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ABSTRACT

This final report describes the activities and outcomes of the California Deaf-Blind Services (CDBS) program, a regionally based, family focused technical assistance and training project designed to improve services to children with deaf-blindness. The project conducted the following activities: (1) provided technical assistance to families and professionals serving individuals with dual sensory impairments individually and in groups in response to assessed needs and requests; (2) provided training to families and professionals; (3) collaborated with the California Department of Education in the facilitation of systems change; (4) provided newsletters and other information on deaf-blindness; (5) encouraged family and professional collaboration; and (6) provided fact sheets, videos, and manuals. The final report discusses activities of the project, accomplishments, challenges encountered and overcome, and implications for policy, practice, and research. Appendices include examples of fact sheets, translated materials, flyers, agendas, and technical assistance notes. Four videotape recordings of satellite broadcast training sessions are also included: "The Use of FM Systems with Children Who Are Deaf-Blind" (Barbara Franklin and others, presenters); "Adapting and Modifying Curriculum in Inclusive Classrooms" (Kathy Gee and others, presenters); "Transition from School to Work: Preparing Students for Success in the Workplace" (Jane Everson and others, presenters); and "Learning To Communicate: Strategies for Interacting with Infants Whose Multiple Disabilities Include Vision and Hearing Loss" (Deborah Chen and Gretchen Hester, presenters). (CR)

California Deaf-Blind Services

Final Report

October 1, 1995 – September 30, 1999
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Executive Summary

California Deaf-Blind Services (CDBS) was a regionally-based, family focused technical assistance and training project with an outstanding statewide and national reputation. Other state and multi-state projects regularly utilized CDBS staff to meet their respective project goals, and also used CDBS staff as consultants in efforts to improve the service delivery models of their state and multi-state projects. Educational Specialists employed by the project had extensive experience serving children in educational settings who are deaf-blind. Family Specialists represented a diverse set of life experience—ages of children, etiologies of deaf-blindness, ability to navigate California's difficult systems, and ability to advocate for their children and for others in a way that produced positive results for children while providing an atmosphere of inclusion of all team members.

Recognizing the geographic and cultural diversity of California, the project operated on a model that focused on family diversity and that prepared staff for the linguistic, cultural, economic and social diversity that is a feature of California life. CDBS engaged in outreach efforts at all stages of recruitment to attract and retain staff members who are non-white, bilingual, and/or have disabilities themselves. California is also a very large state geographically and many individuals unfamiliar with California are surprised to learn that much of California is mountainous, desert, or vast valleys—making travel difficult and even impossible during some parts of the year. Because of this, CDBS used distance education strategies such as satellite broadcast training and the use of video taped technical assistance to better meet the needs of students living in rural and/or remote areas of the state.

Training was conducted at all levels of learner objectives—introduction, awareness, demonstration, mastery, generalization, and training of trainers. Technical assistance was provided based on individual needs, and was embedded into a longitudinal plan that included training and use of the CDBS lending library, which is California's most extensive collection of print and video resources specific to deaf-blindness, and one of the most utilized specialty lending libraries in the state.

At the end of the funding cycle, California had identified 1290 students with deaf-blindness. This number is slightly higher than the statistical average due to a number of factors, including number of military bases, number of outstanding medical centers and teaching hospitals for children, and the proximity to Mexico. During the course of the funding cycle, 91% of these students benefited either directly or indirectly from CDBS services. In addition, all but five of California's fifty-eight counties received direct training and/or technical assistance from CDBS field staff. (The five counties that received no services did not report any students with deaf-blindness during the course of the project.) Evaluation data suggests that the students served by CDBS enjoyed an improved quality of life, were more integrated into their home and school environments, and were more able to communicate effectively with their families, peers, and service providers.

