired and has spastic quadriplegia or how medications or sensory regulation can affect the performance of the child with seizure disorders and cortical visual impairment. Conversely the APSEA teacher, through demonstration, will inform other team members why it is so important to arrange or plan the appropriate learning environment for the child with cortical visual impairment and cerebral palsy. They must, by example, demonstrate how hand-under-hand or the technique of offering your hands, rather than using hand-over-hand or taking the child's hands is a more effective learning strategy for the child who is deafblind child or the child who is blind and autistic. The APSEA teacher must always demonstrate the power of an "Active Learning" or reactive environment for these students with visual impairments and additional disabilities.

Finally, because the child who is visually impaired or blind with multiple disabilities is often identified early in life, the APSEA teacher must understand typical development of preschool children, not because we expect a typical developmental pattern from many of these students, but we should expect a progression of skill development. Informed decisions during the ongoing assessment and program planning and implementation of programming for the children will result in a "best practices" approach.

## **The Referral Process**

### **Procedure for Accessing the Consultant**

Submit referral to the Provincial Supervisor, who will determine further action. For dual service students, both itinerant teachers (DHH and BVI) must sign the referral and a copy should be submitted to both Provincial Supervisors (DHH and BVI).

When appropriate, the Provincial Supervisor will forward referrals to the Consultant, and the Preschool Consultant (BVI).

The Consultant will contact the itinerant teacher(s) to arrange a meeting with the school-based team, including the itinerant teacher(s).

The Consultant will be involved in school-based team meetings as determined by the Provincial Supervisor(s).



## **Roles of APSEA Staff**

It is important that all APSEA professionals work collaboratively to ensure students receive comprehensive programs and services. The outlines for roles and responsibilities for various positions are provided in on the APSEA website [[www.apsea.ca](http://www.apsea.ca)]. Those specific to servicing students who have a sensory disability with additional disabilities are presented here.

### **Roles and Responsibilities of the Consultant for Students who are Deafblind or Deaf with Multiple Disabilities**

The Consultant's role is to:

- ▶ provide assessments of children who are deafblind or deaf with multiple disabilities (i.e., review local assessment options; complete on-site assessment and observation of students in the local school environment; if required, initiate plan for APSEA Centre-based assessment; arrange and conduct an assessment follow-up meeting at the home school; work with the school team to implement assessment recommendations). The itinerant teacher(s) will work collaboratively with the Consultant and school team throughout this process.
- ▶ provide leadership to Preschool Consultants and school personnel in the design and implementation of an individualized program plan or a transition plan, as part of a team-based approach.
- ▶ provide leadership in the development of services for students who are deafblind or deaf with multiple disabilities.
- ▶ provide resources for professionals working with children who are deafblind or deaf with multiple disabilities.
- ▶ support parents, APSEA itinerant teachers, Preschool Consultants (BVI) and school district personnel with respect to students who are deafblind or deaf with multiple disabilities.
- ▶ act as the contact person for the collaborative research projects (e.g., APSEA and the IWK) involving children who are deafblind or those who are deaf or with multiple disabilities.
- ▶ initiate the planning, implementation and evaluation of short-term programs for students who are deafblind or deaf with multiple disabilities in consultation with Centre-based staff.
- ▶ provide leadership in ensuring program transition back to the home school after completion of a short-term program at the APSEA Centre.

## **Role of the APSEA Assessment Team**

Assessment is an essential support service that APSEA provides to assist in meeting the needs of students who are blind or visually impaired (BVI), deaf or hard of hearing (DHH), deafblind (DB), and students who are BVI and DHH with additional disabilities. While the responsibility for meeting the educational needs of these students resides with their school/educational setting, it is acknowledged that these students have special needs which are beyond the expertise of many educators. Therefore, the intent of APSEA assessment services is to work collaboratively with school district personnel, APSEA staff, and parents to identify appropriate program goals and procedures to maximize the educational success of children and youth who have sensory impairments. Although APSEA assessments include an assessment of the level of the sensory impairment(s), the purpose of assessment is the identification of programming recommendations. The students assessed by the APSEA assessment team have already qualified for APSEA services and are receiving support from an APSEA teacher.

