DOCUMENT RESUME

ED 208 631 EC 140 087

TITLE Visually Impaired: Resource Manuals for Program for Exceptional Children. Volume V.
INSTITUTION Georgia State Dept. of Education, Atlanta. Office of Instructional Services.
PUB DATE 81
NOTE 134p.; For other volumes in the series, see EC 140 083-092.

EDRS PRICE MF01/PC06 Plus Postage.
DESCRIPTORS *Delivery Systems; *Due Process; Elementary Secondary Education; *Program Administration; *Program Design; *Program Evaluation; State Standards; Student Placement; *Visual Impairments
IDENTIFIERS Georgia

ABSTRACT

The manual provides guidelines for Georgia teachers of visually impaired students. Eight topics are examined (sample subtopics in parentheses): definitions; eligibility criteria; due process; program organization (organization and administration, delivery models, personnel, teacher competencies); instructional programs (assessment chart, special materials and equipment); program evaluation; resources (professional, community, and state organizations); and the Georgia Academy for the Blind. Included in five appendixes are a list of materials and supplies and a vocabulary of terms related to the eye. (CL)

Volume V

Visually Impaired

Resource Manuals For Program For Exceptional Children

Office of Instructional Services
Division of Special Programs
Program for Exceptional Children
Georgia Department of Education
Atlanta, Georgia 30334

Charles McDaniel
State Superintendent of Schools
1981

Resource Manuals for Program for Exceptional Children

Resource manuals in this series include the following

Foreword

Georgia is committed to the belief that every exceptional child has a right to receive an education based on his or her individual needs.

The need for developing standards and guidelines for comprehensive programs for exceptional children in our schools has emerged from state and federal legislation. The three major laws affecting the education of exceptional children in Georgia follow.

Adequate Program for Education in Georgia Act (APEG)
Section 32-605a, Special Education

"All children and youth who are eligible for the general education program, preschool education, or who have special educational needs and three and four year old children who are either physically, mentally or emotionally handicapped or perceptually or linguistically deficient shall also be eligible for special education services. Children, ages 0-5 years, whose handicap is so severe as to necessitate early education intervention may be eligible for special education services."

Effective date: July 1, 1977

P.L. 94-142, Education for All Handicapped Children Act of 1975

The full services goal in Georgia for implementation of P.L. 94-142 states:

"All handicapped children ages 5-18 will have available to them on or before September 1, 1978, a free appropriate education. Ages 3-4 and 19-21 will be provided services by September 1, 1980, and 0-2 by September 1, 1982, if funds are available.

Effective date: September 1, 1978

Section 504 of P.L. 93-112, The Vocational Rehabilitation Act of 1973

"No otherwise qualified handicapped individual shall solely by the reason of his/her handicap be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

Effective date: June 1, 1977

The purpose of the *Resource Manuals for Programs for Exceptional Children* is to help local education agencies implement these laws and provide quality programs for exceptional children.

Acknowledgements

Many individuals throughout Georgia spent countless hours researching materials, exchanging ideas, writing and editing this guide. Our special thanks are expressed to the following persons.

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Introduction

Volume V has been prepared to assist school administrators, local directors and teachers in assessing needs, developing educational plans and administering services for students with visual impairments.

All children who are blind or otherwise visually impaired should have educational opportunities commensurate with their needs, abilities and capacities. So that every blind or visually impaired individual may derive the benefits from the program best suited to his or her needs, a continuum of programs from preschool through high school should be available.

Some visually impaired children with additional handicaps (retardation, cerebral palsy, learning disabilities, speech impairment, emotional disturbance, hearing loss and other health impairments) may need the teacher of the visually impaired to help plan individualized programs and services.

This resource manual is designed to offer suggestions in the hope that if will inspire creative efforts in planning and working with visually impaired children.

Table of Contents

Chapter I
Definition

The **visually impaired** child is one whose vision is limited to such an extent that he or she may require special personnel for instruction, curriculum adaptation or additional instructional materials. Children with visual impairments fall into the following basic categories.

A child who is unable to use print as his or her reading medium is considered to be **functionally blind.** Instruction in braille and in using recorded materials and auditory stimulation is essential to this child's education.

A **legally blind** child's visual acuity is 20/200 or less in the better eye after correction, or the child has a limitation in the field of vision that subtends an angle of 20 degrees. This child falls within the definition of blindness, although he or she may have some useful vision and may even read print. Legal blindness is a descriptive term which applies to some functionally blind children and to some partially seeing children. It is used solely for qualifying eligible children for materials and services from governmental and other agencies.

A **partially sighted** child's visual acuity falls within the range of 20/70 to 20/200 in the better eye after correction, or the child cannot read 18 point print at any distance on the basis of a current examination by an eye specialist.

Sometimes a child with visual acuity better than 20/70 may need educational services. Requests for inclusion of these children should be made to the Consultant for the Visually Impaired, Program for Exceptional Children, Georgia Department of Education.

Chapter II
Eligibility Criteria

Any child whose visual loss interferes with successful functioning in a regular school program is eligible for educational services. Children who need special services may have visual impairments which range from partial sight to total blindness. A significant visual loss may result from congential defects, eye diseases, severe refractive errors, malformation, injury to the eye, poor coordination, neurological impairments, convalescence from surgery or unknown causes.

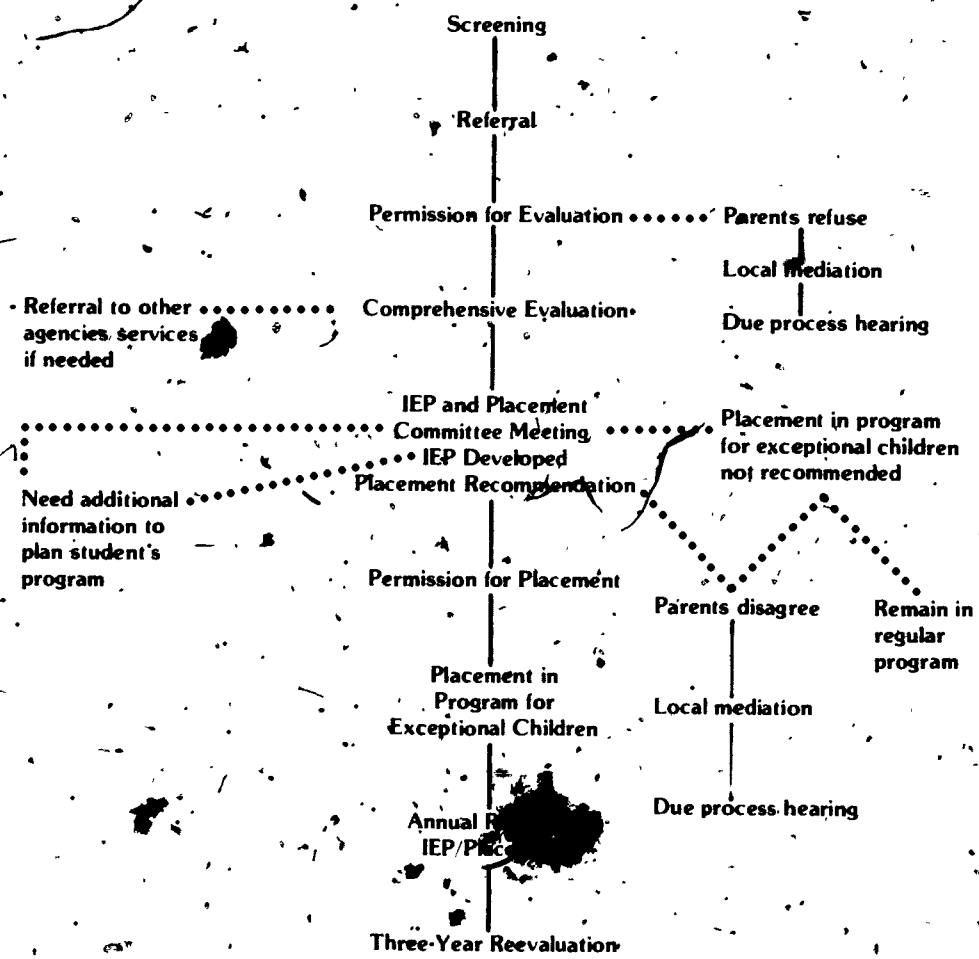
To be eligible for a special educational program including books, instructional materials and tangible apparatus, a child must be examined by vision specialist (ophthalmologist/oculist or optometrist) as defined in terms relating to the eye in Appendix B. A report of this examination, including visual acuity, should be filed with the Consultant for the Visually Handicapped, Program for Exceptional Children, Georgia Department of Education. *The Eye Report for Children with Visual Problems*, as prepared by the National Society for the Prevention of Blindness, is the standard form used for establishing eligibility. This form is Appendix C. This form provides much needed information when properly filled out. Forms are available from the Program for Exceptional Children.

Chapter III
Due Process

Introduction

Parents' and children's rights under P.L. 94-142 are protected through a procedural due process structure. The child, the parents and the schools are involved in the specifics of due process.

The following is a chart of due process procedures.



Screening
See Chapter V, Visual Assessment.

Referral
Referral is the process whereby parents or guardians, the pupils themselves, school personnel, appropriate public agencies or other professionals may request assessment of a student's abilities.

Comprehensive Evaluation
All children who are considered for special education services will be screened for possible hearing and vision difficulties prior to educational or psychological evaluations.

Before any action is taken with respect to the initial placement of a handicapped child in a special education program, a full individual evaluation must be conducted in accordance with the following: the local education agency (LEA) must use appropriate evaluation procedures, including trained evaluation personnel, multidisciplinary teams, validated and nondiscriminatory assessment, the language or other mode of communication commonly used or understood by the child and more than one procedure or instrument.

The local school system must have signed, informed parental consent on file before any child is singled out for any evaluation other than routine screenings happening to all children at some point in their school year (e.g., mass vision, dental, hearing and speech screening unless parent has previously filed a formal protest).

All children enrolled in special education programs will be comprehensively reevaluated educationally or psychologically no later than three years after the last previous evaluation. With the approval of the placement committee, the reevaluation may take place within the three years upon the request of any person having the original authority to make an initial referral.

Individualized Education Program (IEP)
An IEP is developed for each handicapped child who is receiving or will receive special education. This requirement applies to all public agencies working with handicapped children. The total IEP, including long- and short-term objectives, is developed prior to placement in a special education program.

The IEP must be developed in an individualized planning conference initiated and conducted by the responsible agency. A student should have only one IEP, even if enrolled in two or more special education programs.

The IEP is an educational and related service plan and not a binding contract for which the agency is responsible if the child does not achieve the growth projected in the goals and objectives. However, the local education agency must provide those services that are listed in a child's IEP.

Participants in individualized planning conferences must include a representative of the agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education (This does not exclude other qualified special education instructors.) and the child's teacher or teachers, special or regular or both, who have a direct responsibility for implementing the IEP. The responsible agency must make every effort to insure that each individualized planning conference includes one or both of the parents, the child, when appropriate, other individuals at the discretion of the parent or agency. For a handicapped child who has been evaluated for the first time, the responsible agency must insure that a member of the evaluation team or someone who is knowledgeable about the evaluation procedure and familiar with the evaluation results participates in the meeting.

Each responsible agency must make every effort to insure that the parents of the handicapped child are present at the individualized planning conference or are afforded the opportunity to participate. The meeting must be scheduled at a mutually agreed upon time and place. Notification of the meeting to parents must indicate the purpose, time and location of the meeting and who will be in attendance. All communications to parents must be in both English and the primary language of the home, if the primary language is other than English.

A meeting may be conducted without a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency must record its attempts to involve the parent(s). The attempts may include a written waiver of the parents' rights to participate, in accordance with due process procedures, telephone calls, correspondence and home visits.

Upon request, parents must be given a copy of the IEP. Upon request of the parents, a formal due process hearing will occur in conformance with procedures outlined in Georgia's Annual Program Plan.

The IEP must include the child's present levels of educational performance, the child's annual goals including short-term instructional objectives, the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in regular educational programs, the projected dates for initiation of services and the anticipated duration of the services and appropriate objective criteria, evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

Placement

No student will be placed in a special education program until the Special Education Placement Committee meets and reviews all pertinent information to determine an appropriate program for that child.

The decision to place any child into a special education program will not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child should be reviewed by the entire committee.

Placement committee meeting minutes must be kept.

All children who are evaluated for possible special education services must be subject to review by the placement committee. All children who are recommended by the placement committee to be placed in a special education program must have signed, informed parental consent on file within the school system before placement can occur.

Upon the request of any person having the authority to make initial referral, each child enrolled in a special education program must be reevaluated by the Special Education Placement Committee within three years from the last placement decision. The committee will review all pertinent information and determine the appropriate program for the child based upon the new information. Any time a change in education placement is contemplated, the pertinent information must be reviewed and change approved by the placement committee and the child's parents.

Confidentiality

LEA's maintain records and reports on handicapped children. These records and reports contain confidential data. Each LEA must provide instruction to persons collecting or using personally identifiable data. This instruction informs LEA personnel of policies and procedures for the use of confidential data.

Exit Criteria

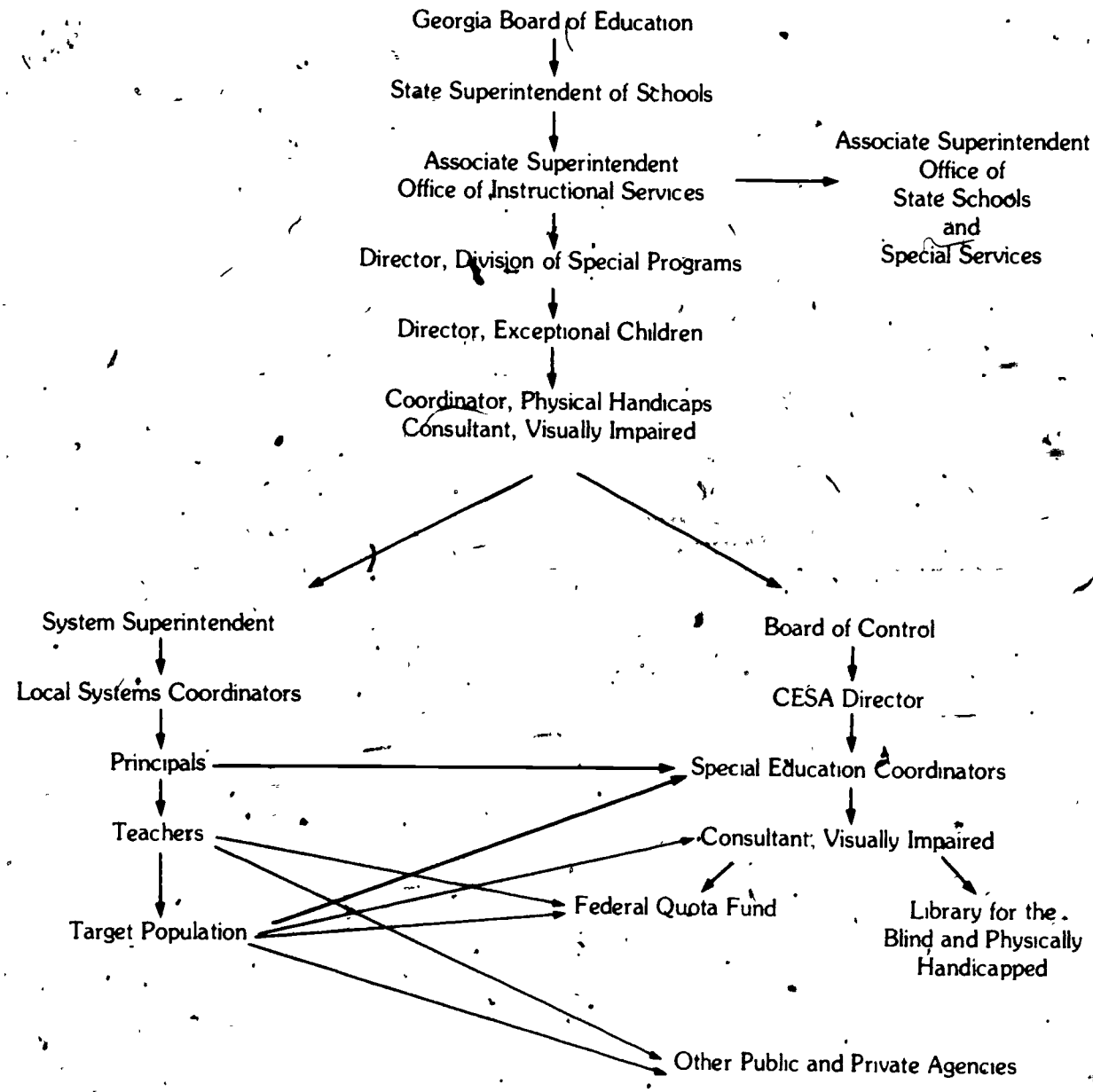
Visually impaired children will remain in special programs until medical and educational assessments find them ineligible for special services. Surgery, improved prescriptions for lenses and other medical innovations may eliminate the need for special services. A very careful evaluation of both medical and educational information is pursued before a child is dismissed from a program.

Chapter IV
Program Organization

Any child whose visual loss interferes with school performance is eligible for special educational services. In the area of curriculum content children with a visual loss need to acquire and use not only the same basic knowledge as normally seeing children but also any additional compensatory skills they may need for successful academic achievement and participation in society.

However, children should be admitted only into those programs that provide for them the materials, techniques, special curriculum areas and qualified teachers necessary to make their educational experience meaningful and relevant to their needs. The decisions for placement in any educational setting should be based on the nature of the visual loss, the degree of useful vision, mental ability, presence of other handicapping conditions, supplementary services available and, most importantly, the needs of the individual child.

Organization and Administration



Delivery Models

- *Self-contained Classroom*

The teacher in the self-contained classroom is responsible for academic instruction and additional skills such as braille, orientation and mobility, typing and listening skills. The classroom should be furnished with specialized materials and equipment necessary to the learning situation.

Students will be in the classroom more than half the school day. Wherever possible, students will be with normally sighted children in the school.

The teacher is responsible for ordering or preparing materials and writing the IEP for students in the self-contained classroom.

- *Resource Classroom*

A student may be in a resource classroom for less than half a school day. The teacher works with the student in academic areas in which the student needs help, as well as specific skill areas such as braille, typing, orientation and mobility, daily living skills and acquaintance with adapted materials. The resource teacher obtains or produces adapted materials necessary for the child to function in the classroom. Formal and informal assessment of functioning may also be done by the resource teacher. The student remains in the regular classroom for general academics and physical education.

The resource teacher will likely be in the school the entire day, and the student may go to him or her when specific problems arise in the classroom. Special equipment may be located in the resource room such as large print typewriters, braillewriters, closed circuit television or enlarging equipment.

This service model also allows time for the student's teachers to have conference time in which to plan for the student's program. The IEP should be prepared by the resource teacher for those areas for which he or she is responsible. The role of the resource teacher is supportive. The classroom teacher is responsible for instruction. The resource teacher is available to go into the student's classroom for observation and consultant work with the regular classroom teacher. She can provide suggestions, support, encouragement, materials and information about visually impaired to the teacher. The resource teacher may be instrumental in obtaining further assessment and evaluation on the student.

- *Itinerant Program*

The itinerant teacher is a key person in providing services to visually impaired students in his or her attendance area.