Project Description

Design of CDBS Goals, Objectives and Activities

Goal 1: *Families and professionals serving individuals with dual sensory impairments will receive* ***technical assistance*** *individually and in groups in response to assessed needs and requests.*

CDBS offered a variety of technical assistance options. Site visits were provided to homes, public and private schools, and public or private agencies. Consultation was also provided by telephone to requesting clients or consumers. Staff members also provided follow-up technical assistance on the implementation of specific information received in CDBS trainings. Targeted outcomes for technical assistance activities were based on information gathered through a comprehensive intake process conducted with the requester of services. CDBS required that families be invited to participate in all technical assistance activities provided in schools and agencies, and provided follow-up written reports to families regardless of on-site participation. Families and their children who were not yet served through Part H (Part C—ages birth to 3) received support for referral and identification of needs for entry into Part H services. Most technical assistance for infants and toddlers was conducted in collaboration with—and home visits coordinated with—early intervention programs such as Blind Babies Foundation (northern and central California) and the Foundation for the Junior Blind (southern California). Information was widely disseminated regarding technical assistance available within California.

Goal 2: *Families and professionals serving individuals with dual sensory impairments will receive* ***training*** *from CDBS through a variety of service delivery options in response to assessed needs.*

CDBS offered a variety of training options. Training included a single session or a series of sessions. Topics were determined by the clients' request for services. All topics included a discussion of provision of services/strategies through the use of age-appropriate materials in placements which are the least restrictive environment for the individual who is deaf-blind. Training was provided by CDBS staff, consultants contracted through CDBS, or through collaborative efforts with universities, other federally funded or statewide projects. Training was provided to local schools, districts, SELPAs, or private agencies serving individuals with dual sensory impairments. Training was offered through Regional Institutes, which were cooperative efforts between local universities and a number of school districts, county offices, SELPAs, and private agencies within a large geographical area to focus on a single topic of interest. Training was provided through conference presentations and during summer programs. Satellite Teleconferences or other forms of distance education were utilized as training options for families and professionals unable to access national speakers in their local areas. Participants also had opportunities to receive training at Implementation Sites developed and maintained by CDBS staff. Staff disseminated information regarding CDBS training available through conferences, mailings, phone contacts, *reSources*, Electronic mail systems, and collaboration with universities and public/private agencies.

Goal 3: Families and professionals serving individuals with dual sensory impairments will participate in improved program options and/or instructional strategies developed through CDBS collaboration with various agencies to support ***systems change.***

CDBS collaborated with local and state agencies to support systems change to develop new program components for individuals with dual sensory impairments in a variety of placements. CDBS facilitated systems change to assist agencies in implementation of the California Strategic Plan for Special Education, in implementation of best practices in instructional areas (i.e., community-based instruction, positive behavior change, etc.), development of new program options, development and maintenance of transdisciplinary functional assessment teams, and the building of community partnerships.

Goal 4: Families and professionals serving individuals with dual sensory impairments will receive materials and information from the CDBS ***Statewide Clearinghouse for Information Dissemination.***

CDBS expanded the existing central reference center in Sacramento to a statewide clearinghouse for information dissemination for families and professionals serving individuals with dual sensory impairments. The clearinghouse consisted of a bimonthly newsletter, an electronic mail system, a lending library, a data base of programs and referral services, a census of individuals with dual sensory impairments (ages 0-22 years) within the State of California, quarterly Advisory Committee meetings, annual mailings of project information, 800 phone line, linkage with DB-Link, linkage with other data bases, and linkage with technology centers.

Goal 5: Families and professionals serving individuals with dual sensory impairments will receive opportunities for support, information and practice of instructional strategies through the CDBS ***Implementation Site Network.***

CDBS offered clients opportunities to receive support, information and practice of instructional strategies through CDBS Implementation Sites throughout the state. The options within the CDBS Implementation Sites included: four teams of a CDBS Educational Specialist and Family Specialist; implementation sites focusing on early intervention practices (in collaboration with CSUN); implementation sites focusing on inclusion in general education programs (in collaboration with SFSU and PEERS); implementation sites focusing on best practice in instructional strategies (in collaboration with various universities and the statewide RD & D program); implementation sites focusing on transdisciplinary functional assessment teams; implementation sites focusing on the use of assistive listening devices (in collaboration with SFSU); Family Network; sibling support; and Fathers' Support Groups. These various members provided services through phone contact, electronic mail systems, and face-to-face visits when possible. Participants were matched with the appropriate Implementation Site(s) by CDBS staff according to needs: age of child, proximity of communities, topic of interest, ethnicity, etiology, etc. The Family Network included mothers, fathers, siblings, extended family, care providers, and others representing the many non-traditional families of California.