The Centre-based Assessment Team includes: an audiologist, a professional specializing in functional vision assessment, psychologists, a speech and language pathologist, academic and academic language assessors and professionals who evaluate students in specific areas (e.g., physiotherapist, signed communication proficiency interviewer).

## **Referral Procedures for Assessment**

The itinerant teacher, in discussion with the student's school-based team, submits a request for assessment to the Provincial Supervisor.

The Provincial Supervisor sets the priorities for assessments.

- ▶ The names of students identified as deafblind or deaf or hard of hearing with multiple disabilities are forwarded to the Consultant for Students who are Deafblind for appropriate school-based intervention and assessment
- ▶ All other students' names are prioritized and forwarded to the respective Coordinator of Assessments who then initiates the standard referral procedure process. That is, the complete assessment package is sent to the itinerant teacher responsible for the student. Note that the itinerant teacher is encouraged to use all appropriate/significant input for detailed completion of the forms (e.g., consultation from the BVI Preschool Consultant).

In the case where the Consultant for Students who are Deafblind recommends APSEA Centre-based assessment, the student's name is returned to the Provincial Supervisor who can then consider it for prioritization with other requests. Once recommended for additional assessment at the APSEA Centre, the assessment referral package is completed by the itinerant teacher, in collaboration with the Consultant for Students who are Deafblind, and signed by both. Because lists of referrals for assessment are submitted to the Centre Assessment Team twice a year (i.e., November and May), students are able to be assessed in a timely manner.

## Pre-assessment Meeting

When the completed referral information is returned, the Assessment Coordinator compiles a profile of the student. This information is shared with the members of the assessment team at the pre-assessment meeting, which takes place one week before the student's arrival at APSEA. Prior to the pre-assessment meeting, a tentative schedule is sent to the APSEA staff ( e.g., itinerant teacher, Consultant for Students who are Deafblind, Preschool Consultant (BVI), and parents.

The pre-assessment meeting includes **only** APSEA staff: assessment team members, the itinerant teacher(s), and any involved APSEA consultants. At this meeting, the student's profile is shared and the itinerant teacher(s) and consultants can answer questions and clarify issues or information.

## **Before the First Visit for a New Referral**

In most cases, an itinerant teacher will have received some formal reports prior to the initial visit with a new referral. However, an eye report and/or an audiology report are the only documents specifically requested on the APSEA Referral Form. Following are some questions to consider prior to the initial visit or those which should be asked during this visit.

1. Has the child had both vision and hearing checked? (Any child with a vision loss should have hearing checked and visa versa.)
2. Is the child being followed by early intervention or other support services if school age?
3. What are the services that are available in the child's area (e.g., early intervention, CNIB, Community Living) for children with this disability?
4. Who has seen the child for assessment and/or medical diagnostic testing?
5. What has the parent been told about their child by the medical profession or other organization members involved with this child?
6. Where can the itinerant teacher get reports?
7. What is the nature of the other disabilities and how are they affecting the child?
8. What is the school's perspective of this child?
9. What is the parent's perspective of the child?
10. What other APSEA staff should I involve in the initial assessment of this child?

## **Determining the Type and Frequency of APSEA Services**

The student's school-based team or early intervention team is responsible for the planning, implementation, and evaluation of programs and services for students with a sensory loss and additional disabilities. Assessment is essential to the identification of programs and services required for a given child. There will be tremendous variation among children with a sensory loss and additional disabilities because of the great heterogeneity of this population. When the child's team has analysed assessment reports, observation data, and input from various team members (e.g., classroom teacher, early interventionist, parents, APSEA staff, specialists in other disability areas), there are many decisions to be made. What are programming priorities? Who should provide direct instruction? What level of consultation is required? How can instruction to address the needs of the child be effectively integrated throughout the school day? How can practice be incorporated within the child's routine in both the school and at home? Because of the multiplicity of variables, each child's program and hence type and frequency of service will need to be individually determined. For some students, APSEA staff might provide only consultation to the school-based team; for some students both the APSEA itinerant teacher for students who are blind or visually impaired and the itinerant teacher for students who are deaf or hard of hearing might provide some direct service and consultation; and for others, one itinerant teacher might provide the majority of services while the other acts only as a consultant when requested. The type and frequency of service provided by APSEA staff must be reviewed annually.