The itinerant teacher moves from school to school teaching individual visually impaired children, consulting with teachers, providing and adapting materials needed for instruction. Students seen by an itinerant teacher benefit from services two or three times weekly and can usually work independently on days the vision teacher is not there. The itinerant teacher should be knowledgeable of the curriculum in respective schools which visually impaired students attend. He or she should also be aware of the abilities of the students, how each student's impairment interferes with his or her learning process and how he or she copes with the impairment. Therefore, the itinerant teacher will assess each student. Assessments should be done in the areas of achievement, visual function, visual motor, integration, concept development, social maturity, etc. With this information, the teacher can determine which areas need assistance. When an itinerant teacher arrives at a given school, he or she may work in any one of these determined areas.

Academic instruction	Socialization skills
Visual skills	Daily living skills
Listening skills	Independence
Typing	Braille instruction
Handwriting	Optacon reading
Organization skills	Mobility instruction

Many itinerant teachers also assume the responsibility for counseling with the visually impaired child, or when necessary, seeking appropriate counseling for the student.

The itinerant teacher is also responsible for providing the appropriate materials for each child in the program. These vary with the needs of the individual student. In addition to these aids, it is necessary for the itinerant teacher to modify or adapt materials to make them more meaningful for the blind or low vision student. In order to assure the visually impaired student the opportunity to reach his or her potential and to benefit from instruction, it is imperative that the itinerant teacher work closely with the classroom teacher and parents. Regular parent conferences keep parents in touch with and active in achieving the goals for their child.

- *Preschool Programs*

Preschool visually impaired children may be served through the state psychoeducation network of parent/infant stimulation programs.

Some areas have obtained grants for preschool evaluation and intervention. The vision teacher should familiarize herself with the local availability of programs.

Because visually impaired children may exhibit lags in one or more areas of development, early intervention is critical. Frequently the visually impaired child has not had the opportunity to build major skills. The role of the teacher is to provide those experiences which will help to close developmental gaps.

A positive self-concept is crucial to a child's development. If a child is denied the opportunity of doing things for self, the child will not become independent.

To foster a positive self-concept in a visually impaired child, the teacher must recognize and provide for the child's needs, expect the child to participate in the regular activities, be ready to assist the child, allow ample practice time, let the child make choices, praise the child and discuss the child's progress with the parents.

Motor development depends on a child's ability to explore the environment. Visually impaired children are deprived of the ability to explore visually. They are also limited in learning through visual imitation. Body movement may be learned through activities such as crawling through barrels, climbing on a jungle gym and rolling on the floor.

Visually impaired children should be expected to acquire self-help skills as a basic step toward independence. However, it may take them longer and they may need more structured activities to teach them the skills other children learn by visual imitation.

One of the most crucial senses through which children learn is vision. The visually impaired child should be encouraged and provided opportunities to explore using his other senses as well as his remaining vision. Concrete experiences must be provided for the visually impaired child to become aware of differences in shape, texture, weight, size, taste, smell and temperature.

It is important that the characteristics and functions of such objects be discussed.

Visually impaired children should be made keenly aware of sounds and their associations in the development of speech and language skills. Visually impaired children may not communicate through facial expressions. Recognizing the many ways visually impaired children tell you about themselves is an important factor in understanding their needs.

Suggested References

Alonson, Lou, et. al. *Mainstreaming Preschoolers: Children with Visual Handicaps*. Washington, D.C.: U. S Department of Health, Education and Welfare, Office of Human Development Services. DHEW Publication No. (OHDS) 78-31112.

Raynor, Sherry and Richard Drouillard *Get a Wiggle On and Move It*. Mason, Mich.: Ingham Intermediate School District, 1975.

- *Multisystem Program (CESA)*

Small school systems may join together to provide a program for visually handicapped children on a cooperative basis, with one system serving as the fiscal agent A central resource room with the appropriate instructional materials and books should be provided to serve as a headquarters for the teachers. Usually, teachers serve visually handicapped children in several school systems on an itinerant program with a weekly schedule, depending on children's needs.

- *If There Is No Special Teacher*

When a visually handicapped child is enrolled in school, the local system accepts the responsibility for providing the educational services he or she will need. If there is no trained teacher of visually handicapped children in a school system, the regular classroom teacher should plan special considerations for the student. Preferential seating and adequate lighting should be provided when needed. Braille, large type books and special instructional materials are available for any visually handicapped child who has been registered with the Program for Exceptional Children.

In school systems without special services, the regular teacher may promote an inspiring classroom atmosphere if he or she emphasizes the abilities of the visually handicapped student. The teacher should hold visually handicapped individuals to the same standards as other students in the class. With consideration and encouragement and with special books and instructional materials, the visually handicapped student can usually succeed. However, progress should be watched carefully to assure success.

Belonging to and being accepted by a group of peers has a wholesome effect upon the development of any child or adolescent. Visually impaired children should be included in as many class activities as possible. They might be helpful additions to the school orchestra or chorus. They, too, should be considered for roles in class plays or assembly programs. If a class is planning a special project, a demonstration lesson, a trip or any other school event, the visually handicapped student should be included.

Regular Classroom Teacher

The regular classroom teacher has the responsibility for the total education program of each child in the class. It is desirable for the classroom teacher to participate in the program placement meetings and the writing of the IEP for the visually impaired student. The same general methods of instruction used for normally sighted students are equally valid for the visually impaired student. However, the visually impaired student may need assistance with such classroom activities as handling diagrams, chalkboard illustrations, mapwork, science experiments and mathematics symbols.

The regular teacher must work closely with the teacher of the visually impaired in planning for the unique needs of the visually impaired student to assist the student's social, emotional, physical, moral and educational development

A developmental delay, whatever the cause, may also be confused with mental retardation and lead to inaccurate diagnosis. A child who has a visual handicap may be slower in many aspects of development, making him or her appear mentally retarded. This lag could occur in one or several areas — cognitive, self-help, social, motor and language and speech.

- Signs and Symptoms of Visual Problems

Regular classroom teachers observing students in their performance of everyday activities, should be on the lookout for the following symptoms of visual problems.

Appearance

Lids are crusted, red-rimmed.
Eyes water or appear bloodshot
Eyes are crossed or turned in or out at any time.

Behavior

Holds work too close or too far.
Asks for special seating.
Thrusts head forward to see distant objects
Holds body tense when reading or looking at distant objects.
Frowns or scowls while reading or writing.
Attempts to brush away a blur
Rubs eyes frequently.
Blinks excessively when reading.
Tilts head

Covers one eye.
Avoids close work, mostly engages in outdoor activities, has difficulty in seeing distant objects.
Has short attention span or day dreams.
Exhibits fatigue after completing a visual task.
Loses place while reading.
Moves head rather than eyes while reading.
Exhibits nervousness, irritability or restlessness after maintaining visual concentration.
Turns head so as to use one eye only.

Complaints

Eyes are sensitive to light.
Eyes or lids burn or itch.
Images appear as blurred or doubled.
Letters and lines run together.
Words seem to jump.
Frequent headaches.
Nausea or dizziness.

Performance

Exhibits slowness in learning to read.
Exhibits poor achievement, reduced quality or quantity of work and slow rate of learning.
Has unusual slant to handwriting; writing is erratic; failure to stay on line.
Seems unable to distinguish colors.
Confuses similarly shaped letters and words. Persistent reversals after second grade.

Physical activity

Performs poorly at games.
Exhibits poor eye muscle coordination.
Stumbles frequently, trips over small objects.

- General Considerations for the Visually Impaired Child in the Regular Classroom

When speaking to the visually impaired student during class discussion, use his or her name because the student may not know that you are looking at him or her.
When you enter a room, address the student and identify yourself to let the student know who has entered.
Do not underestimate the capabilities of the visually impaired. Students will respond to your confidence in them.
Feel comfortable using words such as see and look. The visually impaired student will use them.
Encourage the visually impaired child to take leadership positions just as other children do.
The same disciplinary rules that apply to the rest of the class should apply to the visually impaired student.
Duplications in black ink are usually easier to read. It may be necessary to darken the letters or figures with a felt-tipped pen.
Although you may be using separate answer sheets for the rest of the class it may be easier for the visually impaired student to answer directly on the test.
Glasses cannot correct all visual impairments.
Large print does not enable all children to see better. Some partially-sighted students can read regular print to better advantage than they can read large type.
Use does not injure the eyes. Residual vision may be lost by disuse.
Encourage the visually impaired student to participate in extra-curricular activities.
Do not allow the child to exploit visual limitation for specialized treatment.
Plan in advance to allow sufficient time for resource/itinerant teacher to reproduce materials in desired format.

Stand or sit in positions which direct student's vision away from the windows.

All board writing should be clear and placed in line of vision. The child who cannot see board work should be provided a copy at his or her desk.

Keep chalkboards clean.

Verbalize as you write on board.

Allow child to change seating as necessary.

Keep all doors completely open or closed.

Orient the visually impaired child to changes in physical arrangement of room.

Noise level of classroom should be kept reasonably low since the visually impaired child must depend on auditory skills for a great deal of the educational program.

Braille reading students need open space and shelves for storing books and equipment.

The visually impaired child should be required to care for his or her material and be held responsible for prompt completion of classroom assignments.

Standards of work should be based on the student's **ability** and the quality of work should not be lowered because of limited vision.

Encourage independence. Overprotection handicaps the child more than the visual impairment itself.

Do not pity the visually impaired student. Help the child to accept the disability and learn to cope with it realistically.

Let the ears relieve the eyes as a medium for learning.

Plan short work periods so that the student does not use the eyes continuously in the same kind of activity. Fatigue is a factor when reading at close range.

- Special Considerations for the Visually Impaired Child in the Regular Classroom*

Partially seeing children should be encouraged to use their eyes to the maximum. Residual vision is not damaged by use.

Do not allow the child to exploit visual limitation for specialized treatment.

The teacher should stand and sit in positions which direct student's vision away from the windows.

The room and furniture should be designed to allow for individual differences in lighting needs.

Students should be encouraged to change their seats whenever they desire more or less light.

Preferential seating near the chalkboard or screen should be provided for students with defective vision.

All board writing should be large and clear and placed in the students' line of vision.

Optical aids may be used to increase size of image without using large print materials.

The daily activities of each student should be planned to supplement periods of close eye work with less visually demanding activities.

Time allowances for reading assignments should be adequate for each student's reading speed.

Purple ditto sheets require high levels of illumination and should be used as little as possible with the visually impaired.

If absolutely required, give the student a clear sharp copy.

Legibility is improved by using a good quality of black ink on white paper.

Dim areas of the material should be outlined with felt-tip pen.

The material should be spaced so that crowding will not occur and adequate space is allowed in blanks to be completed.

*From Harley, Randall K. and G Allen Lawrence. *Visual Impairment in the Schools*. Springfield, Ill.: Charles C. Thomas Publisher, 1977.

- Role of Regular Secondary Classroom Teacher

Adaptations of methods and materials for success in some curriculum areas by visually impaired students are relatively minor. Some secondary subjects require adaptations of tactile materials.

Industrial arts teachers should encourage students to become familiar with and name materials, orient students to shop area, allow students ample time to do project, teach and enforce safety tips and work closely with itinerant teacher.

Art teachers should adapt media to visual acuity (tactual manipulation for totally blind), allow time and opportunity to explore, make directions rich in words and phrases rather than painting or showing pictures.

Suggested media include clay, wire sculpture, sawdust and paste, fingerpainting to music and paper mache'.

Home economics and homemaking teachers should adapt utensils which may be useful, be vocal about hot materials, describe project being carried out, orient child to machines, instruct child in good grooming procedure.

Social Studies teacher should make maps, graphs and diagrams available in raised form whenever possible.

Mathematics teachers should be aware that the abacus, braillewriter and raised line kit may be useful in mathematics.

References

Corn and Martinez. *When You Have A Visually Handicapped Child In Your Classroom Suggestions for Teachers.* American Foundation for the Blind, 16 W. 16th St., New York, N.Y.

Orlansky, M. D. *Mainstreaming the Visually Impaired Child.* Austin, Texas: Learning Concepts.

Personnel

The organization and administration of a special education program for visually handicapped students involves personnel at several levels of responsibility within the educational framework of the local school system and the Georgia Department of Education.

The Consultant for the Visually Handicapped, Program for Exceptional Children, Georgia Department of Education, furnishes consultative services to public school systems interested in providing appropriate educational programs for visually handicapped children. The consultant is available to give professional help to the school administrators and teachers of any school systems in Georgia. The consultant may provide help in the organization and supervision of vision programs, in the initiation of new services within existing programs and in helping local schools make provisions for isolated children not being served by special education teachers.

The basic responsibilities for establishing and administering special class units for visually handicapped children rest with the local school board and the local school superintendent designee.

The consultant for the visually handicapped provides consultative help to school systems in developing and expanding educational programs for the visually handicapped children. He or she also registers visually handicapped children for services and instructional materials and maintains a file of eye examination reports on all visually handicapped children in public schools, in addition to receiving orders for books and instructional materials, administering annual federal quota registration of legally blind pupils and purchasing books and instructional materials on federal quota account for visually handicapped children in public schools.

The local director, Program for Exceptional Children organizes, develops and coordinates the vision program as well as other programs for exceptional children in that school system.

The principal determines the climate in which the teacher of the visually handicapped works. All schedules and room needs should be cleared with the principal and he or she should be informed of any variation in schedule. All recommendations concerning children should be made through the principal.

The teacher of the visually impaired must meet all requirements for **teacher certification** as established by the Georgia Board of Education.

A candidate must submit to the Teacher Certification Office, Georgia Department of Education, State Office Building, Atlanta, Ga. 30334, an application for certification, transcript of credits, and a recommendation of an approved college or university stating that the candidate has completed a planned program of study.

A teacher not fully certified in the area of the visually handicapped may be approved for employment provided the teacher has completed 10 quarter hours of a planned program in an approved college or university and agrees to complete 10 quarter hours each year until certified in the area. The planned program of the person employed will be submitted to the Teacher Certification Office with a statement of intent by the teacher that the work will be continued during the current school year or summer. Certification is obtainable at fourth, fifth and sixth year levels.

Universities in the southeastern United States currently offering programs leading to certification of teachers of the visually handicapped are Georgia State University, Florida State University, George Peabody College for Teachers, University of Texas and University of Virginia.

More specific information regarding training programs may be obtained either by writing to the college or university or by contacting the Consultant for the Visually Handicapped.

Teacher Competencies

All teachers serving visually impaired students should be fully certified to teach both blind and partially seeing children. He or she should also have some awareness of the normal growth and developmental patterns of all children as well as knowledge of the pattern of normal progression in general curriculum. Teachers serving visually impaired children should have had successful experience with working in regular education for a period of time.

*Training programs must be constantly developed and updated to keep in step with the medical, educational and scientific world which is ever surging forth with new and improved techniques and materials for use with the visually impaired. As a low incidence area, innovative ideas must be constantly explored to make available the most updated and suitable techniques for working with the visually impaired.

The teacher of the visually impaired child should be able to perform the following.

- Teach from the same basic educational background as other teachers certified in their respective areas of elementary or secondary education.
- Describe the historical and current development in education of the visually impaired and the influence of historical developments upon the current state of the field.
  - (1) Demonstrate a working knowledge of basic terminology and vocabulary commonly used by specialists in the area.
  - (2) Demonstrate a knowledge of basic literature in the field of visual impairment.
- Demonstrate specialized knowledge in the following areas.

  Structure and function of the human eye and the educational implications of visual disorders

  Psychological implications of blindness
  - (1) Recognize emotional and social problems of blindness and help the child deal with these problems in a logical and constructive manner and seek professional services as needed.
  - (2) Recognize related educational problems which are often found with the visually impaired.
  - (3) Recognize psychological implications of the visually impaired child in the home.

  Braille reading and writing as a means of communication to include academic braille and the Nemith Code (mathematics)

Taken from Master Plan for Special Education, page 307, paragraph 1

Techniques involved in use of low vision

(1) Determine if the child has a stable eye condition by ophthalmological report.

(2) Discuss ways in which students are able to use residual eyesight to the fullest extent.

Ways in which pre-cane skills are used to assist the visually impaired child in orientation and mobility

Ways in which the abacus can be used as a calculator and describe methods of mental arithmetic to the visually impaired (secondary math and all elementary teachers)

- Demonstrate visual screening techniques (i.e., Snellen chart) used with preschoolers and those in school.
- Explain types of programs commonly used in the education of the visually impaired.

  List the advantages and disadvantages of the itinerant teacher program.

  Differentiate between the itinerant teacher program and the resource teacher program.

  Explain the operation of a self-contained classroom for the visually impaired.

  Discuss the advantages and disadvantages of the residential school.

- Explain curriculum and methodology.

  Explain how the visually impaired child can develop to his or her maximum potential through group activities and individualized teaching. Also explain the importance of allowing the child to develop at his or her own rate and not in competition with classmates.

  Cite ways in which community resources can facilitate learning using the child's remaining senses to the fullest extent.

  Identify experiences that will aid the child in developing acceptable social behavior.

  Demonstrate knowledge of braille and large type reading and writing techniques emphasizing good communication skills. Emphasize typing.

  Explain ways in which materials especially developed for visually impaired boys and girls can be used effectively.

  Describe orientation procedures used in assisting the child to become independently mobile.

  Explain ways in which skills of daily living are taught by visually impaired individuals in learning to live independently.

  Discuss ways in which effective listening skills may be developed.

- Identify sources and discuss uses of common materials in the education of the visually impaired.
- Identify sources and explain ways in which special equipment can be used in the education of the visually impaired.
- Administer and interpret results of basic tests normally used with visually impaired individuals, i.e., achievement (not including intelligence and psychological tests).
- Identify agencies and organizations serving the visually impaired.

  List agencies and organizations which provide materials for the visually impaired.

  Demonstrate the ability to use local agencies in providing services to the visually impaired.

  List professional organizations serving the blind and partially sighted. Discuss basic services provided by each.

- Demonstrate a knowledge of due process as mandated by APEG and P.L. 94-142.
- Demonstrate the ability to develop an IEP consistent with mandates of APEG and P.L. 94-142.
- Establish a positive-working relationship with parents. This relationship is demonstrated through parent-teacher interaction.

In-service

Each local educational agency should make available a program on in-service for teachers of the visually impaired, regular teachers and administrative staff. Georgia Learning Resource Services and other community and professional agencies and resources can provide assistance in maintaining these programs.

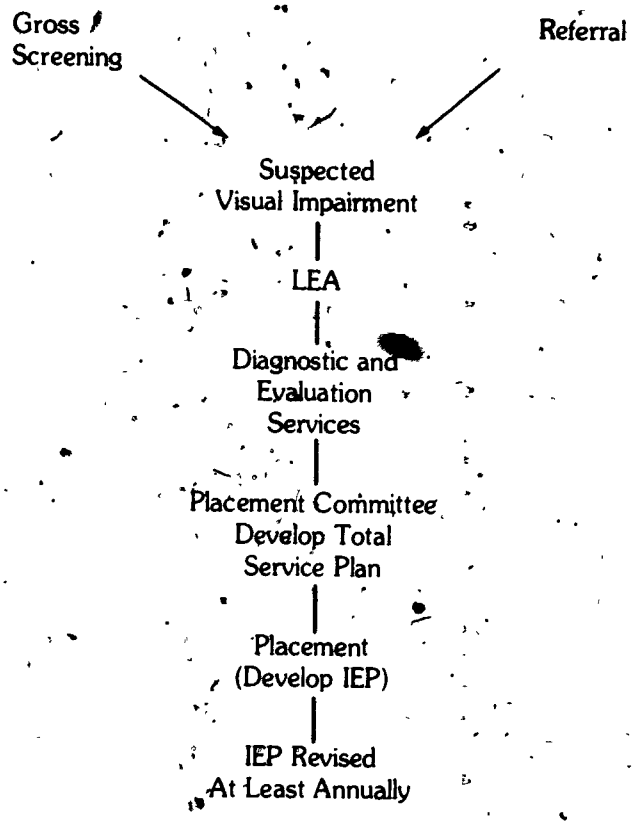
Facilities, Equipment and Materials

Appropriate housing shall be provided in a regular school building, as required by the type of program, with suitable furnishings and appropriate materials and equipment. Classroom size will be determined on the basis of maximum number of children served and the type of activity at any given time.