*Goal 6: Families and professionals serving individuals with dual sensory impairments will receive **new products** developed by CDBS for statewide and national dissemination based upon the assessed needs of CDBS clients.*

CDBS developed new products for statewide and national dissemination in the following forms: Fact Sheets, video tapes of satellite broadcast trainings, a Resource Directory for referrals of services and programs, the CDBS newsletter *reSources* (published quarterly in English and Spanish), translations of new and existing products, and collaboration with other agencies to translate selected articles and workshop materials.

Context of Project

The design of the CDBS model was one of family-professional collaboration, regionally-based services, and local capacity building. Because of the enormous population of California, this report does not list every technical assistance and training activity conducted by the project. Thousands of on-site, telephone, and video technical assistance activities were performed. Hundreds of local trainings were conducted, and many state and regional trainings were conducted each year. This final report serves to provide relevant examples of many of these activities in order to assist the reader in achieving a basic understanding of the breadth and scope of CDBS and its activities.

<u>Family-professional collaboration.</u> Each of the four CDBS service regions were served by an Educational Specialist and a Family Specialist. These two individuals served families, school programs, and agencies jointly. This model helped to ensure that the family perspective was considered and valued in all CDBS activities. The model also modeled family-professional collaboration, which is not a valued model in many areas of California.

<u>Regionally-based services.</u> CDBS based its service model on a regionally-based services approach. This allowed a team of an Educational Specialist and a Family Specialist to work consistently within a region, become familiar with the students and their needs, and learn the sub-cultures and bureaucracies of each particular region. The regions were altered in 1997 due to staff shortages. Up to that time, CDBS was able to have a team which served only Los Angeles and Ventura Counties. The regions were divided so that population and geography were both

considered. For example, the Central region had the fewest number of children but included the counties that are the most remote and difficult and time consuming to access.

Population of CDBS Service Regions

1995-1997 Service Regions

Region	Population	Percentage of total CA population	Number of counties
Northern California	9,954,100	31%	34
Central California	3,785,800	12%	17
Los Angeles/Ventura	9,950,900	31%	2
Southern California	8,449,200	26%	5
Total	32,140,000	100%	58

1997-1999 Service Regions

Region	Population	Percentage of total CA population	Number of counties
Northern California	10,907,200	34%	40
Central California	12,783,600	39%	13
Southern California	8,449,200	27%	5
Total	32,140,000	100%	58

Local capacity building. The overall goal of CDBS was to provide families and service providers the knowledge, skills, and experience necessary to meet the needs of their children through the use of local supports. This was accomplished through all goals and objectives of the project. For example, the extensive schedule of regional INSITE trainings based on the SKI*HI model served to ensure that all regions of California had early intervention specialists who were trained to serve infants and toddlers who are deaf-blind. These specialists were also in a position to serve as local and regional supports to LEAs and public and private agencies for technical assistance and training between service dates from CDBS field staff. The continued support of participants of *Project TEAM* also served to build local capacity throughout almost all regions of California. In addition to performing assessments for students within their own jurisdictions, *Project TEAM* members also served as valuable resources throughout their regions—as trainers, consultants for assessments in other regions, and as technical assistance providers.

Goals and Activities
Description of Accomplishments

Goal 1: Families and professionals serving individuals with dual sensory impairments will receive technical assistance individually and in groups in response to assessed needs and requests.

1.1 Site Visits. Technical assistance was provided during site visits based upon the initial needs expressed. Assistance focused on a single issue or included a discussion of many issues. The scope of the service during the visit varied depending upon the receptivity of the client being served. CDBS staff was careful not to overwhelm the clients served, yet provided enough information to allow the client to successfully implement initial suggestions. Additional information was provided during additional visits. CDBS staff facilitated the development of transdisciplinary teams to support individuals with dual sensory impairments. This was accomplished through the development of support teams (family members, teachers, paraprofessionals, designated instructional service specialists, and social service case managers) which provided a forum for collaboration with CDBS to meet the needs of the individuals. Suggestions were recorded by CDBS staff for the team with copies available at the end of the visits. Copies were made immediately available on NCR sheets for the families, school staff, specialists/administrators/case managers, and CDBS staff. Copies were sent to team members unable to attend the site visits. CDBS staff members also provided requested resources following the site visits. Staff ensured sensitivity to multicultural issues during the discussions and had interpreters present as needed for families. Clients were encouraged to access options within CDBS Implementation Sites for additional support, information, and training opportunities (see Appendices).