## **Resources for Assessment and Programming**

Following are recommended resources which are helpful for gathering assessment information and guiding initial intervention with the child:

1. **Guide to Selecting Time Frames for Calendar Systems: Calendars for Students with Multiple Impairments Including Deafblindness - Blaha, R. Texas School for the Blind and Visually Impaired: 2001.** The checklists (Guide to Selecting Time Frames for Calendar Systems) help determine if a child has the key readiness skills to use various types of calendar systems. They provide a practical guide to help families, educators and support staff in designing and implementing calendar systems which are based on the student's current skills and needs. The checklists are located in the Appendix section of the book.
2. **The Insite Developmental Checklist: A Comprehensive Developmental Checklist for Multihandicapped Sensory Impaired Infants and Young Children (Short Version 0-6yrs)/ Morgan, Elizabeth et al., SKI-HI Institute, HOPE Inc.** This checklist assesses the areas of gross motor, fine motor, self-help, cognition, social, emotional, communication, vision, auditory and tactile development. All results are cross-referenced to activities in specified curricula that can be used in programming. The checklist comes with a profile form for children 0-6 years of age, score sheet, and a quick instruction sheet.

3. **Communication Observations Form / Delaney, B., Eatmon, S., & MacDonald, H., APSEA: 1998.** This observational checklist was developed for parents/teachers/staff to record the language and communication development of students who were deaf or hard of hearing with additional disabilities. The checklist reports the type of communication attempt (sign, gestures, pointing, going to object/location/action, etc.), rates the communication attempt (present, emerging, or not yet developed) and describes the communication attempt as receptive or expressive.
  
4. **Hawaii Early Learning Profile (HELP).** “Activity Sheets for Parents” is a comprehensive collection of activity sheets for professionals to give parents who have children developing in the birth to 36 month age range. The resource materials in this binder help parents and professionals plan appropriate goals for their students/children by giving them a better understanding of the child’s development in a particular skill area. Comprehensive activity sheets provide information, suggestions and strategies for parents to use at home with their children. There is a **HELP Checklist** listing 650 developmental skills that accompanies the “HELP At Home Activity Sheets for Parents.” It can be used to provide an initial and ongoing assessment and record of the child’s developmental progress. Both look at developmental areas of cognition, fine motor, gross motor, language, social/emotional and self-help skills.
  
5. **Functional Scheme - Levels 0 - 48 Months (Lilli Nielsen), Copenhagen, 2000.** This is an assessment instrument designed to evaluate the developmental skills of the child. The basis of this scheme is to know as much as possible about the learner’s previous development, as well as their current level of functioning. Each field (e.g., gross motor, physical, cognitive) begins with a milestone and gives statements of functions (outcomes) to achieve those milestones. This scheme also looks at functions (stereotypic behaviours) which often impede further learning. The scheme looks at 20 fields and includes developmental skill areas pertinent for children with blindness, deafness and multiple disabilities. Some of these include mouth movement milestones, visual perception, haptic-tactile perception, gustatory perception, spatial perception and object perception. Standard developmental milestones are included. The Functional Scheme is used for any learner regardless of age, who is developed to a level corresponding to 3 ½ to 4 years of age and younger. A learning program and curriculum can be credited based from evaluation results, using the FIELA Curriculum - 730 Learning Environment (Nielsen 1999).
  
6. **Promoting Learning Through Active Interaction (PLAI): A Guide to Early Communication with Young Children Who Have Multiple Disabilities - Klein, Chen and Haney (Paul H. Brookes Publishing, 2000).** The PLAI curriculum is designed primarily for infants, preschoolers and young children with severe or multiple disabilities who are not yet initiating symbolic communication and who have a limited repertoire of communication behaviour. It can also be used with older children who have not yet developed intentional communication. The curriculum is composed of the “Caregiver Interview,” a means to identify the child’s communication behaviours and interactional skills, and five modules complete with goals, objectives and procedures.

7. **Cottage Acquisition Scales for Listening, Language & Speech - (CASLLS) - E. Wilkes (Sunshine Cottage School for Deaf Children, 2001).** CASLLS is a set of five scales used to monitor the development of communication skills from the pre-verbal level to the complex sentence level. Developmental expectations for language related cognition goals, social interaction and discourse and semantics (meaning) and syntax are incorporated into the scales. The format allow skills to be tracked according to their level of achievement whether emerging, mastered in some contexts or generalized. Information is collected by observations of the child.