Chapter V
Instructional Program

Instructional Program

Assessment Chart



Visual Assessment

The purpose of visual assessment or screening is to identify those children who may need correction or remediation in order to attain full visual potential.

Visual screenings are just that — screenings, and should not take the place of a vision examination by an eye care professional. The following terms may be helpful in explaining to parents and others the role of eye care professionals.

Ophthalmologist (or oculist) a medical doctor who specializes in the diagnosis and treatment of diseases of the eye. This physician is also licensed to prescribe glasses.

Optometrist is a highly trained person who specializes in eye problems but does not possess a medical degree. This individual is licensed to measure visual function and prescribe and fit glasses. If disease is suspected, a referral will be made to an ophthalmologist.

Optician a craftsman who makes glasses and fills the prescriptions of ophthalmologists and optometrists.

Orthopist a nonmedical technician who directs prescribed exercises or training to correct eye muscle imbalances and generally works under the direction of an opthalmologist.

These professionals and other community services, such as public health nurse, family and children services, etc., should be made aware of the programs available in the school for vision screening and for the visually impaired student. Any information about new preschool programs should also be distributed.

Actual screening may be done by the teacher of visually impaired or by school or volunteer personnel. Materials for screening (especially when a large number of children is involved) are available from the Georgia Department of Human Resources and the Georgia Society for the Prevention of Blindness. Representatives from both of these agencies are available to train interested persons in screening procedures and provide materials.

Teachers need to be made aware of observable behaviors and clues which might prompt them to refer the child for vision screening or evaluation. There are many pamphlets available from the Georgia Society for the Prevention of Blindness. An often used checklist is included in this section. Very young children or children with obvious eye problems may be referred through their parents directly to an eye care specialist (page 137-139, *Visual Impairments in the School*, Harley and Lawrence). Teachers need to be made aware of school vision screening programs and programs for preschool and school age visually impaired students available in the system.

Signs and Symptoms of Eye or Visual Problems Checklist

Observe how the child acts.

Does he or she

___ frown, blink, scowl or squint?

___ skip words or lines or lose the place when reading?

___ rub eyes a lot when reading or working?

___ hold book or object too close or too far from eyes? The correct distance is about 14 inches. (Many children hold their books close. This by itself is not a valid symptom.)

___ cover or shut one eye or tilt head to one side when looking at something?

___ become tired or cross after using eyes for some time?

___ stumble or trip over small objects? (He or she may be far sighted.)

___ do poorly at games requiring distant vision, for example, baseball? (He or she may be nearsighted.)

___ Does light hurt his or her eyes?

___ Can he or she tell the difference in colors?

Look closely at the child's eyes.

___ Are eyes crossed or turned?

___ Are the lids encrusted, swollen, or droopy?

___ Does the child have sties?

___ Are eyes watery or sore looking?

___ Are pupils of eyes different in size and shape?

___ Listen: Does the child complain that

___ he or she has headaches, is dizzy and tired after close work?

___ he or she cannot see well?

___ his or her eyes itch, burn or ache?

___ he or she cannot clearly see the blackboard?

___ letters are blurred?

___ he or she sees two of everything?

___ lines of words or letters run together or jump?

___ Other signs or symptoms noted: _____

_____

_____

Screening Procedures

A referral can be made by a teacher, parent or other interested party. There should be an organized method of referral (a form or checklist) complete with parent signature giving permission for vision screening.

Some suggested instruments which are used in vision screening include the following.

Preschool

New York Lighthouse for the Blind Eye Chart for Children (House, Apple, Tree) near and far point

Snellen Tumble E Chart

Titmus Preschool Vision Tests

School Age

Keystone School Vision Screening

Titmus School Vision Tester

Snellen Chart

A report of the screening, date, examiner's name, instrument used and results should be kept in the student's file. These screenings should be updated at least every two years. Yearly screenings are recommended by many sources; however, mass school screenings every two years can be very effective if continued on a regular basis, i.e., grades two, four, six, tested each year.

Should a student fail the vision screening, or doubt remains as to the validity of the test or visual ability of the student, referral should be made to the parent for further examination by an eye care specialist. An eye report form should be included in the referral to be returned to the school by the examiner. This report should also be kept in the student's file along with an interpretation by the vision teacher, if necessary.

Gross screenings can be accomplished by a public health nurse, school nurse, trained volunteers, the Georgia Society for the Prevention of Blindness or trained personnel such as the vision teacher, vision screening aides or trained diagnosticians.

Referrals may be made by teachers, counselors, parents, social workers, community organizations, human resources personnel and interested individuals.

Local Education Agency

Georgia Law, Chapter 32-6A, Adequate Program for Education in Georgia Act, stipulates that

"Local units of administration shall, subject to any limitations hereinafter specified, provide a special education program for all students with special needs who are residents of their school systems, either by establishing and maintaining such educational facilities and employing such professional workers as are needed by these students or by entering into a contract with other school systems or Cooperative Education Service Agencies for such services."

Diagnostic and Evaluation Services

Initial Evaluation

All children who are considered for special education services must have a comprehensive evaluation of their abilities and handicaps.

All children referred for special education evaluation must be screened for possible hearing and vision difficulties prior to educational or psychological evaluations. Those children considered for special education services in which intellectual, behavioral or emotional components may be determining factors in educational placement must have an individual psychological examination, unless otherwise specified, in addition to other assessments to determine their abilities and handicaps. The psychological evaluation would include an evaluation of cultural, language and adaptive factors.

Diagnostic and Evaluation Centers

Public health department
Georgia Center for the Multihandicapped
Grady Eye Clinic (Atlanta)
Georgia Learning Resource Centers
CESAs
Local community agencies
Pnvate ophthalmologist or optometrist
Talmadge Memorial Hospital
Hospital (Columbus)
Georgia Academy for the Blind (Macon)
Local school personnel

Several agencies are available to help families who are not financially able to obtain an eye examination or other treatment. Some of these may be the local health department for medicaid eligible students, Lion's Clubs, Lion's Lighthouse for the Blind and some union organizations. Other sources may be available in the community and should be investigated.

Some visually impaired students may be identified from the screening program. When eye reports are received on these students confirming eligibility they should then be placed in the vision program through the due process procedure.

Resources

Georgia Department of Education, Programs for Exceptional Children.

Georgia Department of Human Resources, Division of Physical Health, Child Health Unit, 47 Trinity Ave. SW, Atlanta, Ga. 30334.

Georgia Society for the Prevention of Blindness, 2025 Peachtree Rd. NE, Atlanta, Ga. 30309.

Keystone View Company, Meadville, Penn. 16335.

New York Lighthouse for the Blind, 111 E. 59th St., New York, NY 10022.

Titmus Optical Company, Inc., Petersburg, Va. 23803.

Assessment of Multiply-Handicapped Blind Children

Test	Age	Type	Comments
Visual Efficiency Scale American Printing House for the Blind 1839 Frankfort Ave. Louisville, Ky. 40206		vision assessment	Scale designed to assess visual behaviors and responses to items of increasing complexity in size, detail and interpretation. Child is not required to recognize or to call the letters by name or be able to read the words.
Functional Vision Assessment for Severely Handicapped Children Langley, M. D. and R. F. DuBose. "Functional vision assessment for severely handicapped children." *New Outlook for the Blind*, 1976.	birth-2 years	vision assessment	Teacher-administered scale which assesses presence and nature of the visual response, size and distance vision and visual reaction to impinging stimuli. Integration of vision with cognitive and motor processes is also assessed.
STYCAR Vision Tests N.F.E.R. Publishing Co. Berks, England	6 months-7 years	vision assessment	Test of visual acuity which can be administered to very young children as well as deaf, partially sighted and mentally retarded children. Consists of miniature toys, near test and single-letter cards. Child participates by matching objects, drawing letters in the air and locating various sized balls in peripheral and central visual fields.
New York Flashcard Vision Tests New York Association for the Blind 111 E. 59th St. New York, N.Y. 10022	2 years - adult	vision assessment	This instrument may be administered nonverbally and yields acuity readings from 20/10 to 20/200. Only three symbols comprise the test—apple, house and umbrella.

Test	Age	Type	Comments
Denver Eye Screening Test LADOCA Project and Publisher Foundation E. 51st Ave. and Lincoln St. Denver, Colo. 80216	2½ - 6 years	vision assessment	Visual screening tool which provides comprehensive evaluation for muscle imbalance, acuity level and pupillary light reflex.
Motor Free Visual Perception Test Academic Therapy 1539 Fourth St. San Rafael, Calif. 94901	5-7 years	vision assessment	This instrument requires only a pointing response to assess figure-ground, discrimination, visual closure and form constancy.
Teacher Guide for Evaluation Visual Functioning Efron, M. and B. R. DuBoff. *A Vision Guide for Teachers of Deaf-Blind Children.* Winston-Salem, N.C.: Special Education Instructional Materials Development Center, 1975.	preschool	vision assessment	Assessment tools enable the teacher to evaluate the child's sensation, visual-motor and visual perceptual abilities.
Denver Developmental Screening Test LADOCA (above)	birth - 6 years	screening	An individually administered screening inventory designed to identify children with developmental delays. Measures four aspects of functioning—adaptive, fine and gross motor, language and personal social development.

Test	Age	Type	Comments
Developmental Activities Screening Inventory Teaching Resources 160 Boylston St. Boston, Mass. 02116	6-60 months	cognitive screening	A teacher-administered instrument to determine general cognitive adaptive functioning levels. The manual provides instructional modifications for its administration to totally blind children. Developmental activities are suggested.
Developmental Profile Psychological Development Publications P. O. Box 3198 Aspen, Colo. 81611	birth - 11 years	screening	An inventory of skills designed to screen child's development in five key areas of physical age, self-help age, social age, academic age and communication age. Provides an individual profile depicting developmental age levels.
Haeussermann's Developmental Potential for Preschool Children Grune and Stratton 111 Fifth Ave. New York, N.Y. 10003	2-6 years	screening	Provides tasks for screening functional vision and visual perceptual skills as they relate to cognitive development. Materials are common objects and can be manipulated by the child.
Bayley Scales of Mental Development Psychological Corp. 757 Third Ave. New York, N.Y. 10017	birth - 30 months	cognitive development	Assessment tool of sensory-motor thought processes and early language behaviors administered through use of manipulative materials. Early visual and auditory abilities receive heavy assessment emphasis.

Test	Age	Type	Comments
Callier-Azusa Council for Exceptional Children 1920 Association Dr. Reston, Va. 22091	birth - 5 years	all areas of development	An observational scale which evaluates motor, perceptual, daily living, language and socialization skills based on normal developmental schedules.
Cattell Infant Scale of Intelligence Psychological Development Publications P. O. Box 3198 Aspen, Colo. 81611	birth - 30 months	cognitive development	Instrument consisting of many manipulative items used to assess the child's abilities in problem solving, imitation, object performance, object concept and language skills.
Detroit Test of Learning Aptitude Bobbs-Merrill Company 4300 W. 62nd St. Indianapolis, Ind. 46206 Subtests: Verbal absurdities Verbal opposites Auditory attention span for related words Auditory attention span for unrelated words Oral commissions Social adjustments A & B Free association Orientation Likenesses and differences	3-17 years	cognitive development	A series of subtests which allow the examiner to assess the child's visual auditory and cognitive thought processes in order to pinpoint specific learning deficits.

Test	Age	Type	Comments
Koontz Child Development Program Psychological Services 12031 Wilshire Blvd. Los Angeles, Calif. 90025	1-48 months	cognitive, language, motor and personal social	A behavior rating scale administered by parents, teacher or therapists during a child's normal activity. Establishes level of functioning in gross and fine motor, social and language skills. Text presents developmental activities appropriate for use with hearing and visually impaired children.
McCarthy Scales of Children's Abilities Psychological Corp. 757 Third Ave. New York, N.Y. 10017	2½ - 8½ years	cognitive, perceptual and motor development	An instrument used to measure general cognitive functioning as well as the child's strengths and weaknesses in verbal and perceptual performances. Quantitative reasoning, memory, motor development and laterality skills are also examined.
Merrill-Palmer Scales of Mental Development Stoelting Company 1350 S. Kostner Ave. Chicago, Ill. 60623	18-71 months	cognitive development	The scales assess, not only the child's cognitive abilities, but find and gross motor skills in a very general manner. Comprised primarily of performance items, some of which are timed, this tool is very useful with nonverbal children. Provision is made for a child's refusal of an item or for a necessary omission of an item.
Blind Learning Aptitude Test University of Illinois 702 Race St. Urbana, Ill. 61801	6-16 years	cognitive development	Tactual test for blind children designed to assess processes and operations necessary to learning. Stimulus materials are not verbal in nature nor are verbal responses required. The test items are in bas-relief form, consisting of dots and lines. Child does not need to know braille to take this test.

Test	Age	Type	Comments
Haptic Scale of Intelligence Psychology Research Box 14, Technology Center Chicago, Ill. 60616	16 years to adult	cognitive development	A tactual adaptation of the WAIS.
Hayes-Binet Howe Press of Perkins School for the Blind Watertown, Mass. 02172	3 years - superior adult	cognitive development	An adaptation of the Stanford-Binet for blind individuals.
Behavioral Characteristics Progression Santa Cruz Co. Office of Education 701 Ocean St., Room 200 Santa Cruz, Calif. 95060		all areas of development	Sequential chart of various developmental domains, including orientation and mobility strands.
Uzgiris-Hunt Ordinal Scales of Psychological Development Uzgiris, I.C. and J. McV. Hunt. *Assessment in Infancy: Ordinal Scales of Psychological Development*. Urbana, Ill.: University of Illinois Press, 1975.	birth - 2 years	cognitive development	Series of six ordinal scales based on Piagetian observations of sensory motor schemas. Concerned with the hierarchian interrelationship of achievements at different levels. Six scales include visual pursuit and the permanence of objects, imitation, object concept, construction of object in space, casuality, means for achieving desired environmental events and development of schemas relating to objects.

Test	Age	Type	Comments
Basic Concept Inventory Follett Publishing Dept. D.M. 1010 W. Washington Blvd. Chicago, Ill. 60607	kindergarten-2nd grade	concepts vocabulary	Consists of 10 very simply drawn pictures used to assess child's knowledge of pronouns, present, past and future tense prepositions and adjectives, as well as understanding of subject and predicate. Assesses not only language concepts but also auditory discrimination, sequencing and expressive language.
BOEHM and Tactile Test of Basic Concepts Psychological Corp. 757 Third Ave. New York, N.Y. 10017 and American Printing House for the Blind 1839 Frankfort Ave. Louisville, Ky. 40206	kindergarten-2nd grade	concepts vocabulary	Assesses beginning school children's knowledge of frequently used basic concepts essential to success in an academic setting. Consists of 50 items concerning space, time and quantity. Recently adapted for totally blind children.
Environmental Prelanguage Battery Charles E. Merrill Publishing Co. 1300 Alum Dr. Columbus, Ohio 43216	12-18 months	language development	Designed for use by parents, paraprofessionals and teachers for the assessment of child's verbal and gestural imitation abilities and expression of one- and emerging two-word constructions.
Environmental Language Inventory Charles E. Merrill Publishing Co. (address above)	one- and two-word utterances	language development	Intensive assessment of the child's application of semantic grammatical rules in two- and three-word utterances. The child's expressive language is assessed in imitation, conversation and play as he or she is provided with contexural and non-linguistic cues.

Test	Age	Type	Comments
GATE: Gestural Approach to Thought and Expression Child Study Center Peabody College for Teachers Box 158 Nashville, Tenn. 37203	birth - 3 years	language development	A nonverbal scale designed to assess the manual and gestural communicative attempts of multi-handicapped children and the prerequisite skills for singing.
Illinois Test of Psycholinguistic Abilities University of Illinois Press Urbana, Ill. 61801 Subtests — Grammatical closure Manual expression Verbal expression Auditory sequential memory Auditory association Auditory reception Auditory closure	2½ - 9½ years	language development	This instrument yields a diagnostic picture of the child rather than an IQ. Probes child's abilities to use language processes on a receptive and expressive basis. Purpose of the text is to detect specific learning disabilities basic to learning disorders.
Laura Lee's Developmental Sentence Analysis Lee, L. L. *Developmental Sentence Analysis*. Evanston, Ill.: Northwestern University Press, 1974.	2-8 years	language development	Analyzes children's spontaneous speech samples into eight major syntactic categories to derive a sentence score comparable to normal language development.

Test	Age	Type	Comments
Receptive-Expressive-Emergent Language Scale Anhinga Press 550 Park Ave. E. Tallahassee, Fla.	birth - 3 years	language development	Primarily an interview scale, REEL assesses child's comprehension and expression of early language skills. The scale reveals any differences that may exist between the infant's CA and combined receptive-expressive communication age.
Receptive-Expressive Language Assessment for the Visually Impaired	birth - 6 years	language development	Assesses receptive and expressive language of visually handicapped children. Items have been adapted to the auditory and tactual modes. Taps morophological, semantic and syntactic structures.
Sequenced Inventory of Communication Development University of Washington Press Seattle, Wash. 98105	4-48 months	language development	Comprehensive scale of receptive and expressive language development. SICD surveys awareness, discrimination, understanding, imitation, responsiveness and spontaneous language production. An articulation scale is also provided. Is completely adaptable to totally blind children.
Children Move to Learn Communication Skill Builders P. O. Box 6081 Tucson, Ariz. 85733	head control - walking	motor development	Provides guidelines for observing head control, reaching and grasping trunk control, sitting, early mobility and walking skills. A developmental program is provided.

Test	Age	Type	Comments
Stanford Function Developmental Assessment Bleck, E. E. and D. A. Nagel. *Physically Handicapped Children: A Medical Atlas for Teachers*. New York: Grune and Stratton, 1975.	birth - 10 years	motor development	This very detailed sequential scale offers behavioral tasks for evaluating both fine and gross motor skills. Gross motor skills include strength and coordination, locomotion, balance, eye-foot coordination and visual motor-upper limbs. Fine motor skills include reach, carry and bilateral coordination, prehension, thumb-finger manipulation, grasp-placement, release and eye-hand coordination and graphics.
Bayley Scales of Motor Development Psychological Corp. (see previous pages for address)	birth - 30 months	motor development	Assesses gross and fine motor skills of infants. Provides developmental age levels for skills such as head control, sitting, walking, climbing, jumping and visual motor integration.
Frostig Movement Skills Battery	6-12 years	motor development	An instrument designed similarly to AAU scales used in public schools to assess physical development. Items of gross and fine motor skills include tasks requiring speech, accuracy, endurance, balance, coordination and flexibility.
The Body Image of Blind Children American Foundation for the Blind 15 W. 16th St. New York, N.Y. 10011	5 years up	mobility, laterality	This scale assesses basic directionality and body image concepts essential to the development of efficient mobility skills.