1.2 Consultation by Phone. Technical assistance was provided by phone via an 800 number, TTY, California Relay Service, or by direct calls from regional offices. Assistance was given to determine resources, referrals, or strategies needed, based upon the issues requested. Follow-up phone appointments, on-site TA appointments, or further dissemination of information was scheduled as necessary.

1.3 Follow-Up. Individual action plans were completed by participants at the end of all training sessions in which CDBS served as the lead agency or primary funding agent. Technical assistance was then provided specific to the objectives, resources needed, and timelines addressed in the individual's or agency's action plan.

1.4 Provision of Input on IHE or Other Advisory Committees. CDBS staff participated on advisory committees upon the requests of the agencies involved. CDBS then collaborated with each agency to determine the existing status of services related to individuals who are deaf-blind. Based upon information from a needs assessment process, input was provided to ensure inclusion of deaf-blind issues in the discussion of services (e.g., curriculum development, service delivery models, etc.). CDBS also collaborated with university personnel to determine areas for co-sponsoring training, technical assistance, implementation sites and other service delivery options.

1.5 Collaboration between CDBS and University Affiliated Medical Programs. This activity was discontinued with permission from the Federal Project Officer, U.S. Department of Education Office of Special Education Programs.

1.6 Collaboration with Coalition of Parents and Educators, Deaf-Blind (COPE-DB). CDBS conducted an annual needs assessment of all families of individuals with dual sensory impairments to determine focus for services and to determine areas for collaboration with COPE-DB. Roles and responsibilities of each agency were outlined within a written proposal for collaboration. Activities included training developed specifically for families, an annual family camp, and linkage with CDBS Implementation Sites (e.g., Family Network, Fathers' Support Groups, and Siblings Support). During years three and four of the funding cycle, COPE-DB was in a near inactive mode due to pressures and crises experienced by members of its executive committee. Despite this, CDBS collaborated to identify families to attend statewide and national events sponsored by NTAC, NFADB, and Hilton-Perkins. CDBS assigned a staff member to attend all COPE-DB board meetings in order to build and maintain a collaborative relationship with this important organization, and to assist COPE-DB in maintaining its status as the only statewide family organization in California focused exclusively on children and adults who are deaf-blind.

1.7 Group Counseling Services. This activity was discontinued with permission from the Federal Project Officer, U.S. Department of Education Office of Special Education Programs.

1.8 Support for Referral Services and Identification of Needs for entry into Part H (Part C) Services. In some cases, CDBS was the first contact for some families of infants with deaf-blindness. CDBS staff members conducted a needs assessment process of family issues and supports available through local Part H (Part C) agencies. A referral(s) was then made to the appropriate agencies. CDBS staff then conducted an on-site observation of the child and reviewed available medical information to determine eligibility for services. As a result of this process, resources were identified and gathered to support the families. CDBS continued to collaborate with Part H (Part C) agencies (California Early Intervention Technical Assistance Network, Blind Babies Foundation, Foundation for the Junior Blind, Blind Children's Learning Center, California Regional Centers, etc.) to ensure appropriate services and strategies were used to meet the unique needs of infants with dual sensory impairments.

1.9 Annual Camp Program. CDBS collaborated with COPE-DB and Camp Me & My Family to provide an annual family camp for families of deaf-blind children in California. For many of the families in remote areas of California, the camp provided the only opportunity to meet other families with similar needs. The purchase of consultant services, rental of facilities, training of camp staff, planning of activities, and logistical issues was coordinated jointly by CDBS, COPE-DB, and Camp Me & My Family. Camps were held at Walker Creek Outdoor Education Center (Marin County) and Camp Ronald McDonald at Eagle Lake (Lassen County). Fifty-six families attended one of the four camps, with a total of 216 family members. This number represents consumers, parents, siblings, grandparents, and cousins. Family members participated in workshops, support groups, and recreational activities. Many families reported that the camp experience was their first time they had been away from home with their entire family since the birth or arrival of their child with deaf-blindness (see Appendices).