### **APSEA Service Plan for Students who are Deafblind**

Because of the complex issues inherent to the development of students who are deafblind, a program plan which addresses the unique learning needs of these students has been developed. A copy of this document is provided in Appendix B.

### **APSEA Service Plan for Students who are Deaf or Hard of Hearing with Additional Disabilities**

Staff use the same service plan for both students who are deaf and hard of hearing and students with additional disabilities who are deaf and hard of hearing. In most cases, the APSEA Service Plan is attached to the program plan prepared by the student's school-based team. A copy of this document is provided in Appendix B.

### **APSEA Service Plan for Students who are Blind or Visually Impaired with Additional Disabilities**

While there are some common forms for use with students who are blind or visually impaired and those with additional disabilities, there are also forms which are used with only one group or the other. The procedures and forms used with both groups are provided in Appendix B. Whenever possible, staff are encouraged to incorporate goals specific to the Expanded Core Curriculum for students who are blind or visually impaired within the program plan developed by the student's school-based team. Program plans for preschool children require a separate form. These are also included in Appendix B.

**Please Note:** Because some students are having a “dual sensory loss” and others as being “deafblind,” the APSEA Service Plan form to be used will be determined following discussion among the two itinerant teachers, the Consultant for Students who are Deafblind, and/or the Preschool Consultant (BVI).

## Resources

### **DB-LINK Publications**

DB-LINK has available fact sheets (most are free of cost) on such topics as:

1. **Communication** - This fact sheet provides an overview of how to interact with children who are deafblind. Examples of different communication opportunities are provided. Additional resources are listed.
2. **Expressive Communication** - This fact sheet provides information on the nature of expressive communication and the value of such communication. The continuum of expressive communication modes is described with examples often modeled by children who are deafblind. The progressive nature of communication is discussed and considered via sensory, motor, and cognitive development. Suggested readings and additional resources are listed.
3. **Early Interactions With Children Who Are Deafblind** - This fact sheet presents numerous ways you can interact with your young child and offers practical suggestions for giving your child consistent sensory cues. This fact sheet suggests ways you can recognize and then respond to your child's responses and also includes techniques that encourage exploration of the environment.
4. **The Importance of Orientation And Mobility Skills For Students Who Are Deafblind** - For the child who is deafblind, movement is an opportunity to gather sensory information, to communicate, and to make choices. Orientation and mobility (O&M) instruction provides a set of foundational skills that can broaden the student's awareness of the environment, resulting in increased motivation, independence and safety.
5. **Literacy For Persons Who Are Deafblind** - This article discusses the importance of literacy for persons who are deafblind, the social function of literacy, and the conditions necessary for the development of literacy.
6. **Overview on Deafblindness** - This overview provides fundamental information on deafblindness. Topics include causes, challenges, communication, orientation and mobility, education, transition, and family issues. The fact sheet is written for all audiences, especially parents and professionals new to the field. Agency resources are listed and selected readings are referenced.
7. **Psychological Evaluation of Children who are Deafblind: An Overview with Recommendations for Practice** - This fact sheet provides answers to frequently asked questions about psychological evaluations for infants, children and adults who are deafblind, we hope to clarify the evaluation process and the active roles that may be taken by everyone who is involved--family members, professionals, educators, and the student. Finally, by discussing quality indicators and desired outcomes, we present ways to view and use the evaluation process so it will benefit the student to the greatest degree possible.
8. **Receptive Communication** - Deafblind children communicate through a variety of receptive communication modes. This fact sheet helps the reader design a program that will assist the deafblind child, especially the child with additional disabilities, move up the ladder of communication complexity. Additional tips are given for sending messages and the expectations for the child's response. Suggested readings are listed.