Test	Age	Type	Comments
Peabody Mobility Kit Randall Harley Box 328 Peabody College for Teachers Nashville, [illegible] 37203	multi-handicapped	mobility	Kit consists of four manuals that help the teacher assess motor skills, conceptual and sensory development in multihandicapped children.
Adaptive Behavior Scales Edmark Associates 13241 Northup Way Bellevue, Wash. 98005	3 year - adult	social development	A social scale standardized on mentally retarded children, is divided into two sections—independent functioning and aberrant behavior. Criterion-referenced checklist is most helpful in determining whether a child has coping skills to exist outside an institutional setting.
Lakeland Village Adaptive Behavior Grid Lakeland Village Medical Lake, Wash. 99022	3 months - 16 years	social-self development	Allows the evaluator to derive developmental levels for areas such as eating, dressing, toileting, grooming, mobility, reaction, socialization and behavior control, all of which are task-analyzed.
Maxfield Buchholz Scale of Social Maturity for Preschool Blind Children American Foundation for the Blind 15 W. 16th St. New York, N.Y. 10011	0-5 years	social development	Adaptation of the Vineland Social Maturity Scale for blind children evaluates children in areas of general motor development, dressing, eating, locomotion, socialization, communication and occupation.

Direct Service

A student may be involved in one or all delivery models, depending on abilities and needs. These models may be effectively set up on a continuum as the child gains skills and independence.

All teachers of the visually impaired should be able to act as resources to local administrators.

- In addition to services listed in further sections, these additional services may be asked of the teacher.*

  Consultant for vision screening programs

  Speaker at PTA meetings and parent discussion groups

  Resource person for high school students interested in careers in special education

  Discussion leader on topics related to visual impairment (attitudes toward the handicapped, learning skills of daily living without vision, etc.) for children at all grade levels

  Member of or consultant to a diagnostic team in special education

  Community referral agent for problems related to visual handicaps

  All teachers must work cooperatively if visually impaired children are to benefit from services rendered by the special teacher.

- Teachers of the visually impaired should render the following services.

  Identify and serve children whose visual handicaps prevent successful functioning in a regular school program.

  Place children in appropriate educational situation.

  Self-contained program.

  Resource

  Itinerant

  Identify all visually impaired children in area, recording their names, ages, schools, grades and degree of visual impairment.

  Check records for cause of visual impairment, name of doctor and date of last exam.

  Write IEP.

  Make regular teachers aware of the role of special education teacher, strengths and limitations of visually impaired child and materials available to aid visually impaired children.

  According to child's need, provide large print materials, braillewriters, typewriters, recorders, low vision assessment and aids.

  Orient students to new schools and new rooms.

  Introduce students to new teachers.

  Check with individual responsible for transportation to and from school.

  Order necessary materials from APH.

  Return materials no longer in use.

Special Materials and Equipment

- Federal Quota Allocation

  All children whose vision comes within the definition of legal blindness are registered by their school system through the Georgia Department of Education to be included in the Federal Quota Allocation for legally blind children. A credit allocation, based on a per capita allotment for children under instruction on the first

*From "*When You Have A Visually Handicapped Child In Your Classroom Suggestions for Teachers,*" Anne Lesley Corn and Iris Martinez

Monday in January, is set up on the books of the American Printing House for the Blind. It is against these credit allocations that the Georgia Department of Education authorizes shipment of books and materials for the use of local schools in the education of visually impaired children.

- Library for the Blind

All books and materials are circulated through the Library for the Blind, 1050 Murphy Ave., S.W., Atlanta, Ga. 30310. They are returned to this same address as soon as the school is finished with them for circulation to other visually impaired children.

- Textbook Funds

Local textbook funds may be used for purchasing books and materials for visually impaired children.

- Services

School personnel should register with all national agencies and organizations that provide materials and services to the visually handicapped. List of agencies may be obtained by writing the Consultant for Visually Handicapped, Program for Exceptional Children, Georgia Department of Education, Atlanta, Ga. 30334.

- Special Notes

Repair of braillers

Braillers which need repair should be shipped directly to the American Printing House for the Blind. They should be shipped marked "Free for the Blind," but should be insured for $100. Post Office Receipt retained until the brailler has been returned to the school system. Braillers should be listed by serial number on a standard book order form, with a statement of the problem needing attention; e.g., "keys stick," "rubber feet need replacement." The book order form should be mailed to the Consultant for the Visually Handicapped, Program for Exceptional Children, Georgia Department of Education. A duplicate copy should be enclosed with the brailler, which should be well packed in the box in which it was originally shipped. Cost of repair will be deducted from the federal quota account. There will be no cost to the school system for repair. The brailler will be returned directly to the school system when repair has been completed.

APH Instructional Materials Reference Center

The Instructional Materials Reference Center at the American Printing House for the Blind maintains a central catalog listing of volunteer-produced braille, large type and recorded textbooks. Commercially produced large type textbooks and supplementary reading materials are included. It is possible to borrow, buy or have reproduced textbooks which are listed in the Instructional Materials Reference Central Catalog. A listing of commercial firms which produce large type books and other instructional materials may be secured from the Instructional Materials Reference Center.

The Consultant for Visually Handicapped will locate textbooks through the Instructional Materials Reference Center Central Catalog and will help school systems to borrow copies whenever possible. Purchases can be made through regular textbook funds.

Georgia Library for the Blind and Physically Handicapped

The Library for the Blind and Physically Handicapped maintains the collection of American Printing House braille and large type textbooks purchased by the Program for Exceptional Children. These may be borrowed by any school system for use during the school year. They must be returned to the library at the end of the school year. The school superintendent should designate one person to be responsible for ordering and returning textbooks which have been borrowed.

In addition to textbooks, the Library for the Blind has collections of braille, large type and recorded library books and supplementary reading materials made available by the Library of Congress. These materials are available to all visually and physically handicapped children

Other Sources of Materials

Textbook funds may be used to purchase large type books available from an increasing number of publishers. Requests may be made on regular textbook order forms submitted to

Georgia Professional Textbook Selection Committee
Division of Curriculum Development
Georgia Department of Education
Atlanta, Ga. 30334.

Library funds can be used to purchase supplemental reading books in large type for school libraries.

Registration of Legally Blind Pupils

The federal government provides an annual appropriation under the "Act to Promote the Education of the Blind" for legally blind children (visual acuity of 20/200 or worse) registered with the American Printing House for the Blind.

In Georgia the federal quota registration is administered by the Program for Exceptional Children. School systems are requested to register all legally blind children who are enrolled in school on the first Monday in January. Forms are sent to systems in December and must be completed and returned to the Program for Exceptional Children by February 15 each year.

Federal quota funds are deposited with the American Printing House for the Blind and an allocation account is made for Georgia children who have been registered. Against this account, books and materials are purchased from the Pr[redacted]ouse.

Books purchased from the American Printing House for the Blind are shipped to the Library for the Blind and Physically Handicapped for processing and cataloging. They are then shipped to school systems by the Library for the Blind and Physically Handicapped. This process usually takes about two weeks.

All books must be returned at the end of the school year to

Textbook Consultant
Library for the Blind and Physically Handicapped
1050 Murphy Ave., S.W.
Atlanta, Ga. 30310

If packages are marked "FREE FOR THE BLIND" no postage is necessary.

If a textbook has more than one volume all volumes should be shipped together when they are being returned to the library. School systems will be expected to replace lost or missing volumes.

Sample pages of letters and forms are included for purposes of information. Changes each year are minimal based on instructions received annually from the American Printing House for the Blind.

STATE OF GEORGIA
DEPARTMENT OF EDUCATION
OFFICE OF INSTRUCTIONAL SERVICES
STATE OFFICE BUILDING
ATLANTA 30334

CHARLES McDANIEL
State Superintendent of Schools

LUCILLE G. JORDAN
Associate State Superintendent

December 8, 1978

Dear Superintendent:

Each year it is necessary to register with this office each legally blind child who is enrolled, as of January 2, in your school system. Legally blind children are those whose visual acuity falls within the definition of blindness (central visual acuity of 20/200 or less in the better eye with correction and/or correcting glasses or a peripheral field so contracted that the widest diameter of such a field subtends an angular distance no greater than 20 degrees) and who are enrolled in the public school on the first Monday in January. For each child so registered, the Federal Government deposits with the American Printing House for the Blind, Louisville, Kentucky, approximately $110.30 per child, under the "Act to Promote the Education of the Blind." These Federal Quota Funds represent an account against which we purchase braille and large type books, special study materials and/or educational aids for Georgia's legally blind school children.

If the legally blind children who were registered in 1978 are still enrolled in your system, please list them together with new admissions on the enclosed form. If a student listed previously is no longer enrolled in your system, please include the name and the reason for leaving. It should be of special interest to you to know that the American Printing House is now able to supply certain materials for use by preschool and nursery school age children, provided they are attending a formally organized educational or training program; therefore, these children should be registered along with students in your regular school population.

The enclosed cards represent the children registered in your area for 1978. If these children are still in your system, please be sure to include each of them when your register with us this year. If they are no longer in your system, please advise us of this also, and give us any information you may have as to where they might be located. This does not mean that these are the only children in your area who can be registered. Please add any additional legally blind children who qualify for this registration. Do not return the cards. They are only to aid in your identification of children.

Any visually impaired student who has not had an eye examination this school year should be examined now. In order that each student's file is up to date, we are requesting a copy of the current eye report for each student registered.

Please return one copy of the completed forms, by January 31, 1979, to:

Isabella C. Holmes
Coordinator, Physical Handicaps
Program for Exceptional Children
State Office Building
Atlanta, Georgia 30334

If additional forms are needed or you have any questions, please let her know. We do appreciate your help.

Sincerely,

Lucille G. Jordan

Lucille G. Jordan
Associate Superintendent for
Instructional Services

LGJ:lkm

Enclosures: 1) Superintendents - Instructions, registration form, eye forms, cards
2) Special Education Directors - Instructions, registration forms
3) Vision Teachers - Instructions, registration forms

I N S T R U C T I O N S

REGISTRATION OF BLIND PUPILS, AS OF JANUARY 2, 1979
FOR PURPOSES OF THE "ACT TO PROMOTE THE EDUCATION OF THE BLIND"

For public school students, insert the name of the school system pupil attends. If it is a city or county system, abbreviate "city" and "county" as "co." For private or parochial students, insert the name of the school (or school system) pupil attends, using abbreviations if necessary.

1. Pupil's School Grade: Note that Federal law definitely limits all registration to pupils of "less than college grade" but makes no restrictions as to whether they are attending public, private or parochial educational institutions. Further, since the Printing House is now able to supply materials for their use, preschool and nursery school age children may be registered, provided they are attending a formally organized educational training program. This DOES NOT include programs which provide no training or educational programs.

All students must be classified as to their reading grade level. DO NOT use such terms as Sophomore, Elementary, Special Education, etc. In order to meet the requirements of the computer, reading grade levels should be indicated as follows:

H	For nursery school only.
K	For kindergarten or other preschool organized classes, which includes reading readiness work and work that is more advanced than nursery school, but not the equivalent of first grade.
1 . . . 12	For grades 1 through 12. Additionally, if pupils are not reading at their actual grade levels, this information should be indicated as 08-04, 09-07, etc.
PG	For post-graduate high school program of less than college level.
AD	For adult trainees in rehabilitation centers.
V and Reading Level	For pupils of school age pursuing vocational training rather than regular academic studies; list approximate reading grade level, e.g., V-9, etc.
NG and Reading Level	For pupils of normal intelligence: a. Attending programs without conventional grade designations; where the children progress at their own rate of speed in learning; indicate estimate of reading grade level, e.g., NG-01, NG-06, etc.

b. For new children in residential and other schools who are placed in special class until they have acquired the skills for a regular classroom placement; indicate estimate of reading grade level.

NOTE: This does not include the mentally retarded, deaf/blind, cerebral palsied, slow learners, and other multi-handicapped pupils.

CP and Reading Level	For cerebral palsied children, PLUS reading grade level, e.g. CP-04, etc.
DB and Reading Level	For the deaf-blind, including hard of hearing and visually handicapped, followed by reading grade level, e.g. DB-06, etc.
PH and Reading Level	For physically handicapped, to be used in designating orthopedically handicapped pupils only (whether in special class or not), followed by reading grade level, e.g., PH-06, etc.
MR and Reading Level	For mentally retarded, both trainable and educable, followed by approximate reading grade level, e.g. MR-02, etc. If a reading level cannot be determined, use 00, MR-00. DO NOT USE EMR OR TMR.
LD and Reading Level	For children having learning disorders--perceptually handicapped, emotionally disturbed, aphasic, etc., followed by approximate reading grade level, e.g. LD-05, etc.
SL and Reading Level	For slow-learners, but not severely mentally handicapped, followed by approximate reading grade level, e.g. SL-04, etc.
MH and Reading Level	For the multi-handicapped, having more than one handicap in addition to blindness, followed by approximate reading grade level, e.g., MH-03, etc. If a reading level cannot be determined, use 00, e.g., MH-00.

In giving the pupil's grade, never use the word "special"; be more specific by using the various classifications noted above.

When giving reading levels, DO NOT give RR (reading readiness or PP (preprimer); rather, use 01.

2. Eye Specialist's Report on Degree of Vision: When possible, visual acuity reading must be given in terms of distance on the Snellen Chart--for each eye separately (O.D., right eye and O.S., left eye).

NOTE: Registration for purposes of the Federal Act must be restricted to pupils with "central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees."

Again, in order to meet the requirements of the computer, the following terms and abbreviations must be used:

5/100 (or any distance reading 20/200 or less on the Snellen Chart).

Explanation: Visual acuity can be recorded at any distance. The numerator is the distance at which the test has been completed. The denominator is the size of the symbol. Examples 3/200, 5/100, 10/40. However, since the standard for vision recording is 20 feet, one must be prepared to convert an unusual test distance to the standard. It is easiest to use 5 or 10 feet since they can be converted to 20 by multiplying numerator and denominator by 2 or 4.

Examples: $5/100 = \frac{5x4}{100x4} = 20/400$ $5/50 = \frac{5x4}{50x4} = 20/200$

$10/100 = \frac{10x2}{100x2} = 20/200$ $10/30 = \frac{10x2}{30x2} = 20/60$ $10/10 = 20/20$

NOTE: Acuities less than 5/200 are best not converted.

VF 5 degrees or any restricted field of less than 20 degrees, i.e. VF 20 degrees.

NIL	totally blind
ENUC	enucleated - eyeball removed
PROS	prosthesis - artificial eye
ANOPH	anophthalmus - absence of true eyeball
LP	light perception
LPP	light perception and projection
SHAD	sees only shadows
FORMS	sees only large forms
OP	object perception
HM and Distance	hand movement, PLUS DISTANCE, e.g. HM-3ft., meaning hand motions at three feet
CF and Distance	count fingers, PLUS DISTANCE, e.g. CF-1 ft., or CF-5 in., meaning counts fingers at 1 foot, or counts fingers at 5 inches.

Even though a child is non-communicative or non-responsive, there must be a verification of legal blindness as noted above.

3. Primary Reading Medium: To indicate the primary reading medium of each child, simply insert an X in the proper column, i.e., Braille only, Braille-and-Large-Type, Large-Type, Large-Type and Regular-Type, Regular Type and Aural. The last designation is, of course, for those students who do not read either Braille or any form of type, including nursery and preschool children. In this column, instead of inserting an X, use T (open reel tape), C (cassette), or D (disc) to indicate which is used most.

If the child has no primary reading medium, you should check the medium used most often. DO NOT check more than one medium.

For nursery, preschool, and kindergarten children who have not yet learned to read, check the column under which he/she will most likely be classified in the future.

GEORGIA DEPARTMENT OF EDUCATION
STATE OFFICE BUILDING
ATLANTA 30334

Office of Instructional Services
Division of Special Programs
Program for Exceptional Children

Charles McDaniel
State Superintendent of Schools

REGISTRATION OF LEGALLY BLIND STUDENTS (IN PUBLIC SCHOOLS) AS OF JANUARY 2, 1979

School or Agency _____ Date _____ Signature _____

City or County _____

NOTE All students reported must have a visual acuity of 20/200 or less in the better eye after correction. To meet computer requirements, use only descriptors listed on attached sheet (Grade Placement Eye Specialist Report)

NAMES OF STUDENTS (list alphabetically, last name first)	Reading Grade	Grade or Class Placement	See Item II-Attachment Eye Specialist Report on Degree of Vision		Braille Only	Braille & Large Type	Large Type	Regular Type	Aural
			Left	Right					

PLEASE RETURN ONE COPY TO ISABELLA HOLMES, COORDINATOR OF PHYSICAL HANDICAPS, PROGRAM FOR EXCEPTIONAL CHILDREN. KEEP ONE COPY FOR YOUR FILE

DE Form 0559, April 1980

STATE OF GEORGIA

DEPARTMENT OF EDUCATION

OFFICE OF INSTRUCTIONAL SERVICES

STATE OFFICE BUILDING

ATLANTA 30334

CHARLES McDANIEL
State Superintendent of Schools

LUCILLE G. JORDAN
Associate State Superintendent

March 19, 1979

MEMORANDUM

TO: System Superintendents

FROM: Lucille G. Jordan
Associate State Superintendent
for Instructional Services

SUBJECT: Instructions Pertaining to Request for Books and Tangible Apparatus for the Institution of the Blind, Under the Provisions of the Act of Congress "To Promote the Education of the Blind," approved March 3, 1879 (20 Stat. 467), As Amended

On October 1, 1979, a credit allocation, based on a per capita allotment, will be established on the books of the American Printing House for the Blind for each state department of education, covering all children registered by the individual departments. This allotment is determined by multiplying the base per capita rate (the total appropriation made by the Congress, divided by the total registration of blind pupils) by the number of pupils registered by the individual state departments of education, schools for the blind, commissions for the blind and other agencies serving the blind. Each agency is notified of its allotment as of October 1 each year. The approximate allocation per child is $100.

It is the responsibility of each state department of education to coordinate allotments of credit to the various public and private school programs whose legally blind children it has registered with the Printing House, and to handle all announcements to the schools themselves. Orders for materials to be supplied on federal quota accounts must be sent to the American Printing House for the Blind by the State Department of Education, or its delegated agent, on order blanks provided for this purpose.

REQUISITIONING MATERIALS

To requisition the materials, the school or system should make order in triplicate -- one copy will remain with the school or the person designated to be responsible for the school or system; the other two copies are to be sent to the Textbook Librarian, Library for the Blind and Physically Handicapped, 1050 Murphy Avenue, Atlanta, Georgia 30310. Orders will be checked against the State textbook collection which is housed within the facilities of the general library. Additional or new materials can then be

ordered from the American Printing House for the Blind only for children determined to be legally blind.

Upon receipt of orders approved by the State Department of Education, the Printing House will make shipment to the Library for the Blind and Physically Handicapped, where they are processed and then sent to the schools or systems requesting materials.

CATALOGS

A complete set of Printing House catalogs includes braille books and thermo copies, braille music, large type books (including short-run copies); talking books, Recorded Educational Aids to Learning (REAL) and tangible aids. If you do not have a complete set of catalogs, you may request them from the American Printing House for the Blind or fom the Program for Exceptional Children, Georgia Department of Education.

PREPARING ORDERS

1. Please have teachers review the catalogs and prepare ANNUAL ORDERS for books and materials which they will need for the 1979-80 school year.

2. For American Printing House quota orders, use a separate set of order forms for each category of books, magazines, tangible apparatus, etc., and at the top of each order form enter the category of items appearing on that form. If magazines are ordered (weekly, monthly, or talking book), prepare a separate set of orders for each mailing address.

TIME FOR ORDERS

In order to meet the Printing House deadline, orders should be sent to the State Library for the Blind and Physically Handicapped no later than May 31, 1979.

RETURNING ORDERS

All books and educational aids that WILL NOT BE USED for the 1979-80 school term should be boxed, labeled FREE MATTER FOR THE BLIND, and sent to the Library for the Blind and Physically Handicapped, State Department of Education, 1050 Murphy Avenue, S. W., Atlanta, Georgia 30310.