1.10 <u>Dissemination of Information Regarding Technical Assistance.</u> CDBS disseminated information regarding CDBS technical assistance available within California through *reSources*, e-mail, listservs, mailings, conferences, phone contacts, collaboration with universities, public and private agencies, and participation on various state, regional and local advisory committees.

Goal 2: Families and professionals serving individuals with dual sensory impairments will receive training from CDBS through a variety of service delivery options in response to assessed needs.

2.1 <u>Needs Assessment and Development of a Training Plan.</u> Following a request for training from a family, school, district, county, SELPA, or private agency, training processes were initiated with a local needs assessment and the development of a local/regional support team. The needs assessment was conducted by CDBS staff with the assistance of local personnel. Families and staff were interviewed to determine the areas of need, to clarify desired outcomes, to familiarize CDBS staff with local procedures, to determine skills and techniques used within local areas, to discuss long-term needs for personnel development, to determine the level of collaboration between families and professionals, and to become aware of issues which might have a significant impact on the implementation of training information. CDBS staff also observed students within classrooms and reviewed IEPs in order to become familiar with programming issues within the LEA context. The support team included agency representatives (administrators, teachers, paraprofessionals and support personnel from district, county, SELPA, or private/state schools), family members, Regional Center representatives (California's case management agencies for developmental disabilities services), adult program representatives, medical personnel, community members as appropriate, and other members as necessary. The support team developed specific training plans based on the summary of the needs assessment information. CDBS included local experts as parts of training teams. These personnel represented the ethnic and/or linguistic diversity of the area. Training content was developed or modified based upon information received during this training sequence. This process was utilized in all CDBS training options as it proved to be a very successful strategy to ensure meeting the needs of clients and to ensure implementation of training information

2.2 Local Training. The purpose of local training was to provide specific information, skills, and techniques for both families and professionals and to facilitate implementation of the information presented. Local training was single day presentations or longitudinal training focusing on a topic over a period of time, depending on the results of the needs assessment process and input from the support team or stakeholders. The topics and audience was determined by the needs assessment process described above. Some of the most frequently covered topics included communication, transition, instructional strategies, employment training, social skills, issues of sexuality, positive behavior change, community-based instruction, functional academics, inclusion, etc. Participants were encouraged to access options within CDBS Implementation Sites for additional support, information, and training opportunities.

2.3 Regional Training. The purpose of regional training was to provide intensive instruction on a single topic. In some cases, training was multi-day (e.g., three days in length). A regional planning team was formed to review a summary of needs assessment data which was gathered from a designated geographical area (e.g., county, multiple counties, etc.). The planning team developed a plan for the training which will included speakers, sub-topics, facilities, dates, and course credit. The members of the team each contributed (e.g., facilities, speakers, publicity, etc.) to the training in order that the workshop would be provided at no cost to the participants. CDBS used consultant services as needed. Participants developed individual action plans for follow-up by CDBS staff to ensure implementation of training strategies. Participants were encouraged to access options within CDBS Implementation Sites for additional support, information, and training opportunities.

2.4 Summer Training. The purpose of this service delivery option was to provide a multi-day workshop focusing on intensive instruction on a specific topic related to deaf-blindness. The audience included a wide range of family members and service providers from various agencies. Each year, CDBS staff reviewed a summary of needs assessment data which was gathered statewide. The staff then developed a training plan to include contracts for consultants, training materials, and logistical arrangements. Training was linked with other federally funded projects nationally to maximize use of resources (e.g., Model Demonstration Sites for Early Intervention at CSUN, Model Demonstration Sites for Inclusion (SFSU), Usher's Syndrome Workshop with the Washington State Deaf-Blind Project). Participants developed individual action plans for follow-up by CDBS staff to ensure implementation. Participants were encouraged to access options within CDBS Implementation Sites for additional support, information, and training opportunities. All summer training was conducted in collaboration with other state and national groups, such as the 1996 week-long training, "Inclusion of Learners who are Deaf-Blind in Schools and Communities". This training was conducted in collaboration with the Perkins National Deaf-Blind Training Project, and was attended by teams from other western states deaf-blind projects. The final summer training, held in San Diego, served to provide closure to the activities of this funding cycle, and was attended by effective practice site educators, family network Facilitators, and members of the *Project TEAM* assessment teams. The three-day training focused on building local capacity and on training of trainers (see Appendices).