9. **Recreation and Leisure** - Everyone benefits from recreation and this fact sheet shares practical information on how to get people who are deafblind with cognitive disabilities involved with recreational activities. The focus is on recreational activities for pre-adolescent children through adulthood. Included are the steps required to develop a recreational plan. Examples of recreation activities with different people who are deafblind are provided. A listing of national organizations and additional readings is included.
10. **Research to Real Life** (27 MB) - DB-LINK, demonstrates how current research is making a difference in the lives of children who are deafblind. Adobe Acrobat Reader is required to view this document. If you do not want to download this large file, contact DB-LINK for a free CD-ROM.
11. **Sexuality Education for Individuals Who Are Deafblind and Significantly Developmentally Delayed** (1.2MB) - A book for parents and professionals, this new text offers information and instructional guidance for delivering sex education to students who are deafblind who also have cognitive disabilities. Issues of self-expression related to gender identity, modesty, and appropriate touch are discussed. Specific instruction is included for menstruation, masturbation, hygiene, health, and sexual abuse. Adobe Acrobat Reader is required to view this document online. *Check with DB-LINK for available print copies.* This document is also available on CD-ROM.
12. **Talking the Language of the Hands to the Hands** - It is important to understand what role the hands play in typical development and in the development of children who are blind and children who are deaf. This understanding will help educators, parents, and friends interact as skilfully as possible to facilitate the development of the hands of the person who is deafblind.

**[These documents are also available in large print, braille, or ascii. Contact DB-LINK for your copy.]**

DB-LINK  
345 N Monmouth Ave  
Monmouth, OR 97361  
800.438.9376  
TTY: 800.854.7013  
Fax: 503.838.8150  
dblink@tr.wou.edu



## **Kits Available at APSEA**

**ISAVE (Individualized Systematic Assessment of Visual Efficiency)** - A functional vision assessment tool for use with infants, children, and young adults with significant cognitive, neurological, physical, and sensory impairments who cannot respond reliably to standard measures. Helps the user determine instructional entry level and programming strategies for facilitating efficient application or remaining visual functioning. [7-96160]

**Let's See: Vision Development Activities** - Let's See is a revised and updated program designed to develop visual skills in young children who are visually impaired and those with multiple disabilities. The Sensory Activities Kit builds basic visual skills essential to concept development while the Perceptual Activities Kit materials are used to help students develop visual-perceptual and visual-discrimination proficiency.

**Light Box and Materials** - When used with unique sets of materials, light boxes stimulate awareness of light, colour, and objects and assist in the instruction of tracking, scanning, eye-hand coordination, visual discrimination, and visual perceptual skills. There are three levels of materials of use with the light box progressing from a basic awareness of visual information to materials designed to help students develop handwriting skills, matching and sorting skills, visual closure and part-whole relationships.

**Sensory Stimulation Kit** - Facilitates the development of basic sensory processes in young children who are blind or who have multiple disabilities. Provides a wide range of stimulation, using bells, lights, textured mittens, vibrator, brush, blow dryer, etc. Complete kit includes 25 groups of items within the five sensory modes (auditory, tactual-kinesthetic, visual, and olfactory/gustatory), a teacher's guidebook, activity cards, and a carry-all for materials. [1-08610-00]

## **Curricula**

**AEPS Curriculum for Birth to Three Years** - Cripe, Slentz & Bricker (Paul H. Brookes Publishing, 1993). The AEPS curriculum is an activity-based intervention which encourages the integration of goals and objectives into daily activities and experiences. Multiple targets or goals can be addressed in single activities. As well, the activities are intrinsically motivating so artificial behaviour rewards are not used. Assessment establishes baseline information which is relevant to programs (i.e., curriculum based) and then follows a six phase assessment-intervention-evaluation system. The domains for intervention include: fine motor, gross motor, adaptive, cognitive, social-communication, and social.

**Deafblind Infants and Children: A Developmental Guide** - *McInnes, J. M. & Treffry, J. A. (1993). Toronto, ON: University of Toronto Press.*

**Dimensions of Communication: An Instrument to Assess the Communication Skills and Behaviors of Individuals with Disabilities** - *Mar, Harvey H., Ph.D; Sall, Nancy, Ed.D. 1999,*

70. An assessment instrument designed to help teachers, educational specialists, speech-language therapists, psychologists, and other service providers evaluate the communication skills of persons with multiple disabilities including severe or profound mental retardation and deafblindness. Part I addresses developing a communication profile and Part II addresses designing an intervention plan. Available from: Harvey H. Mar, Ph.D., St. Joseph's Children's Hospital, 703 Main Street, Xavier 6, Paterson, NJ 07503. Email: [hhm1@columbia.edu](mailto:hhm1@columbia.edu).