Direcotrs/Coordinators and teachers should look CAREFULLY at needs for the 1979-80 school term evaluating the kinds of materials ordered. The enclosed instructions and procedures outlined herein are applicable for any future orders.

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SPECIAL NOTE TO DIRECTORS/COORDINATORS

Your assistance will be appreciated in dissemination of this information to all schools/school systems with which you work, as it is very important to the education of visually impaired children and for wise use of federal quota funds.

LGJ:lkm

Enclosures

INSTRUCTIONS FOR ORDERING SPECIAL BOOKS AND TANGIBLE APPARATUS
FOR VISUALLY IMPAIRED STUDENTS

1. An eye report must be filed before any materials can be obtained for a child. Eye reports may be obtained from the State Department of Education, Program for Exceptional Children.*

2. Fill out the book order form in triplicate (DE 700). Keep one copy on file in the local superintendent's office.

3. If you are filing an eye report with your first request for materials, send two (2) copies of the forms along with the eye report directly to Mrs. Holmes.*

4. If the child's eye report is already on file, send the two (2) copies of the order form to the library.**

5. PLEASE FILL IN THE FORM COMPLETELY. A properly filled in order form receives immediate processing, incomplete order forms will be returned.

6. Please list Braille, large type or tangible apparatus on separate order forms, as many titles as you can fit on a page. If the APH catalog number is not known, see 8-D.

7. Locate the APH*** catalog order number. (If no APH catalog number, see instruction #3.)

8. If you cannot locate APH catalog number, the library will attempt to locate the book elsewhere. In order to speed the process:

   a. Braille - enclose a regular print copy in GOOD condition for braille transcribing by a volunteer when such a volunteer becomes available. The book will be returned to you in usable condition. Braille titles can be sent as early as April 1st.

   b. Large Print - enclose a copy in PERFECT condition for photo-enlarging. This copy must be taken apart and will be returned in usable condition. Since large print tends to be exorbitantly priced, the library has purchased an enlarger and will usually recommend that a copy be enlarged on premises, hence the request that you automatically send your order form along with the book.

   c. Music - The Division for the Blind maintains a free National Library Service for the use of blind and partially sighted music students. Materials and services provided include braille music and braille books about music, large print musical scores, and music instruction on cassettes and records. For special titles call Music Section 202-882-5500 or write Library of Congress, Division for the Blind and Physically Handicapped, Washington, D.C. 20542.

   d. A title without an APH order number must be on a separate order form. Only one title to an order form, preferably placed inside the front cover of the regular print copy which you are sending.

9. Orders for books and tangibles listed in the APH catalog for the following school year should be submitted by May 30 (see 8 for non APH materials).

10. Orders placed over the telephone are not permitted. However, you may call in to determine if the book is in the library's collection and/or on the shelf. But you must actually order it in the conventional manner. (Please be reminded that July through September are our busiest periods and calls should be limited to urgent matters only.)

11. All problems should be handled through the vision teacher or director of special education with whom each school coordinates its activities.

12. Directors of special education, vision teachers and regular teachers are encouraged to visit the Library for the Blind and Physically Handicapped in order to better acquaint themselves with the materials available in the regular library collection, not just the textbook collection. Remember, the textbooks are a separate entity whose only connection with the library is that the two collections are housed in the same building. The students are eligible for both services simultaneously. This invitation is cordially extended to any teacher who wishes to be informed of these services although on-premise selection will be restricted.

Other Sources of Information

13. The Library for the Blind has collections of magazines, Braille, recorded books and supplementary reading materials available on loan to eligible individuals and institutions. The thirteen Talking Books Centers in Georgia provide the same services except braille. All braille books must be ordered from the Atlanta Regional Office.

14. Recordings for the Blind maintains a collection of recorded textbooks on reel and cassette tapes. Materials are provided on a free-loan basis for a period of one year. There is a small fee of $3.00 for their catalog, but it is well worth the cost.

Please note books are to be returned at the end of the school year or after the student has completed the text to the Library for the Blind. If renewal is necessary, please put the new or old student's name on the book invoice (mailed each in May.)

a. Blue labels are provided to you for returning books (they are not to be used for mailing letters, book order forms, etc.) If textbook has more than one volume, all volumes should be shipped together.

b. Books borrowed from out-of-state agencies must be returned at the end of the school year. They are not renewable.

With your cooperation, we can improve the textbook service.

**Textbook Division
Library for the Blind and
Physically Handicapped
1050 Murphy Ave., S.W.
Atlanta 30310

***American Printing House for the Blind (the usual source from which textbooks and tangible apparatus are purchased)

ORDER FORM FOR SPECIAL BOOKS AND TANGIBLE APPARATUS FOR VISUALLY-IMPAIRED STUDENTS

Type of Material
Large Type ( )
Braille ( )
Tangible ( )
Not in catalog ( )
(Items not in APH catalog must be listed individually on separate order forms.)

Report from Dr. _____ (eye specialist).

Name of child _____ Age _____

System _____ Grade _____

School Address _____

_____

Approved by _____

DEPARTMENT OF EDUCATION USE ONLY
Order Number _____ Date _____
Approved _____
Federal funds _____

Fill in all information for orders from APH catalog. Fill in only starred (*) information when attached to a book for photo enlarging or braille transcribing. Send all orders to Textbook Division, Library for the Blind, 1050 Murphy Ave., S.W., Atlanta, 30310. PLEASE FOLLOW INSTRUCTIONS DISTRIBUTED BY THE COORDINATOR OF PHYSICAL HANDICAPS.

Book Grade Level*	APH Catalog Number	Title or Other Material Requested Including Series Name*	Copyright Date	Edition	Price

m 0700, April 1980

Related Services — Support Personnel

Many school systems rely on the help of community volunteers and aides to transcribe educational materials into braille and large type, to record textbooks, daily class needs and current events. Such help enables the teaching staff to spend their time in professional instruction.

Braillists who have completed the Library of Congress course for transcribers are eligible to be members of the National Braille Association and to be listed in the Library of Congress list of volunteer transcribers. In addition, the Library of Congress has a course in braille proofreading, a very necessary part of any transcribing service.

The mobility specialist or the resource/itinerant teacher will help the student learn the layout of the school building and grounds so that he or she may effectively travel independently within the school. After several weeks, most visually handicapped students will be able to travel without help to classrooms, cafeteria, restrooms and playground.

The guidance counselor, school nurse, physical education teacher, office secretary, lunchroom staff and others not only should know there is a visually handicapped student within the school but should be given some interpretation of the way he or she functions. The special education teacher may consult with any school personnel regarding a relevant problem.

Chapter VI
Program Evaluation

Evaluation Form for Vision Programs

System _____

Evaluator(s) _____

Areas of Evaluation	Strengths	Weakness & Needs	Methods for Improvement
1. **Organization** a. Class schedule (resource, itinerant, preschool, multisystem and self-contained) b. Who can the teacher turn to for support - principal, counselor, special education coordinator, lead teacher, etc.?			
2. **Curriculum, Methods and Materials**			
3. **Facilities**			
4. **Placement and Removal Procedures**			
5. **Eligibility Criteria**			
6. **Integration Into Regular School Program** a. How much do special education students participate with regular education students? b. How are they reintegrated into regular programs?			
7. **Identification and Referral** a. How effective are these in the opinion of the teacher and principal? b. How well do teachers and principal understand these procedures?			
8. **Staff Development**			
9. **Support Services**			
10. **Transportation** (where appropriate)			

Evaluation Form for Vision Teacher

System _____

Evaluator(s) _____

Areas of Evaluation	Strengths	Weakness and Needs	Methods for Improvement
1. **Objectives** Development of specific behavioral objectives designed to meet the needs of individual students.			
2. **Teaching Techniques** Appropriate teaching methods, media related to objectives, communication with learner, reinforces efforts of learner in instruction and planning, knowledge of subject areas.			
3. **Specialized Techniques** Braille, mobility, vision, stimulation, acquisition and use of special materials, (Optacon) adaptation of regular materials for use with visually impaired students, counseling.			
4. **Organization** Time, space, materials and equipment for instruction, record keeping.			
5. **Communication Techniques** Support personnel, administration, regular classroom teacher, community, parents, other professionals.			
6. **Flexibility** Adjustments in instruction to changes (curriculum, environment, world conditions).			

Student Assessment

Due to the variables in the situations of each learner, the standardization of an assessment checklist could not be developed. The areas of evaluation of the visually impaired student by the teacher will be widely varied according to the objectives of each child. The suggestions listed below are intended to be only a guide for these assessments. Not all competencies have been noted nor is it expected that all students will be assessed in each area.

- Braille skills
- Mobility
- Optacon
- Independency in classroom
- Operation of machines (typewriter, speech Plus, etc.)
- Vision stimulation
- Academics
- Adaptive behavior
- Social skills

Chapter VII
Resources for the Blind and Visually Handicapped

Professional Organizations

Association for Education of the Visually Handicapped (AEVH)
919 Walnut St.
Philadelphia, Penn. 19107

Council for Exceptional Children (CEC)
1920 Association Dr.
Reston, Va.

American Association of Workers for the Blind (AAWB)
1511 K St., N.W.
Washington, D.C. 20005

American Council for the Blind, Inc.
539 New England Building
Topeka, Kan. 66603

Georgia Lions Lighthouse Foundation
300 W. Peachtree N.W.
Suite 216
Atlanta, Ga. 30308

Lions International
209 N. Michigan Ave.
Chicago, Ill. 60601

National Federation of the Blind
524 Fourth St.
Des Moines, Iowa 50309

National Society for the Prevention of Blindness
79 Madison Ave.
New York, N.Y. 10016

Natinal Rehabilitation Association (NRA)
1522 K St., N.W.
Washington, D.C. 20005

Association of Volunteer Bureaus of America
345 East 46th St.
New York, N.Y. 10017

American Federation of Catholic Workers for the Blind
154 E. 23rd St.
New York, N.Y. 10010

Eastern Conference of Rehabilitation Teachers of the Blind
111 East 59th St.
New York, N.Y. 10022

National Aid to Visually Handicapped, Inc.
3201 Balboa St.
San Francisco, Calif. 94121

Telephone Pioneers of America
195 Broadway
New York, N.Y. 10007

NASDSE (National Association of State Directors of Special Education)
1201 16th St., N.W.
Washington, D.C.

Community Organizations

Most of the local civic organizations are willing to assist the visually handicapped to some degree. Below is a partial listing of these civic organizations.

Garden Clubs of America
Jaycees
Lions Club
Masonic Lodge
Moose Club
Rotary Club
Kiwanis Club
Optomist
Elks
American Legion
Veterans of Foreign Wars
Disabled
League of Women Voters
Women's Club
Young Women's Club of America
Young Men's Club of America
Parent/Teacher Association
Local Church Groups
NAACP
SCLC - Southern Christian Leadership Conference
Arts Council
Boy Scouts
Girl Scouts
Campfire Girls

Available to each community are the following services.

Crippled Childrens Clinic
Mental Health Clinic
Area Technical School
Day Care Facilities
Drug Abuse Programs
Family and Children Services
Health Clinic
Youth Development Center
Vocational Rehabilitation Services
Crisis Intervention
Employment Services
Work Incentive Program
Comprehensive Education Training Act (CETA)

The organizations and agencies listed should be found in your local phone book or through requesting phone information.

State Organizations

Centers for Severely Emotionally Disturbed
(Psychoeducational Center Network)

The SED centers are multidistrict programs designed to serve a low incidence population. The projected population for SED is one half of one percent (.005%) of the population ages zero through 16. There are currently 24 centers, each with satellite services, providing nonresidential, community-based services including diagnostic educational, psychological and psychiatric assessment; remedial services such as special education classes, individual and/or group therapy and parent services.

Each center is responsible for serving children, ages zero through 16, who are severely emotionally disturbed or behaviorally disordered. The major admission requirement will be the presence of an emotional or behavioral disorder severe enough to require a special child treatment program or a special education program not available in the public school or community. Children who have mild to moderate behavior problems or discipline problems are not eligible. These children are characterized by

- severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation and adjustment reactions;
- severe behavioral disorders such as, but not limited to, neurological impairment, cultural and developmental deprivation;
- severe school-related maladjustment such as, but not limited to, behavior, socialization communication and academic skills.

At all centers, referrals will be accepted from, but not limited to, early childhood programs, private day care programs, community service centers, well baby clinics, kindergartens, public schools and other child-serving agencies, parents and physicians

For additional information, contact the State Coordinator, Centers for Severely Emotionally Disturbed, Georgia Department of Education, State Office Building, Atlanta, Ga. 30334 or call (404) 656-6317.

Georgia Learning Resources System

Georgia Learning Resources System (GLRS) maintains an instructional materials center where special educators can preview and borrow materials. The collection includes diagnostic materials, teacher training and professional materials and child use instructional materials. Materials are loaned on a short-term basis to provide educational intervention for particular children, to be used by teachers for trial or preview or to help facilitate selection and purchase decisions.

GLRS provides in-service training through workshops and conferences on effective use of media and educational equipment, new teaching techniques and methods and innovative instructional materials. Every effort is made to provide workshops which directly relate to the identified needs or interests of each school system.

GLRS maintains a videotape collection of outstanding special education workshops which have been conducted throughout Georgia. In addition, exemplary special classrooms can be videotaped. These tapes may be borrowed for workshops, in-service meetings or individual previewing.

GLRS sponsors various special projects to introduce innovative ideas and materials being used successfully with exceptional children across the nation. The Select-Ed Prescriptive Materials Retrieval System, Computer-Based Resource Units (CBRU), Educational Research Information Center (ERIC), Materials Analysis and Retrieval System (MARS) and the Master-Teacher Model are some of the educational innovations which GLRS has introduced to Georgia educators.

GLRS acts as an information interchange network. Information is disseminated to special educators about the various areas of exceptionality, about programs and services offered to exceptional children in Georgia and about meetings and conferences of interest to special educators.

GLRS provides information and referral for diagnostic services and educational planning for the severely handicapped child.

State Schools

There are three state operated schools for exceptional children. They are the Georgia School for the Deaf located in Cave Spring, Georgia; the Georgia Academy for the Blind located in Macon, Georgia and the Atlanta Area School for the Deaf located in Clarkston, Georgia.

The Georgia School for the Deaf is a residential program serving deaf children kindergarten through twelfth grade. For further information and application procedures call (404) 777-3310, or write

Superintendent
Georgia School for the Deaf
P. O. Box 98
Cave Spring, Ga. 30124

The Georgia Academy for the Blind consists of two campuses. The Vineville Campus is a residential setting serving visually impaired children grades kindergarten through twelfth.

The Shurling Campus is a residential setting for multiply-handicapped ages 5-21. For further information regarding either campus call (404) 744-6083, or write

Superintendent
Georgia Academy for the Blind
2895 Vineville Ave.
Macon, Ga. 31204

The Atlanta Area School for the Deaf is a day program serving the metro Atlanta area. Currently, preschool through tenth grade children are being served. For information on the Atlanta Area School for the Deaf call (404) 656-7077, or write

Superintendent
Atlanta Area School for the Deaf
890 N. Indian Creek Dr.
Clarkston, Ga. 30021

The state schools are administrated by the Office of State Schools and Special Services, Mr. Peyton Wiliams Jr. Associate Superintendent.

Chapter VIII
Georgia Academy for the Blind

Georgia Academy for the Blind

The Georgia Academy for the Blind as an extension of the Georgia Department of Education is the state residential school for visually impaired school-age children. The school is viewed as an alternative, appropriate placement for visually impaired children and young adults who can benefit from the variety of services. The Academy's purpose is to supplement existing services and to provide a total educational program in conjunction with a home life program when an appropriate educational placement is not available at the local level. The Academy's relationship with other schools and agencies is based on a spirit of cooperation which provides the best, most appropriate placement for the persons to be served.

The referral and placement of an individual at the Academy is a joint decision among the parents, the child when appropriate, the LEA and the Academy. A child is an appropriate referral if he or she meets the following criteria for admission.

- Legal blindness (no better than 20/200 central visual acuity in the better eye with best correction, or a visual field of no more than twenty degree arc); a person with no more than 20/100 central visual acuity may be considered, if the combination of visual factors is such that the prospective student demonstrates inability to make progress in the prospective student's local educational agency.
- The parents or guardians are residents of Georgia.
- The prospective student has attained legal school age by September 1 of a given school year.

The following data must be submitted when mailing application to the Academy for the Blind.

- The Academy application signed by an adult legally responsible for the student.
- An ophthalmological examination completed by a qualified ophthalmologist within the past six months.
- A complete physical examination report completed within the past six months.
- Certification of immunization
- Supplemental medical, educational and psychological data when such data are available

After the referral is made and the application data is received, a date for the psychoeducational evaluation is scheduled. The evaluation assesses the child's academic achievement and potential as well as educational needs. Two weeks after the evaluation the parents, the child when appropriate, the local educational agency representative and Academy teachers meet as the placement committee. The purpose of this meeting is to discuss the evaluation and results and to determine the appropriateness of the Academy as an educational placement. Once placement is decided, the Individualized Educational Program is developed and due process procedures are followed.

A variety of services is provided to enhance developmental opportunities of the visually impaired individual. These services include programs offered at the Academy and cooperative programs with other academic and vocational programs in the local community. The major areas of service are described in the following section:

Elementary and Secondary Academic Programs—The Georgia Academy for the Blind provides educational services to those students capable of learning through the traditional graded processes. An ungraded early childhood program provides a diagnostic teaching period. Early childhood educators work closely with parents to develop positive attitudes toward children and to instill realistic expectations concerning the assets and liabilities of each child

Vocational Education—Opportunities for skills development are available in the areas of wood and metal working, piano tuning, chair caning, horticulture, home economics, small engine repairs, home repairs, secretarial skills and general business education. In addition to these areas, there is a Career Education/Awareness Program which is a part of the early childhood, elementary, secondary and vocational curriculum.

A sophisticated work study program is coordinated by the vocational education supervisor and vocational instructors This program provides vocational/occupational counseling and work training experience. The program offers job opportunities both on and off campus to the majority of high school students

Home Life Program—Children and young adults live in cottage settings and are placed in small family type units by chronological age, ability and social maturity. Eight separate housing units exists for primary, inter-

mediate and senior students. The home life program is staffed by twenty houseparents, utility workers and recreation personnel.

There is considerable interface between academic, vocational, recreational and work study programs. The home life program also provides services to parents through workshops and individual counseling.

Program for Multihandicapped—The program for the multihandicapped endeavors to provide education and training experiences for visually impaired multihandicapped children and young adults in the areas of language and social skills development. In addition, prevocational skills are taught.

The Health Services Program—Staffed by a consultant physician, registered nurse, health technician and five licensed practical nurses, the health services program is an adjunct to the home life program and functions to meet medical and health care needs of visually impaired and multihandicapped children. The facility is licensed by the Georgia Department of Human Resources, Hospital Section and operates 24 hours per day, [illegible]en days per week while students are on campus.

[illegible]reation Program—This aspect of campus life endeavors to provide social, cultural and recreational enrichment to students. Both on and off campus activities are planned. Special emphasis is given to organizing weekend activities which supplement athletic competition and teacher sponsored social activities.

Staff Development—An extensive formal and informal in-service educational program functions for professional faculty and support personnel and for paraprofessionals. Traditional graduate level course leading to degree and certification are routinely offered by the University of Georgia, Georgia State University, Mercer University and Macon Junior College. The staff development program is available to interested professionals.