2.5 Satellite Teleconferencing. Satellite teleconferences were used as an important training option for families and professionals in remote areas of California unable to access topical workshops in their local area. CDBS developed a plan for the satellite teleconferences which included identification of topics through a needs assessment process, nationally respected presenters, dates, and course credit. CDBS coordinated efforts with universities for providing course work/training/ supervision of local teachers to meet professional growth requirement in California for issuing or renewing teaching credentials. Local viewing sites and the recruitment of local site facilitators were developed by the regional CDBS teams. Training materials, arrangements with the studios and viewing sites was organized by CDBS staff. Participants interacted with the presenters during and after the satellite teleconference via telephone and e-mail to the studio. CDBS conducted four interactive satellite trainings. The topics and presenters were as follows:

Date: March 19, 1998
Title: Adapting and Modifying Curriculum in Inclusive Classrooms.
Presenters: Kathy Gee, Ph.D. of California State University, Hayward; Sandra Suitor, a parent of an integrated high school student in the Elk Grove Unified School District (Sacramento County); and Julie Maier, who serves as an inclusion support teacher with the Berkeley Unified School District. The training was conducted in collaboration with Dr. Gee and California State University Hayward (CSUH) through a sub-contract between SFSU and CSUH.

Date: May 28, 1998
Title: The Use of FM Systems with Children who are Deaf-Blind
Presenters: Barbara Franklin, Ph.D. of San Francisco State University; Jerry Friedman, an audiologist with the San Francisco Hearing Society; Megan Jones, a doctoral student and deaf-blind consumer; and Martie Martin, who serves as a speech/language pathologist and teacher of the deaf with Berkeley Unified School District. The training was conducted in collaboration with Dr. Franklin and the federally funded research project she directs which is studying the effectiveness of new FM technology for children who are deaf-blind.

Date: October 29, 1998
Title: Transition from School to Work: Preparing Students for Success in the Workplace
Presenters: Jane Everson, Ph.D. of Louisiana State University; Denise Mautz, joint doctoral student at San Francisco State University and University of California

Berkeley; and Cindi Avanzino, CDBS Family Specialist and mother of a young adult with Congenital Rubella Syndrome.

Date: April 26, 1999
Title: Learning to Communicate: Strategies for Interacting with Infants whose Multiple Disabilities Include Vision and Hearing Loss
Presenters: Deborah Chen, Ph.D., California State University, Northridge; and Gretchen Hester, a parent from Berkeley.

Participants viewed the trainings at 56 downlink sites throughout California, and the training was also viewed in 38 states throughout the U.S. through a cooperative agreement with the National Technical Assistance Consortium. Viewer evaluations of the trainings were extremely positive. Follow-up technical assistance was provided to participants serving students who are deaf-blind on an as needed/as requested basis. Both CDBS lending libraries had multiple video copies of these satellite trainings, and copies are currently available from CDBS and DB-LINK (see Activity 6.2 and Appendices).

2.6 Development of New Distance Education Options (see Activity 2.5).

2.7 Conference Presentations. CDBS staff developed conference proposals in accordance with the conference goals and perceived needs in the field. Upon acceptance, CDBS staff developed training materials and presentations which were regularly received with very enthusiastic responses. Project brochures and products were displayed at conference booths or during poster sessions. CDBS staff were regular presenters at the following state and national conferences: California Transcribers and Educators of the Visually Handicapped; Cal-TASH (California Chapter of the Association for Persons with Severe Disabilities); California Educators of the Deaf; California Special Education Fall Conference; Fiesta Educativa; the Central Valley Spring Conference; and the National Conference on Deaf-Blindness.