**A Guide to Planning and Support for Individuals Who are Deafblind** - *McInnes, J.M. (Ed.) (1999). Toronto, ON: University of Toronto Press.*

**Hand In Hand: Essentials of Communication and Orientation and Mobility for Your Students Who Are Deafblind: Volume I** - *Huebner, Kathleen Mary (Ed.); Prickett, Jeanne Glidden (Ed.); Welch, Therese Rafalowski (Ed.); Joffe, Elga (Ed.) — AFB Press: 1995, xlv, 687.* This particular book is intended primarily for self-study. It is divided into three segments: Key Concepts, Communication, and Orientation and Mobility. Each of these segments is, in turn, divided into 20 self-contained modules which present essential information about deafblindness, how deafblindness affects learning, and how students who are deafblind can develop critical communication and O&M skills. Available from: AFB Press, Customer Service, P.O. Box 1020, Sewickley, PA 15143. Phone: 800-232-3044. Fax: 412-741-0609. Cost: \$64.95 for the 2 volume set. The complete series of Hand in Hand books and video are \$169.95. Publisher's web site: <http://www.afb.org/catalog99>.

**Parents' Perspective On...Behavior, Communication and Instructional Strategies** - *NTAC/NFADB Parent Workshop. National Technical Assistance Consortium for Children and Young Adults Who Are Deafblind/National Family Association for Deafblind: 1998, 4 pages.* Created by 80 parents, this is a list of the most important practices to parents in the areas of behavioral issues, communication and instructional strategies in the education of their child who is deafblind. Available from DB-LINK.

**Remarkable Conversations: Guide to Developing Meaningful Communication With Children and Young Adults who are Deafblind** - *Miles, Barbara (Ed.); Riggio, Marianne (Ed.) Perkins School for the Blind: 1999, 308.* This book is a practical guide for teachers, family members and others who play a critical, direct role in the lives of children who are deafblind. Good communication is emphasized and illustrated with stories that are based on positive, real experiences. The beginning chapters lay the foundation for the development of instructional programs for children who are congenitally deafblind or who have become deafblind early in life. Later chapters look more specifically and sequentially at the nuts and bolts of providing meaningful experiences for these learners. The book is available from Perkins School for the Blind, 175 North Beacon Street, Watertown, MA 02472, Attn: Public Relations & Publications. Telephone: (617) 972-7328; fax: (617) 972-7334. The cost is \$35.00.

**A Resource Manual For Understanding and Interacting With Infants, Toddlers, and Preschool Age Children With Deafblindness** - *Alsop, Linda, Ed. SKI\*HI Institute: 1993, 575.* The manual's purpose is to give insight, information, and strategies for intervention to service providers for infants, toddlers, and preschool age children who are deafblind. The manual is

divided into fourteen sections containing topic information specific to deafblindness. Order information: (801) 752-9533.

**Teaching Communication Skills To Students With Severe Disabilities** - *Downing, June E., Ph.D. Paul H. Brookes Publishing Co. 1999, 198.* Helping students with severe disabilities communicate as effectively as possible with teachers and classmates in general education environments is the scope of this book. Much of the information may also apply to other settings such as home, community and workplace environments. The focus is on students with severe cognitive disabilities or developmental delay, autism, severe sensory impairments (including deafblindness), or severe physical disabilities. Order from Paul H. Brookes Publishing, (800) 638-3775. Publisher's web site:<http://www.pbrookes.com>.

**Understanding Deafblindness: Issues, Perspectives & Strategies** - *Alsop, L., (Ed.) (2002).* *SKI\*HI Institute: Utah State University.* [Videos to accompany]

**What Do I Do Now? Communication Skills and Strategies for Individuals Working with Young Children Who Have Sensory Impairments** - *SKI\*HI. HOPE Inc. 1997, various paginations.* This program provides inservice training for staff in preschool and elementary school settings on communication needs of children with sensory impairments. There are ten instruction units that cover communication topics and techniques including: signals, turn-taking, active vs. passive, and choice-making. Available from HOPE, Inc., 1856 North 1200 East, North Logan, UT 84341; phone/fax: (435) 752-9533; e-mail:[hope@hopepubl.com](mailto:hope@hopepubl.com) Publisher's web site: <http://www.hopepubl.com>.