This aspect of service to students includes guidance counseling and testing. In addition, psychological services are provided to students on a consultant basis, including annual psychoeducational evaluation. Guidance personnel coordinate evaluations, staffings and placements. The guidance program interfaces with home life activities in personal and social counseling, with the vocational programs and the motivational wage work component and with the early childhood, elementary and secondary academic programs.

The social worker-parent educator is responsible for liaison to parents and for providing for parent-oriented workshops. The counselor and parent educator coordinate activities with state and area human resource agencies on behalf of parents where the interest of residential students is best served. Pupil personnel services are an integral function of the school's education and training programs, psychological services to students and families and to medical services.

Additional services include a natural liaison between the Academy and the Georgia Department of Human Resources, Division of Vocational Rehabilitation. The Macon Area Counselor for the Blind is charged with the responsibility for continuous planning of vocational opportunities for Academy students. Under this umbrella, the Georgia Rehabilitation Counselor at Warm Springs, the various factories for the blind and other regional rehabilitation and health facilities are available to Georgia Academy for the Blind students. Programs are planned for individual students in conjunction with parents and VR counselors.

Goodwill Industries of Macon has provided occupational/vocational evaluation and work station opportunities for Academy students Several post graduate students who are making the transition from the Academy to the community are employed during the school day. Contractual agreements are made from time to time for work production with the Academy vocational training program.

Mercer University has been instrumental in offering course work toward advanced degrees. Several talented academic students have also attended Mercer through the early admissions program on a part-time basis. The Academy cooperates by allowing students preservice education and experience.

The Comprehensive Employment and Training Act (CETA) office has been instrumental in funding work study positions for Academy students on the Vineville Campus. These job opportunities are a supplement to the vocational program(s) and have been made available in the summer months as well as the regular school term.

A cooperative program with the Bibb County local school system provides opportunities for students to compete academically and vocationally with their sighted peers Elementary and high school students attended classes daily through mainstreaming efforts.

The Academy considers itself a resource to parents, students and LEAs in the education of the visually handicapped. Materials, staff development program, psychoeducational evaluation and other services are available to populations other than those directly associated with the Academy.

Additional information regarding the services programs offered at the Georgia Academy for the Blind may be obtained by calling or writing Director, Georgia Academy for the Blind, 2895 Vineville Avenue, Macon, Ga. 31204

Appendix A
Brief History of the Visually Impaired

There have been four historical phases in the status and treatment of the blind in society—separation, ward status, self-emancipation and integration

In primitive societies and even in early Western civilizations, individuals who were unable to provide for themselves were separated from their tribe or group It was the accepted legal practice of civilizations such as Sparta, Athens and Rome to put to death children who were born blind or with other defects. On the other hand, there were some blind people in ancient times who were venerated by their contemporaries, as in the case of Homer. This veneration was the benevolent form of exclusion because it too removed the blind individual from society.

The advent of monotheistic religions led into the second phase, in which the blind were protected and regarded as wards of society Under the auspices of the church, asylums and hospitals were founded. St. Basil established a hospital in Cappadocia in 369 A.D to which the blind were admitted. However, most of the blind were left to a beggar's lot and depended on alms from the church

From the beginning of the eighteenth century, blind individuals throughout the Western world acquired an education and became outstanding in various fields of endeavor by their own efforts. Among these blind self-emancipators were mathematician Nicholas Saunderson (1682-1739) who became a professor of mathematics at Cambridge; Francois Huber, a Swiss naturalist, who specialized in life of bees, and Maria von Paradis, a Viennese who became famous as a singer and pianist The achievements of such individuals as these created the preconditions for organized educational facilities for the blind. This ultimately led to the fourth phase—integration, for which we are still striving.

An important change has taken place in field work for the adult blind in the area of vocational rehabilitation In the past it was assumed that the blind could do only certain types of work. They were prepared to do this work in schools and workshops for the blind Thus, they were occupationally segregated. The present day approach is to determine where the individual's aptitudes and interests lie, to provide training in the kind of work for which he or she is best suited and then the individual in being placed in the field for which he or she has been successfully trained This approach has resulted in increased occupational integration.

Now that blind individuals are expected to function in a sighted environment mobility is essential In the course of rehabilitation of war-blinded personnel, mobility training techniques were developed The long Hoover cane, which functions as a probe and a bumper, was used extensively (Hoover; 1950).[1] Mobility training is offered by an increasing number of agencies and schools as the most important technique for restoring to blind persons a measure of mobility freedom It is an indispensable element in increasing the independence of blind individuals, promoting their integration into the mainstream of society

Early Education

Valentin Hauy established the first school for blind children in 1784 in Paris. Hauy's efforts were guided by his conviction that the education of blind children should be patterned after that of seeing children. Instruction at the institute followed closely the methods and curriculum of French schools in general Hauy is also credited with invention of letters by feeling their embossed negative on the back of pages. He developed negative type-casts which produced embossed characters It was not until 1834 that Louis Braille simplified a touch-adequate system of reading and writing for the blind Hauy set the example which influenced teaching and vocational training in residential schools for many decades. Following the example set by Hauy in Paris, schools for the blind were established in England

The first three great American schools for the blind were founded at almost the same time The New England Asylum for the Blind (later named Perkins Institute and Massachusetts Asylum for the Blind) was opened in Boston, 1832, the New York Institution for Blind was opened in 1832 in New York City, and the Pennsylvania Institute for Instruction of Blind was opened in 1933 in Philadelphia

The man who was instrumental in the American movement that led to the establishment of schools for the blind was Samuel Gridley Howe Howe's philosophy for educating the blind is summed as follows:

- Each blind child must be considered as an individual and must be trained in accordance with his or her personal ability and opportunity to use the training in the community

[1] E Hoover, "The Cane as a Travel Aid" in *Blindness*, ed P A Zahl (Princeton Princeton University Press) 1950 pp 353 365

- The curriculum of a school for the blind should be well rounded and conform insofar as possible to that of the common schools. But, more music and crafts should be provided.
- The main objective must be to train blind youth to be able to take their places as contributing members in the social and economic life of their home communities (Farrell, 1956, p. 45).[2]

Howe became a promoter of schools for blind children in other states by showing their legislators the achievements of blind children brought up at his school. This resulted in the founding of the first state supported schools for blind in Ohio in 1837.

Howe's attitude toward residential school living was that

> "all great establishments in the nature of boarding schools, where the sexes must be separated; where there must be boarding in common, and sleeping in congregate dormitories; where there must be routine, and formality, and restraint, and repression of individuality; where the charms and refining influences of the true family relation cannot be had, — all such institutions are unnatural, undesirable, and very liable to abuse. We should have as few of them as is possible, and those few should be kept as small as possible (p. 182)."[3]

Education facilities for blind children began to be available in the form of residential schools for two main reasons—(1) the task of educating blind children appeared to be such a massive undertaking that only a completely blind-oriented school seemed to promise success; (2) public schools were not as common as they are today, nor did they have teachers trained to relate to blind children and provide solutions to their educational problems. In fact, residential schools proved effective and remained the only medium for educating blind children for more than 100 years.

Of the three great men who founded residential schools for the blind — Hauy, Klein and Howe — the last two considered the education of blind children in regular schools. Johann Klein in 1810 advocated that places be reserved for blind children in the local schools for the seeing.

While some European countries experimented with the placement of blind students in public schools, American education began to develop a system of braille classes for blind children in Chicago in 1900. Three factors which favored the establishment of the braille classes in public schools were

- the increasing integration of the blind into society;
- the American high regard for public school education;
- growing recognition of the importance of family life for the individual child. (Lowenfield, 1956).[4]

After a period of initial growth of public school classes, the number of children attending them reached a plateau which lasted until 1948. Before 1948, less than 10 percent of all blind children were educated in public school classes. At present 60 percent of all blind children educated in the United States attend schools in their home communities, whereas 40 percent receive their education in residential schools.

Within the public school, instead of placing the child in a segregated class for the blind, the practice today is to place the child in a cooperative classroom. That is, the child partially attends a regular classroom and partially attends a resource room where he or she is given special instruction.

Residential schools have also undergone considerable change, turning from closed schools to open schools which stress community cooperation, parent involvement and provide for exchange of students with public schools as the student's readiness and the available facilities permit.[5]

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[2] G Farrell, *The Story of Blindness* (Cambridge, Mass Harvard University Press, 1956)

[3] S G Howe, "Address Delivered at the Ceremony of Laying the Cornerstone of the New York Institution for the Blind at Batavia, September 6, 1866," Republished *Blindness 1965* (Washington, D C American Association of Workers for the Blind), pp 165 188

[4] B Lowenfeld, "History and Development of Specialized Education for the Blind," *Exceptional Children*, 1956, Vol 23, pp 53 57, 90

[5] B Lowenfeld, *The Visually Handicapped Child in School* (New York John Day Company, 1973), pp 1 24

Appendix B
Vocabulary of Terms Relating to the Eye

Accommodation — The adjustment of the eye for seeing at different distances, accomplished by changing the shape of the crystaline lens through action of the ciliary muscle, thus focusing a clear image on the retina.

Albinism — An hereditary loss of pigment in the iris, skin and hair; usually associated with lowered visual acuity, nystagmus and photophobia and often accompanied by refractive errors.

Amblyopia — Dimness of vision without any apparent disease of the eye.

Amblyopia Ex Anopsia — Dimness of vision due to disuse of the eye, "Lazy Eye Blindness."

Aniseikonia — A condition in which the ocular image of an object as seen by one eye differs in size or shape from that seen by the other eye.

Asthenopia — Eye fatigue caused by tiring of the internal or external muscles.

Astigmatism — Refractive error which prevents the light rays from coming to a single focus on the retina because of different degrees of refraction in the various meridians of the eye.

Binocular vision — The ability to use the two eyes simultaneously to focus on the same object and to fuse the two images into a single image which gives a correct interpretation of its solidity and its position in space.

Blepharitis — Inflammation of the margin of the eyelids.

Blindness — In the United States, the legal definition of blindness is central visual acuity of 20/200 or less in the better eye after correction or a visual acuity of more than 20/200 if there is a field defect in which the widest diameter of the visual field subtends an angle distance no greater than 20 degrees. Some states include up to 30 degrees.

C, CC (Cum Correction) — With correction — wearing prescribed lenses.

Cataract — A condition in which the crystalline lens of the eye or its capsule or both become opaque, with consequent loss of visual acuity

Central visual acuity — Ability of the eye to perceive the shape of objects in the direct line of vision.

Color deficiency — Diminished ability to perceive differences in color, usually for red or green, rarely for blue or yellow.

Concave lens — Lens having the power to diverge parallel rays of light, also known as diverging, reducing, negative, myopic or minus lens denoted by the sign — (minus).

Congenital — Present at birth.

Conjunctiva — Mucous membrane which lines the eyelids and covers the front part of the eyeball.

Conjunctivitis — Inflammation of the conjunctiva.

Contact or corneal lenses — Lenses so constructed that they fit directly on the eyeball. These are used for the correction of vision in some cases and are also used after cataract (lens) extraction to replace the lens removed from the eye They provide less distortion and image size difference from the other eye than would spectacles

Convergence — The process of directing the visual axes of the two eyes to a near point, with the result that the pupils of the two eyes are closer together The eyes are turned inward.

Convex Lens — Lens having power to converge parallel rays of light and to bring them to a focus, also known as converging, magnifying, hyperopic or plus lens, denoted by +.

Cornea — Clear, transparent portion of the outer coat of eyeball forming front of aqueous chamber.

Corneal graft — Operation to restore vision by replacing a section of opaque cornea with transparent cornea.

Crystalline lens — A transparent, colorless body suspended in front of the eyeball between the aqueous and the vitreous, the function of which is to bring the rays of light to a focus on the retina.

Cylindrical lens — A segment of a cylinder, used in the correction of astigmatism, the refractive power of which varies in different meridians

Depth perception — The ability to perceive the solidity of objects and their relative position in space.

— Duction — A stem word with a prefix to describe the turning or rotating of the eyeball (abduction — turning out, adduction — turning in).

Dyslexia — Inability to read which is apparently due to a neurological problem.

Enucleation — Complete surgical removal of the eyeball.

Eye dominance — Tendency of one eye to assume the major function of seeing, being assisted by the less dominant eye.

Field of vision — The entire area which can be seen without shifting the gaze.

Floaters — Small particles consisting of cells or fibrin which move in the vitreous.

Focus — Point to which rays are converged after passing through a lens; focal distance is the distance traveled by rays after refraction but before focus is reached.

Fovea — Small depression in the retina at the back of the eye; the part of the macula adapted for most acute vision.

Fusion — The power of coordinating the images received by the two eyes into a single mental image.

Glaucoma — Increased pressure inside the eye; hardening of the eyeball caused by accumulation of aqueous fluid in the front portion.

Iris — Colored, circular membrane, suspended behind the cornea and immediately in front of the lens. The iris regulates the amount of light entering the eye by changing the size of the pupil.

Hyperopia — A refractive error in which the focal point for light rays is behind the retina.

Jaeger test — A test for near vision in which lines of reading matter are printed in a series of various sizes of type.

Lens — A refractive medium having one or both surfaces curved.

Light adaptation — The power of the eye to adjust itself to variations in the amount of light.

Light perception (L.P.) — Ability to distinguish light from dark.

Low vision aids — Optical devices of various types useful to persons with vision impairment.

Microscopic glasses — Magnifying lenses arranged on the principle of a microscope, occasionally prescribed for persons with very poor vision

Monocular vision — Loss of vision in one eye. It may have resulted from disease, injury or other factors. Loss of vision in one eye does not reduce vision by 50 percent. While there is loss of vision of the affected side it is not a loss of half of the visual system. The child will probably have the problem associated with the lack of binocular vision (the ability to use two eyes to focus on the same object). The child will judge distances inaccurately because of an inability to perceive depth. He or she may dislike athletic activities requiring the ability to judge distances

Myopia — Nearsightedness — a refractive error in which, because the eyeball is too long in relation to its focusing power, the point of focus for rays of light from distant objects (parallel light rays) is in front of the retina. Thus, to obtain distinct vision, the object must be brought nearer to take advantage of divergent light rays (those from objects less than 20 feet away.)

Near point of accommodation — The nearest point at which the eye can perceive an object distinctly. Varies according to the power of accommodation.

Near point of convergence — The nearest single point at which the two eyes can direct their visual lines, normally about three inches from the eyes in young people.

Near vision — The ability to perceive distinctly objects at normal reading distance or about 14 inches from the eyes.

Near blindness — A condition in which the sight is good by day but deficient at night and in faint light.

Nystagmus — An involuntary, rapid movement of the eyeball; it may be lateral, vertical, rotary or mixed.

Oculist or Ophthalmologist — A physician — an M.D. — who specialized in diagnosis and treatment of defects and diseases of the eye, performing surgery when necessary or prescribing other types of treatment, including glasses

Oculus Dexter (O.D.) — Right eye.

Oculus Sinister (O.S) — Left eye

Oculus Uterque (O.U.) — Both eyes.

Opthalmoscope — An instrument used in examining the interior of the eye.

Optic atrophy — Degeneration of the nerve tissue which carries messages from the retina to the brain.

Optician — One who grinds lenses, fits them into frames and adjusts the frames to the wearer.

Optic nerve — The special nerve of the sense of sight which carries messages from the retina to the brain.

Optometrist — A licensed nonmedical practitioner who measures refractive errors — that is, irregularities in the size or shape of the eyeball or surface of the cornea — and eye muscle disturbances. In his treatment the optometrist uses glasses, prisms and exercises only.

Orthoptic training — Series of scientifically planned exercises for developing or restoring the normal teamwork of the eyes

Orthoptist — One who provides orthoptic training.

Partially seeing child — For educational purposes, a partially seeing child is one who has a visual acuity of 20/70 or less in the better eye after the best possible correction and who can use vision as the chief channel of learning.

Peripheral vision — Ability to perceive the presence, motion or color of objects outside the direct line of vision.

Prosthesis — An artificial substitute for a missing eye or other missing part of the body.

Refraction — Deviation in the course of rays of light in passing from one transparent medium into another of different density and/or determination of refractive errors of the eye and correction by glasses.

Refractive error — A defect in the eye that prevents light rays from being brought to a single focus exactly on the retina.

Refractive media — The transparent parts of the eye having refractive power; cornea, aqueous, lens and vitreous

Retina — Innermost coat of the eye, formed of sensitive nerve fibers and connected with the optic nerve.

Retrolental fibroplasia — A disease of the retina in which a mass of scar tissue forms in back of the lens of the eye Both eyes are affected in most cases and it occurs chiefly in infants born prematurely who receive excessive oxygen.

Safety glasses — Impact—resistant, glasses available for both adults and children with or without visual correction for workshop or street wear protection.

Sclera — The white part of the eye — a tough covering which, with the cornea forms the external, protective coat of the eye.

Snellen chart — Used for testing central visual acuity. It consists of lines of letters, number or symbols in graded sizes drawn to Snellen measurements. Each size is labeled with the distance at which it can be read by the normal eye. Most often used for testing vision at a distance of 20 feet.

Strabismus — Squint—failure of the two eyes simultaneously to direct their gaze at the same object because of muscle imbalance.

Strephosymbolia — "Mirror Reading" — A disorder of perception in which objects seem reversed, as in a mirror. A reading difficulty inconsistent with a child's general intelligence, beginning with confusion between similar but oppositely oriented letters (b-d, q-p) and a tendency to reverse direction in reading.

Telescopic glasses — Magnifying spectacles designed on the principle of a telescope, occasionally prescribed for improving very poor vision which cannot be helped by ordinary glasses.

Vision — The art or faculty of seeing; sight.

Academic situations usually present few problems, if the vision is still adequate in the good eye. Care should be exercised, however, as the seeing eye is essentially "working overtime" and may be subject to *fatigue*. Extreme caution, coupled with reasonable safety measures (safety glasses) during physical activities, is essential to prevent any accidental loss of the remaining vision. Children with usable vision in only one eye should have periodic eye examinations, the good eye may lose its effective vision as a direct result of the condition in the nonseeing eye.

Eligibility criteria for visually impaired program includes visual acuity of 20/70 in both eyes with correction. If the child has no vision in one eye and his or her visual acuity is 20/70 with correction in the other eye, he or she would qualify for visually impaired services. This is the case only if the visual acuity is 20/70 or worse in the better eye.

State eligibility criteria for services to the visually impaired child generally leave out monocular children. A visual acuity of 20/70 or worse in the better eye with correction is required for eligibility for visual impaired services.

A child with 20/200 in one eye and 20/30 in the other is then ineligible.

If you have a monocular child in your classroom here are some suggestions.

Proper seating arrangement in the classroom.

Proper lighting in the classroom. (The child might have special lighting needs.)

Encourage the child to walk up to or move his or her chair closer to the chalkboard if necessary.

Encourage the child to move freely to where an activity is occurring to use hands and remaining vision to best advantage. The child may wish to move closer to a chart or even sit on the floor.

Time allowance for reading assignments should be adequate for each childs' speed of reading. Extra time will frequently be needed to complete assignments and exams. Allowing time and a half is usually considered acceptable.

Ditto sheets are sometimes too light for the sighted children to read. Duplications in black ink are usually easier to read, or you may need to darken ditto sheets.

Try not to stand with your back to the window. Glare and light will silhouette your demonstration and eye fatigue may occur.

Allow the student to stand next to or to the side of the demonstration, or to handle the materials before or after the observation period.

Present visual information and materials to the student on the side when vision is better.

All children are sensitive to peer criticism. Your own acceptance of the visually handicapped child will serve as a positive example for the class.

Reference:

Bishop, Virginia E., *Teaching the Visually Limited Child*, Charles C Thomas, Publisher, 1971

Appendix C
Eye Report for Children With Visual Problems
Blind and Partially Seeing

The following form is a confidential medical record required for entrance into the visually impaired program. It must be completed by a vision specialist—ophthalmologist/occulist of optometrist.

CHILDREN WITH OTHER THAN USUAL VISION OFTEN POSE PROBLEMS FOR EDUCATORS. An informative report can do much to resolve these by interpreting the ocular difficulty in terms that can be applied to the school situation.

A changing and enlightened philosophy no longer segregates the child with less than normal vision, nor does it believe that he should be treated as an "eye cripple." It is no longer believed that one saves sight by conserving it; instead, eye work is encouraged because it has been found to result in greater proficiency. The visual task is no longer made easier with special larger print if the smaller print can be read with comparative comfort. It accentuates the positive, the vision the child has, rather than stressing the visual lack. It recognizes that some children will need special educational services.

Much superstition, idle talk, and outdated ideas about the eyes still exist to confuse the educators. For example, reading in bed does not make one's eyes weak. Reading in poor light in itself may not be comfortable, but it will not cause organic eye changes, and there are enough sound reasons for condemning long periods of television watching than to threaten it will ruin the eyes.

This report form is suggested as a tangible means for the transmission, in understandable terms, of the visual potential of the student and as a source of information necessary for classification purposes.

Albert E. Sloane, M.D., *Chairman*
N.S.P.B. Committee on Vision Screening

PUPILS WITH SEVERE VISION PROBLEMS AFTER CORRECTION ARE EDUCATED EITHER IN RESIDENTIAL OR DAY SCHOOLS.

When day school placement is appropriate, they are part of the regular class program. Any needed additional education services are provided by a specially trained teacher, special materials and equipment.

Those who function with vision are encouraged, by all appropriate means, to use their vision to its fullest capacity. Low vision aids will benefit some.

The eye report is used by school administrators and special teachers to assist in the determination of:

1. the pupil's educational needs
2. the type of educational placement
3. educational planning and curriculum adaptation
4. the need for large type print
5. the need for braille
6. pupils to be reported as legally blind to the American Printing House for the Blind to qualify for books and equipment.

CONFIDENTIAL

EYE REPORT FOR CHILDREN WITH VISUAL PROBLEMS

RLB

NAME OF PUPIL (Type or print) _____ (First) _____ (Middle) _____ (Last) _____ SEX _____ RACE _____

ADDRESS _____ (No. and street) _____ (City or town) _____ (County) _____ (State) DATE OF BIRTH _____ (Month) (Day) (Year)

GRADE _____ SCHOOL _____ ADDRESS _____

I. HISTORY

A. Probable age at onset of vision impairment. Right eye (O.D.) _____ Left eye (O.S.) _____

B. Severe ocular infections, injuries, operations, if any, with age at time of occurrence _____

C. Has pupil's ocular condition occurred in any blood relative(s)? _____ If so, what relationship(s)? _____

II. MEASUREMENTS

(See back of form for preferred notation for recording visual acuity and table of approximate equivalents.)

A. VISUAL ACUITY

	DISTANT VISION			NEAR VISION			PRESCRIPTION		
	Without correction	With best correction*	With low vision aid	Without correction	With best correction*	With low vision aid	Sph.	Cyl.	Axis
Right eye (O.D.)									
Left eye (O.S.)									
Both eyes (O.U.)									

Date _____

B. If glasses are to be worn, were safety lenses prescribed in: Plastic _____ Tempered glass _____ *with ordinary lenses

C. If low vision aid is prescribed, specify type and recommendations for use. _____

D. FIELD OF VISION: Is there a limitation? _____ If so, record results of test on chart on back of form.

What is the widest diameter (in degrees) of remaining visual field? O.D. _____ O.S. _____

E. Is there impaired color perception? _____ If so, for what color(s)? _____

III. CAUSE OF BLINDNESS OR VISION IMPAIRMENT

A. Present ocular condition(s) responsible for vision impairment (If more than one, specify all but underline the one which probably first caused severe vision impairment.) O.D. _____ O.S. _____

B. Preceding ocular condition, if any, which led to present condition, or the underlined condition, specified in A. O.D. _____ O.S. _____

C. Etiology (underlying cause) of ocular condition primarily responsible for vision impairment (e.g., specific disease, injury, poisoning, heredity or other prenatal influence) O.D. _____ O.S. _____

D. If etiology is injury or poisoning, indicate circumstances and kind of object or poison involved. _____

IV. PROGNOSIS AND RECOMMENDATIONS

A. Is pupil's vision impairment considered to be: Stable _____ Deteriorating _____ Capable of improvement _____ Uncertain _____

B. What treatment is recommended, if any? _____

C. When is reexamination recommended? _____

D. Glasses: Not needed _____ To be worn constantly _____ For close work only _____ Other (specify) _____

E. Lighting requirements: Average _____ Better than average _____ Less than average _____

F. Use of eyes: Unlimited _____ Limited, as follows: _____

G. Physical activity: Unrestricted _____ Restricted, as follows: _____

TO BE FORWARDED BY EXAMINER TO:

Date of examination _____

Signature of examiner _____ Degree _____

Address _____

If clinic case: Number _____ Name of clinic _____

PREFERRED VISUAL ACUITY NOTATIONS

DISTANT VISION. Use Snellen notation with test distance of 20 feet. (Examples: 20/100, 20/60). For acuities less than 20/200 record distance at which 200 foot letter can be recognized as numerator of fraction and 200 as denominator. (Examples: 10/200, 3/200). If the 200 foot letter is not recognized at 1 foot record abbreviation for best distant vision as follows:

HM	HAND MOVEMENTS
PLL	PERCEIVES AND LOCALIZES LIGHT IN ONE OR MORE QUADRANTS
LP	PERCEIVES BUT DOES NOT LOCALIZE LIGHT
No LP	NO LIGHT PERCEPTION

NEAR VISION. Use standard A.M.A. notation and specify best distance at which pupil can read. (Example: 14/70 at 5 in.)

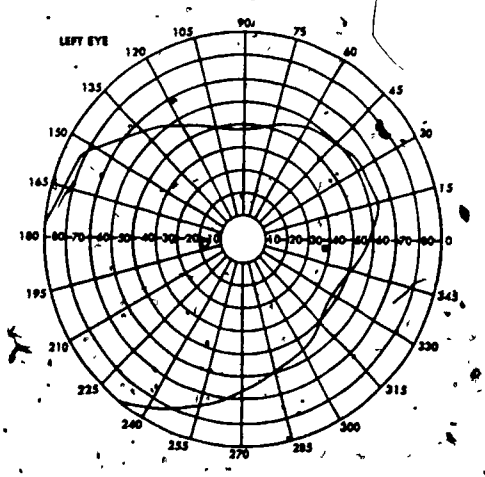
TABLE OF APPROXIMATE EQUIVALENT VISUAL ACUITY NOTATIONS

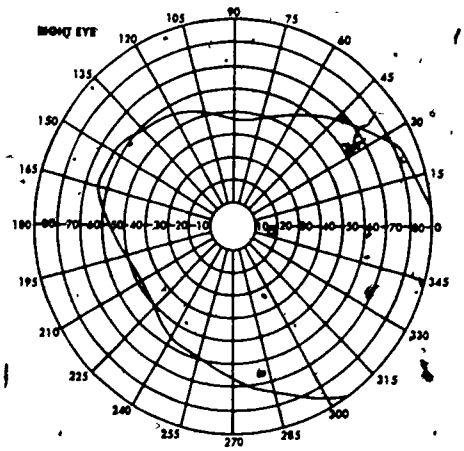
These notations serve only as an indication of the approximate relationship between recordings of distant and near vision and point type sizes. The teacher will find in practice that the pupil's reading performance may vary considerably from the equivalents shown.

Distant Snellen	Near			% Central Visual Efficiency for Near	Point	Usual Type Text Size
	A.M.A.	Jaeger	Metric			
20/20 (ft.)	14/14 (in.)	1	0.37 (M.)	100	3	Mail order catalogue
20/30	14/21	2	0.50	95	5	Want ads
20/40	14/28	4	0.75	90	6	Telephone directory
20/50	14/35	6	0 87	50	8	Newspaper text
20/60	14/42	8	1.00	40	9	Adult text books
20/80	14/56	10	1.50	20	12	Children's books 9-12 yrs
20/100	14/70	11	1.75	15	14	Children's books 8-9 yrs.
20/120	14/84	12	2.00	10	18	
20/200	14/140	17	3.50	2	24	Large type text
12.5/200	14/224	19	6.00	1.5		
8/200	14/336	20	8.00	1		
5/200	14/560					
3/200	14/900					

FIELD OF VISION. Record results on chart below.

Type of test used: _____ Illumination in ft. candles: _____





Test object: Color(s) _____ Size(s) _____ Test object: Color(s) _____ Size(s) _____

Distance(s): _____ Distance(s): _____

Stat 4 Rev/869/10M National Society for the Prevention of Blindness, 79 Madison Avenue, New York, N.Y. 10016

Appendix D
Materials and Supplies

Key to frequently listed agencies

AFB American Foundation for the Blind
15 W. 16th St.
New York, N.Y. 10011
(212) 924-0420

APH American Printing House for the Blind
1839 Frankfort Ave.
Louisville, Ky. 40206

NBA National Braille Association
85 Godwin Ave.
Midland Park, N.J. 07432

RFB Recordings for the Blind
215 E. 85th St.
New York, N.Y. 10022
(212) 751-0860

TSI Telesensory Systems, Inc.
3408 Hillview Ave.
Palo Alto, Calif. 94304
(415) 493-2626

NBP National Braille Press, Inc.
88 St. Stephen St.
Boston, Mass. 02115

Braille

- Textbooks

Library for the Blind and Physically Handicapped
Textbook Division
1050 Murphy Ave., S.W.
Atlanta, Ga. 30310

Howe Press of Perkins School for the Blind
175 N. Beacon St.
Watertown, Mass. 02115

National Braille Press, Inc.
88 Saint Stephen St.
Boston, Mass. 02115

Braille Book Bank
NBA

Central Catalog of Volunteer-Produced Textbook Materials
Instructional Materials Reference Center for the Visually Handicapped Children
APH (reference-catalog service)

Central Index of Textbooks
Xavier Society for the Blind
154 E. 23rd St.
New York, N.Y. 10010 (reference file)

- Religious Materials

American Bible Society
1865 Broadway
New York, N.Y. 10023

Catholic Guild for the Blind
67 W. Division St.
Chicago, Ill. 60610

Guidepost, Inc.
Carmel, N.Y. 63110

Jewish Braille Institute of American, Inc.
110 E. 30th St.
New York, N.Y. 10016

John Milton Society for the Blind
475 Riverside Dr.
New York, N.Y. 10027

- Music

APH (Publishers)

Howe Press
Perkins School for the Blind
Watertown, Mass. 02172

Braille Music Magazine
Royal National Institute for the Blind
224 Great Portland St.
London, W1, England

Braille Musician (free loan)
APH

- Periodicals

APH (free loan)

Children's Digest
Current Events
Current Science
My Weekly Reader
National Geographic
Reader's Digest
Senior Weekly Reader

Clovernook Printing House for the Blind
7000 Hamilton Avenue
Cincinnati, Ohio 45231

Boy's Life
Braille Variety News
Galaxy
Horizon
Popular Mechanics Magazine
Psychology Today
Seventeen
Today's Health

Large Print

- Textbooks

Library for the Blind and Physically Handicapped
Textbook Division
1050 Murphy Ave., S.W.
Atlanta, Ga. 30310

National Aid to Visually Handicapped, Inc. (Publisher)
3201 Balboa St.
San Francisco, Calif. 94121

National Braille Press, Inc. (Publisher)
88 Saint Stephen St.
Boston, Mass. 02115

Stanwix House (Publisher)
3020 Chartiers Ave.
Pittsburgh, Penn. 15204

General Interest Books

Children's Press
1224 W. Van Buren St.
Chicago, Ill. 60607

Golden Press, Inc.
850 3rd Ave.
New York, N.Y. 10022

Keith Jennison Books
575 Lexington Ave.
New York, N.Y. 10022

Large Print Publications
11060 Fruitland Dr.
North Hollywood, Calif. 91604

McGraw-Hill Book Co.
Webster Division
Manchester, Mo. 63011

The Viking Press, Inc.
625 Madison Ave.
New York, N.Y. 10022

Albert Whitman Company
(Recreational)
550 W. Lake St.
Chicago, Ill. 60606

Charles Scribner
(Recreational)
Large Type Editions
597 5th Ave
New York, N.Y. 10017

Christian Record Braille Foundation, Inc.
(Books and Magazines)
4444 S. 42nd St.
Lincoln, Neb. 68506

G. H. Hall
(Recreational and Textbooks)
70 Lincoln St.
Boston, Mass. 02111

Guide for Large Print Books, Inc.
(Recreational)
211 E. 43rd St.
New York, N.Y. 10017

Harper and Row
(Harper Crest large type editions)
49 E. 33rd St.
New York, N.Y. 10022

J. B. Lippincott Company
(Recreational, elementary and secondary)
E. Washington Square
Philadelphia, Penn. 19105

Ulverscoft Large Print Books
(Nearly 200 titles)
Oscar B. Stiskin
P. O. Box 3055
Stanford, Conn. 06905

Lanewood Press
(Recreational and textbooks)
729 Boulston
Boston, Mass. 02116

Lutheran Braille Workers, Inc.
(English and 16 other languages)
11735 Peachtree Tree Cir.
Yucaipa, Calif. 92399

Lutheran Library for the Blind
(Free lending library)
3558 S. Jefferson Ave.
St. Louis, Mo. 63118

- Periodicals

Braille Forum
American Council of the Blind
Board of Publications
652 E. Mallory Ave.
Memphis, Tenn. 38106

New York Times Large Type Weekly
New York Times
235 W. 43rd St.
New York, N.Y. 10036

Reader's Digest Large Type Edition
Xerox Corporation
P. O. Box 3300
Grand Central Station
New York, N.Y. 10017

- Microfilm Duplication and Enlargement Services

Bell and Howell Co.
Micro Photo Division
Duopage Department
1700 Shaw Ave.
Cleveland, Ohio 44112

Microfilm Business Systems Corporation
Sightext Publications
606 Hawaii St.
El Segundo, Calif. 92045

Southern Microfilm Corporation
P. O. Box 1824
Houston, Texas 77001
(713) 869-0181

Recorded Material

- Catalogs

W. Schwann, Inc.
137 Newbury St.
Boston, Mass. 02116

Educational Records Sales
157 Chambers St.
New York, N.Y. 10007

Sam Goody, Inc.
235 W. 49th St.
New York, N.Y. 10019

RFB

AFB

NBP

Textbooks and General Interest Books

APH

Library for the Blind and Physically Handicapped
Department of Education
1050 Murphy Ave., S.W.
Atlanta, Ga. 30310

- Periodicals

Science for the Blind
221 Rock Hill Rd.
Bala Cynwyd, Penn. 19004

Consumer Reports
General Science Monthly
Popular Science
Psychology Today
Radio Digest
Scientific American
Timely Topics

National Education Association
1201 16th St., N.W.
Washington, D.C. 20036

Today's Education

APH Regional Library

American Heritage
Atlantic Monthly
Changing Times
Ellery Queen's Mystery Magazine
Ebony
Good Housekeeping
Jack and Jill
Reader's Digest
Sports Illustrated

Magazines

The following are available on cassette at no charge but must be returned.

Atlanta Magazine — What's happening in Atlanta and Georgia with articles and listing about business, politics and the arts. Monthly.

Georgia Life — Rural life in the state of Georgia with articles on folklore, handicrafts, recipes, poetry, book reviews. Quarterly

Outdoors in Georgia — Published by the Department of Natural Resources, this is about hunting, fishing, the state park system and recreation outdoors. Monthly

Foxfire — Published by the Rabun Gap-Nacoochee School, this is taken from interviews with the settlers in the North Georgia mountains. They tell how they live, grow crops, make anything and everything. Quarterly

American Baby — Hints for the mother-to-be and those with infants on nutrition, clothing, care and training of babies. Monthly

Georgia Sportsman — Another magazine on hunting, fishing, camping. Monthly

Georgia Historical Quarterly — The official publication of the Georgia Historical Society. Quarterly

New York Times Large Type Weekly — A cassette version of the condensation from the Sunday and daily editions. Weekly

Southern Living — Of interest to all Southerners with articles on travel, recreation, food, home repair and decorating-gardening. Monthly

Gourmet — Food and cooking, includes recipes. Monthly

Playboy — Fiction, nonfiction, articles, jokes, reviews of movies, books, explicit language. Monthly

Foreign Affairs — Opinion on America's foreign policy and on political, social and economic influences. Quarterly

Mel's Journal — A forum for the blind created by Mel Cohen of Atlanta. Readers participate in discussions by sending in their contributions on tape. Quarterly

Personnel and Guidance Journal — Articles, reseach on guidance work and personnel work. Monthly (Oct.-May)

QST — Amateur radio communication, equipment and operating techniques. Monthly

The Writer — Techniques of writing fiction, nonfiction and how to market your writing. Monthly

Social Work — A professional journal for social workers, but also of interest to teachers, public administrators and others. Quarterly

Cappers Weekly — About country living, gardening, animals, farming, food. Weekly

Modern Maturity — For senior citizens, those who have retired. Tips on managing your home and your money. 6 times/yr.

Parents Magazine — For all those with children, information on schooling, raising your children, homemaking. Monthly

Quarterly Journal of the Library of Congress — Varied subjects presented by the official publication of the library. Monthly

Redbook — For women of all ages, homemaking, cooking, clothes, gardening. Monthly

Rehabilitation Journal — For professionals in the field of working with the handicapped. Monthly.

Woman's Day — For women and homemakers, articles on cooking, clothes. Monthly

MS — For the modern woman, articles on women's rights, feminist viewpoint. Monthly

Young Miss — For teenage girls, articles on beauty, clothes, etc. Monthly

The above listed magazines are available from the Library for the Blind and Physically Handicapped, 1050 Murphy Ave., S.W., Atlanta, Ga. 30310. Phone (404) 656-2465.

There are other magazine titles available on direct loan from the publisher. If you are interested in other titles, ask your librarian to contact us. We have other titles in large print, disc and braille.

Low Vision Aids

- Brochures and Catalogs

Apex Specialties Company
1115 Douglas Ave.
Providence, R.I. 02904.

Bausch and Lomb
Rochester, N.Y. 14602

Designs for Vision, Inc.
40 E. 21st St.
New York, N.Y. 10010

The Lighthouse
The New York Association for the Blind
111 E. 59th St.
New York, N.Y. 10022

Optical Sciences Group, Inc.
24 Tiburon St.
San Rafael, Calif. 94901

Local distributors in the community — school supply houses, opticans, science supply houses

- Closed Circuit Television

Visualtek
1610 26th St.
Santa Monica, Calif. 90404
(213) 829-3453

Ednalite Corporation
200 N. Water St.
Peekskill, N.Y. 10566
(914) 737-4100

Apollo Lasers, Inc.
6357 Arizona Cir.
Los Angeles, Calif. 90045

Magnifiers/Reading Aids

Hand magnifiers may be used separately or as a part of a system of lenses.

Shape of lens is a matter of personal preference.

Size of lens may be limited by strength of lens.

The greater the power, the smaller the lens and the shorter the focal distance. (Smaller aids usually must be held close to get a clear image.)

Light (built-in) may or may not be a help. Good general light is needed in either case.

Cost varies according to strength of lens, quality of lens, housing of lens, whether aspheric or not.

Many sources supply information, catalogs and brochures. Local ophthalmic dispensers (opticians) can supply some items.