### **Helpful Websites**

Deafblind Link

<http://www.tr.wou.edu/dblink/index.htm>

Canadian Deafblind and Rubella Association

[www.cdbra.ca](http://www.cdbra.ca)

Texas School for the Blind and Visually Impaired

[www.tsbvi.edu](http://www.tsbvi.edu)

NORD

[www.rarediseases.com](http://www.rarediseases.com)

A-Z to Deafblindness

[www.deafblind.com](http://www.deafblind.com)

Classroom Support Information

[www.intellitools.com](http://www.intellitools.com)

[www.adaptedstories.com](http://www.adaptedstories.com)

## **Videos**

Assume Nothing (1999), W.A. Deafblind Association

Where Do I Begin (2000), W.A. Deafblind Association

Making the Most of Early Communication, D. Chen

What Baby Can See, D. Chen

What Baby Can Hear: Auditory Test and Interventions for Infants with Multiple Disabilities, D. Chen

Vision Tests for Infants, D. Chen

CVI Series: Issues in Pediatric Ophthalmology, Child Dev. Media, Brantford C.V.T.C 1997

An Introduction to PECS (1999), L. Frost & A. Bondy

Sensory Integration (1987), IWK Family Resource Library

Tool Chests for Teachers (one handbook for 2 videos), APSEA Library

Tool Chests for Parents and Students, APSEA Library

## **CDs**

Child-Guided Strategies for Assessing Children who are Deafblind or have Multiple Disabilities (J. van Dijk and C. Nelson)

Boardmaker (2001)

Boardmaker PCS Sign Language Libraries (vols 1-3)

Writing with Symbols 2000

Storytime (Revised 1.1)

## **References**

### ***General Knowledge***

Essential Elements in Early Intervention: Visual Impairment and Multiple Disabilities, Deborah Chen (Ed.), 1999, AFB Press .

Fiela Curriculum: 730 Learning Environments, L. Nielsen.

Understanding Deafblindness, Ski-Hi (2 vols).

CHARGE Syndrome Manual: A Management Manual for Parents.

A Resource Manual for Understanding and Interacting With Infants, Toddlers, and Preschool Age Children with Deafblindness Ski-Hi.

Teaching Students with Visual and Multiple Impairments: A Resource Guide, M, Smith & N. Levack, 1996, TSBVI.

A Guide to Planning and Support for Individuals Who Are Deafblind J. McInnes (ed.), 1999, University of Toronto Press.

The New Language of Toys, 1996, S. Schwartz & J. Heller, Woodbine House.

Play and Learn, Mary J. Sullivan Coleman; (Play & Learn, a motor based preschool curriculum), Able Net Publishing, 1999.

Building Bridges Through Sensory Integration, Eileen Yack, Shirley Sutton, Paula A. Quilla, Cindy Lobelle (cd) 1998.

### ***Classroom Supports***

Calendars, R. Blaha, TSVBI, 2001

The PECS Training Manual, L. Frost and A. Bondy, 2002

Storytime, Pati King-Debaun, 1999

The Experience Book, L. Mamer & C. Monaco 1998

Total Augmentative Communication in the Early Childhood Classroom, Linda J. Burhart, 1993

Communication: A Guide for Teaching Students with Visual and Multiple Impairments, L.

Hagood, 1997, TSBVI

Hands-on Reading, J. Kelly & T. Friend, 1993, Mayer-Johnson

## **Appendices**

- M. Guide to Selecting Time Frames for Calendar Systems
  
- N. APSEA Service Plans
  - i. Students who are Deafblind
  - ii. Students who are Deaf or Hard of Hearing
  - iii. Students who are Blind or Visually Impaired Including Those With Additional Disabilities
  - iv. Preschool Students who are Blind or Visually Impaired
  
- O. Roles
  - i. Provincial Supervisors
  - ii. Itinerant Teachers
  - iii. Preschool Consultant and Parent Educators
  - iv. Preschool Itinerant Teacher
  - v. Consultant for Students who are Deafblind and Students who are Deaf or Hard of Hearing with Multiple Disabilities (Page 9)