Successful usage is more probable if

- the device is easily transported and readily usable;
- the individual is highly motivated by one or more of the following.

The need to see.

A degree of success from the beginning.

Seeing a great deal more with the device than without it

Proper and adequate training in use of the device to secure increasing success

The individual having an invested (financial or personal) interest in the device.

Note: The above are concepts generally not known by teachers who have had no special training in the area of nonprescriptive low-vision aids.

Guide to Selecting Optical Aids

	Lighthouse Guide		IMRC/APH Extension	
Vision	**NYL Code**	**Diopters**	**Magnification**	**Focal Length**
20/40 20/60	A	3-6 D.	up to 1.5X	12-6 inches
20/70- 20/100	B	7-10 D.	1.75X-2.50X	6-4 inches
20/100- 20/200	C	10-20 D.	2.5X - 4X	4-2.5 inches
20/200- 20/400	D	20-40 D.	5X-8X	2.5-1 inch
Below 20/400	E	40-80 D.	10X-20X	0.5 inch or less

The New York Lighthouse gives a "Guide to Selecting Optical Aids" in its catalog. Each symbol used in its code relates the visual acuity range to the number of diopters needed to read average print. (Dr. Gerald Fonda defines standard type as 8 pt. to 12 pt.) Fonda and others feel there "is a strong argument for designating the power of a magnifying lens as the equivalent or true dioptric power." However, in our listing, we have extended the NYL Guide, adding power or magnification and the approximate focal length for devices. The chart above summarizes the information attempted.

References

Faye, Eleanor E. *The Low Vision Patient.* Grune & Stratton, 1970.

Fonda, Gerald. *Management of the Patient with Subnormal Vision.* C. V. Mosby, 1965.

Sloan, Louise L. *Recommended Aids for the Partially Sighted.* National Society for the Prevention of Blindness, 1971.

Vision Stimulation

- Bibliography

Ashcroft, S. C., C. Halliday and N. Barraga. *Study Its Effects of Experimental Teachings on the Visual Behavior of Children Educated as Though They Had No Vision.* Nashville, Tenn.: George Peabody College for Teachers, 1965.

Barraga, Natalie. *Increased Visual Behavior in Low Vision Children.* New York: American Foundation for the Blind, Research Series, A.F.B., 1964, No. 13.

Barraga, Natalie. *Teacher's Guide for Development of Visual Learning Abilities and Utilization of Low Vision.* New York: American Foundation for the Blind, 1970.

Barraga, Natalie. *Visual Handicaps and Learning: A Developmental Approach.* Calif.: Wadsworth Publishing Co., 1976.

Efron, M. and B. Duboff. *A Vision Guide for Teachers of Deaf-Blind Children.* Winston-Salem, N.C.: Special Education Instructional Materials Center, 1975.

Focociello, Carmella, M.Ed. *Vision Stimulation for Low Functioning Deaf-Blind Rubella Children.* Callier Center for Communication Disorders.

Fonda, G. *Management of the Patient with Subnormal Vision.* St. Louis, Mo.: Mosby, 1965.

Frostig, M. and D. Horne. *Teacher's Guide for the Frostig Program for the Development of Visual Perception.* Follett, Chicago, 1964.

Gesell, A., F. Ilg and G. Bullis. *Vision - Its Development in Infant and Child.* New York: Harper, 1950.

Vision Stimulation - A Program of Instruction Designed to Stimulate the Use of Residual Vision in Children with Low Vision, Bulletin #227. Rockville, Md.: Montgomery County Board of Education, 1969.

Held Introduction to "Image, Object and Illusion." *Scientific American.* W. H. Freeman and Co., 1977.

Langley and Dubose. *Functional Vision Screening for Severely Handicapped Children,* Vol. 70, No. 8, Oct 1976, pp. 346-350.

McKee, G. A. "The Role of the Optometrist in the Development of Perceptual and Visionmotor Skills in Children" *American Journal of Optometry,* 1967, pp 297-310.

Seiderman, A. S. *An Optometric Approach to the Diagnosis of Visually-Based Problems in Learning.* Springfield, Ill.: Charles C. Thomas, Publisher, 1976

- Vocational Information

Career Planning for the Blind
Fred L. Crawford, Ph.D.
Gives information in a number of occupational areas.

Career School Directory
Bennet and Bennet
Information in private trade and vocations in the United States.
Available through State Services for the Visually Impaired.

Occupational Information
Library for the Blind
Greater Detroit Society for the Blind
1401 Ash St.
Detroit, Mich. 48208

Placing Blind in Clerical Occupations
Bauman and Yoder

Placing Blind in Professions
Bauman and Yoder

Visually Handicapped Workers in the Food Service and Lodging Industries
AFB

Why Not Hire a Blind Person?
AFB

Division of Services to the Blind
330 C St., S.W.
Washington, D.C. 20201
Can provide occupational information upon request.

Measures of Psychological, Vocational and Educational Functioning in the Blind and Visually Handicapped
AFB, 1975

Vocational Materials Center from Pennsylvania

Equipment and Travel Aids

- Optacon

  Telesensory Systems, Inc.
  3408 Hillview Ave.
  Palo Alto, Calif. 94304

- Tape recorders

  APH

- Braillers

  Howe Press
  Perkins School for the Blind
  Watertown, Mass. 02172

  APH

  AFB

- Mathematic aids

  AFB

  Howe Press
  Perkins School for the Blind
  Watertown, Mass. 02172

  APH

  Science for the Blind
  221 Park Hill Rd.
  Bala Cynwyd, Penn. 19004

- Speech Plus calculator

  APH

- Mobility aids

AFB

Precision Grinding Manufacturing Co., Inc.
8019 Flood Rd.
Baltimore, Md. 21222

Rigid Fold
3862 N. 900 West
Ogden, Utah 84404

Telesensory Systems, Inc.
3408 Hillview Ave.
Palo Alto, Calif. 94304

Bionic Instruments, Inc.
221 Rock Hill Rd.
Bala Cynwyd, Penn. 19004

- Physical education and recreational aids

AFB

APH

- Vocational-industrial aids

AFB

- Watches, clocks, timers

AFB

Zale Corporation
512 Arkard
Dallas, Texas

- Braille transcribing

Hadley School for the Blind
700 Elm St.
Winnetka, Ill. 60093
Course on how to read and write braille.

Volunteer Services Section
Division for the Blind and Physically Handicapped
Library of Congress
Washington, D.C. 20542
Adults interested in learning to transcribe braille on a volunteer basis.

Instruction Manual for Blind and Visually Handicapped Adults
Braille In Brief by Bernard M. Krebs
Division for the Blind and Physically Handicapped
Library of Congress
Washington, D.C. 20542

The Handbook for Learning to Read Braille by Sight by Leland Schubert
APH

Transcriber's Guide to English Braille. Krebs, Bernard M.
Jewish Guild for the Blind, Publishers
15 W. 65th St.
New York, N.Y. 10023

Programmed Instruction in Braille. Ashcroft and Henderson. 1963.
Stanix House, Inc.
Pittsburgh, Penn.

Assessments

- Braille

Roughness Discrimination Test
APH

Blind Learning Aptitude Test (BLAT)
Blind students only
Ernest Newland
702 S. Race St.
Urbana, Ill. 61801

Braille Code Recognition (BCR)
APH

Dolch Word Cards
APH

Tactual Road to Reading
Tactual Aids to Reading
APH

Colorado Braille Battery
Measures literary skills in Grades I and II Braille and Nemath Code.
APH

- Reading

Durrell Analysis of Reading Difficulty
APH

Wide Range Achievement Test (WRAT)
APH

Metropolitan Reading Readiness Test
APH

- Preschool

Social Maturity Scale for Children
AFB

Vineland Maturity Scale
American Guidance Service, Inc.
Publishers' Building
Circle Pines, Minn. 55014

Informal Assessment Scale
APH

Learning Accomplishment Profile
Anne Sanford
Kaplan School Supply Corporation
600 Jonestown Rd.
Winston-Salem, N.C.

- Intelligence

Slosson Intelligence Test
Slosson Educational Publications
140 Pine St.
East Aurora, N.Y. 14052

Haptic Intelligence Scale for the Blind
Psychology Research
Technology Center
Box 14
Chicago, Ill. 60616

Weschler Preschool and Primary Scale of Intelligence (WPPSI)
Psychological Corporation
757 Third Ave.
New York, N.Y. 10017

Perkins-Binet
An adaptation of Stanford Binet standardized on a visually impaired population. Form U for those with useful vision, Form N for those without useful vision.

Source—Perkins School for the Blind

The WISC-R normal population includes minority groups.

- Achievement

Stanford Achievement Test
APH

Wide Range Achievement Test (large print)
Guidance Associates
Wilmington, Del.

Scholastic Aptitude Tests (braille and large type)
Test for Handicapped Students
College Entrance Examination Board
Box 592
Princeton, N.J. 08540

Diagnostic Reading Test (braille)
APH

Grays Oral Reading Paragraphs (braille)
APH

Iowa Test of Basic Skills
APH

Boehm Test of Basic Concepts
Adapted (by Hilda Caton) as Tactile Test of Basic Concepts.
Assesses basic concepts and skills of the primary age child.
APH

- Vision

Visual Efficiency Scale
APH

Drorine Color Vision Test
Harcourt, Brace and World, Inc.
757 3rd Ave.
New York, N.Y. 10017

Titmus Vision Teacher
Titmus Optical Co., Inc.
Petersburg, Va. 23803

Teacher's Evaluation Low Vision Needs (Paul Lewis)
Designed to assist teachers in determining most appropriate print size for student's maximum efficiency.
APH

Inventory of Skills

Blind Children

Immediate Recall

ITPA

Auditory sequential Memory

Stanford-Binet

II-6 Repeat two digits
Obey simple command
IV Memory sentence
VII Repeat three digits reversed

Merrill-Palmer

Obey simple command

Association

ITPA

Auditory reception
Auditory association

Stanford-Binet

IV Opposite analogies
VII Repeat five digits

Merrill-Palmer

Action agent
Simple questions
Seguin
Nest of cubes

Logical Thinking

ITPA

Auditory reception

WPPSI

Comprehension

WISC

Comprehension

Stanford-Binet

Comprehension I

Discrimination

WPPSI

Arithmetic (1-4)

Merrill-Palmer

Wallin
Fitting 16 cubes
Nest of cubes

Spatial Relations

ITPA

Manual expression

Grace Arthur

Revised Seguin board

Stanford-Binet

Revised Seguin board
Identify body parts

Merrill-Palmer

Throw ball
Cross feet
Stand on one foot
Draw up string
Cut with scissors
Close fist, move thumb
Seguin
Wallin
Fit 16 cubes
Nest of cubes

Psychomotor

ITPA

Manual expression

Hiskey-Nebraska

Bead patterns

Grace Arthur

Seguin

Stanford-Binet

II	three hole form board
II-6	Obey simple command
III	String beads

Merrill-Palmer

Throw ball
Cross feet
Stand on one foot
Draw up string
Cut with scissors
Close fist
Seguin
Wallin
Fit 16 cubes
Nest of cubes
Buttons

Deductive Reasoning

Stanford-Binet

IV Opposite analogies
VI Differences

Inductive Reasoning

Stanford-Binet

VII Similarities

WPPSI

Similarities

WISC

Similarities

Generalization

WPPSI

Similarities

WISC

Similarities

Imitation

ITPA

Auditory sequential memory

Hiskey-Nebraska

Bead patterns

Stanford-Binet

II Repeat two digits
IV Memory for sentences
VII Repeat five digits

Attention Span

ITPA

Auditory sequential memory

Stanford-Binet

II-6 Repeat two digits
Obey simple command
IV Memory for sentences
Three commands
II-6 Repeat five digits
Repeat three digits reversed

Merrill-Palmer

Obey simple command
Fit 16 cubes

120

Language Development

ITPA

Auditory reception
Verbal expression
Auditory closure
Sound blending

WPPSI

Vocabulary

Stanford-Binet

II	Word combinations
IV	Memory for sentences
VI	Vocabulary

Merrill-Palmer

Action agent
Simple questions

Children With Impaired But Useful Vision

Discrimination

Hiskey-Nebraska

Memory for color
Picture identification

Stanford-Binet

III	Picture memory
III-6	Discussion of animals
	Sorting buttons
IV	Discussion of forms
IV-6	Picture similarities and differences

Merrill-Palmer

Matching colors
DeCroly

WPPSI

Arithmetic
Animal house

Columbia Mental Maturity

Attention Span

ITPA

Auditory sequential memory

Hiskey-Nebraska

Paper folding
Visual attention span

Stanford-Binet

II Block building
II-6 Repeat two digits
Obey simple command
III Picture memory
IV Name object memory
Memory for sentences
IV-6 Three commissions
VII Repeat five digits
Repeat three digits reversed

Merrill-Palmer

Obey simple command
Fitting 16 cubes

Inductive Reasoning

Hiskey-Nebraska

Block patterns

Stanford-Binet

III-6 Patience pictures
VII Similarities

Grace Arthur

Arthur Stencil

WPPSI

Similarities
Arithmetic
Block design

Columbia Mental Maturity

Deductive Reasoning

Stanford-Binet

IV Opposite analogies
IV Difference

Merrill-Palmer

Three-cube pyramid
Six-cube pyramid

WPPSI

Picture completion
Block description

Grace Arthur

Arthur Stencil

Columbia Mental Maturity

Immediate Recall

ITPA

Auditory sequential memory

Hiskey-Nebraska

Paper folding
Visual attention span

Stanford-Binet

II-6	Repeat two digits
	Obey simple command
III	Picture memory
IV	Name object memory
	Memory for sentences
IV-6	Three commands
VII	Repeat five digits
	Repeat three digits reversed

Merrill-Palmer

Obey simple command
Fitting 16 cubes

Logical Thinking

ITPA

Auditory reception

Hiskey-Nebraska

Puzzle blocks

Stanford-Binet

III-6	Comprehension
VII	Picture absurdities

Grace Arthur

Arthur Stencil

Merrill-Palmer

Three-cube pyramid
Six-cube pyramid

WPPSI

Comprehension
Block design

WISC

Picture arrangement

Columbia Mental Maturity

Psychomotor

ITPA

Manual expressions

Hiskey-Nebraska

Bead patterns
Paper folding
Block patterns
Puzzle blocks

Merrill-Palmer

Throw ball
Straight to
Cross feet
Stand on one foot
Fold paper
Make block walk
Draw up string
Cut with scissors
Close fist
Opposition of thumb
Copy circle
Copy cross
Copy star
Seguin
Mare and foal
Manikin
Picture puzzle
Wallin
Fit 16 cubes
Nest of cubes
Buttons
Little pink tower
Three-cube pyramid
Six-cube pyramid

WPPSI

Animal house
Picture completion
Geometric design
Block design

WISC

Object association

Stanford-Binet

II	Three-hole form
II-6	Block building
	Obey simple command
III	String beads
	Copy circle
	Draw vertical line
	Patience picture
V	Picture completion
	Copy square
	Patience rectangles
VI	Maze trace
VII	Copy diamond

Grace Arthur

Revised Knox cube
Revised Seguin
Porteus maze
Healy picture completion

Spatial Relations

ITPA

Manual expression

Hiskey-Nebraska

Paper folding
Block patterns
Puzzle blocks

Merrill-Palmer

Throw ball
Straight tower
Cross feet
Stand on one foot
Fold paper
Make block walk
Draw up string
Cut with scissors
Close fist
Opposition of thumb
Copy circle
Copy cross
Copy star
Seguin
Mare and foal
Manikin
Picture puzzle
Wallin
Fitting 16 cubes
Little pink tower
Three-cube pyramid
Six-cube pyramid

WPPSI

Animal house
Picture completion
Geometric design
Block design

WISC

Object association

Columbia Mental Maturity

Stanford-Binet

Three-hold form
Identify body
Block building

III Copy circle
Draw vertical line
III-6 Patience picture

Stanford-Binet

IV Picture completion
Copy square
Patience rectangle
VI Mutilated pictures
Maze trace
VII Copy diamond

Grace Arthur

Revised Knox cube
Revised Seguin
Porteus maze
Healy picture

Imitation

ITPA

Auditory sequential memory
Manual expression

Hiskey-Nebraska

Bead patterns
Paper folding

Stanford-Binet

Block building
II-6 Repeat two digits
III Draw vertical line
V Memory for sentences
VI Copy square
VII Copy diamond
Repeat five digits

Merrill-Palmer

Straight tower
Cross feet
Stand alone
Fold paper
Make block walk
Draw up string
Cut with scissors
Match colors
Close fist
Opposition of thumb
Copy circle
Copy cross
Copy star

WPPSI

Vocabulary

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Associations

ITPA

Auditory reception
Auditory association
Visual sequential memory
Verbal expression

Hiskey-Nebraska

Picture association

Stanford-Binet

II-6	Identify object use
V	Opposite analogies
	Picture identification
VII	Repeat five digits

Grace Arthur

Revised Seguin
Arthur Stencil

Merrill-Palmer

Action agent
Simple questions
Seguin
Nest of cubes

Columbia Mental Maturity

Language Development

ITPA

Auditory reception
Verbal expression
Grammatic closure
Auditory closure
Sound blending

Stanford-Binet

I	Picture vocabulary
	Word combinations
III-6	Response to pictures
IV	Memory for sentences
V	Definitions
VI	Vocabulary

Merrill-Palmer

Action agent
Simple questions
Identification of self

WPPSI

Vocabulary

Generalization

ITPA

Visual reception

Hiskey-Nebraska

Picture association

WPPSI

Similarities

Pamphlets

Public Affairs Pamphlets (minimal charge)
381 Park Ave. S.
New York, N.Y. 10016

Helping the Handicapped Teenager Mature No. 504
Cataracts and Their Treatment No. 545
What Can We Do About Limited Vision? No. 491
Living With Blindness No. 473

National Society for the Prevention of Blindness (minimal charge)
79 Madison Ave.
New York, N.Y. 10016

G108	Your Child's Sight-How You Can Help
HET	Home Eye Test For Preschoolers
G102	Signs of Possible Eye Trouble in Children
P253	Preschool Vision Screening
P200A	A Guide for Eye Inspection and Testing Visual Acuity of Preschool Age Children
P257	Vision Screening of Children
V3	Vision Testing Chart: Double-Faced Chart
V5	Vision Testing Chart: Cover and Window Cards
P607	Understanding Eye Language
P619	Teaching About Vision
V7	The Eye and How We See

American Foundation for the Blind
15 W. 16th St.
New York, N.Y. 10011

(Free publications in quantities up to 50)

FIP055	Environment Modifications for the Visually Impaired: A Handbook
FEL057	When You Have A Visually Impaired Child In Your Classroom: Suggestions for Teachers
FIL031	Facts About Blindness
FIL032	Films About Blindness
FIS033	Helen Keller
FML034	How Does A Blind Person Get Around?
FCL038	Is Your Child Blind?
FIL039	Living With Blindness
FIS040	Louis Braille
FIL049	Seven Careers
FIL050	This Is AFB
FCL051	Toilet Habits: Suggestions for Training A Blind Child
FIL061	What Do You Do When You See A Blind Person? (And What Don't You Do.)
FIL062	Where to Find Help for the Blind
FVL063	Why Not Hire A Blind Person?

Appendix E
Professional Literature

Focus on Individualized Program for the Visually Handicapped, Part I, Part II, Part III. Pennsylvania Materials Center for the Handicapped, 5601 N. Front St., Harrisburg, Penn. 17110.

A Guide to the Care of Low Vision Patients. American Optometric Association, 7000 Chippewa St., Mo. 63119

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