2.8 Training Developed Specifically for Families. CDBS conducted training during evening parent meetings, on weekends focusing on specific topics requested, in addition to the training provided to joint audiences of parents and professionals during daytime training. The parent meetings focused on topics such as options for respite, residential, adult service programs, estate planning, social/sexual issues, legal issues, etc. Family weekend training was planned based on statewide needs assessment of families. The training was provided in collaboration with the CDBS Family Network, the State Community Advisory Council, Family Resource Centers, Parent Information and Training Centers, Partners in Policy Making, Part H (Part C) agencies, Helen Keller National Center (HKNC), Helen Keller National Center Technical Assistance Center (HKNC-TAC), Coalition of Parents and Educators Deaf-Blind (COPE-DB), TRACES (NTAC), California School for the Blind (CSB), and California School for the Deaf, Riverside (CSDR). Participants were encouraged to access options within CDBS Implementation Sites for additional support, information, and training opportunities. An example of training conducted specifically for families was a three-region tour of a training titled "Growing Together: Understanding the Emotional Impact of Disability". This training including both a family and professional strand, and was conducted in Sacramento (northern California), Fresno (central California) and Santa Ana (southern California). The training was conducted by CDBS staff and Marlyn Minkin, who is a frequent speaker and workshop leader nationally on the topic of mental health issues for families of children who are deaf-blind (see Appendices).

2.9 Preservice Training. CDBS notified all universities of the availability of staff to conduct training. Needs assessments were conducted to determine the focus of training and to facilitate collaboration of goals of the program and CDBS. CDBS coordinated efforts with universities for providing course work/training/ supervision of local teachers to meet professional growth requirement in California for renewing teaching credentials. CDBS staff served as regular guest lecturers at the following universities: San Francisco State University; California State University, Sacramento; California State University Hayward; San Diego State University; California State University Fresno; San Jose State University; and the University of the Pacific.

2.10 Training developed to assist in implementation of objectives of the regional councils for the Comprehensive System of Personnel Development (CSPD). CDBS gathered information from needs assessments conducted by the regional councils for personnel development. All councils were notified of the availability of CDBS staff to provide training. The needs assessment process described in objective 2.1 was used to determine the specific needs and actions for planning the training. The activities for this objective followed the steps described in local or regional training, depending upon the number of agencies involved. These activities were also developed in collaboration with Part H (Part C) agencies, Parent Information and Training Centers, and other agencies as appropriate to the topic requested. All statewide and regional training was conducted in collaboration with either the state CSPD or the regional CSPD Advisory Committee. This training included all INSITE training, satellite training, and summer institutes.

2.11 Training to Develop Leadership Skills. This activity was discontinued with permission from the Federal Project Officer, U.S. Department of Education Office of Special Education Programs.

2.12 Training Developed in Response to New Changes in the California Credentialing Process (see Activity 2.9.).

2.13 Internal Staff Development. The Lead Educational Specialist or Project Coordinator conducted an semi-annual needs assessment of CDBS staff to determine needs and groupings for internal staff development (e.g., individual needs, small groups, entire staff). Research was conducted to recommend best practice and develop proposals for training. Consultant services were purchased when staff was unable to match needs internally. Staff members also attend local/regional/statewide/national trainings as needed. Each staff member worked with Lead Educational Specialist monthly to review and revise a professional growth plan to ensure implementation of new information. Typical growth plan topics included: CDBS procedures, electronic mail systems, technology, communication, Spanish, sign language, specific instructional strategies, inclusion, positive behavior changes, early intervention, and transition. Staff was also encouraged to spend time with members of the CDBS Implementation Sites to provide opportunities for practice in instructional strategies (see Appendices).

2.14 <u>Training Developed Specifically for Awareness of Career Opportunities.</u> CDBS presented training specifically developed for awareness of career opportunities in the field of education of infants, children and young adults who are deaf-blind. The targeted audiences primarily included university students in clubs promoting inclusion, career development courses or in preservice education programs. The purpose of this training was to recruit personnel for the field of deaf-blind education, including individuals representing the cultural and linguistic diversity of California. The training was also provided in collaboration with local community college personnel in an effort to identify and recruit interveners or paraprofessionals for specific students.

2.15 <u>Collaboration with Other Federally Funded Projects.</u> CDBS staff collaborated with many other federally funded projects (e.g., TRACES (NTAC), HKNC, INSITE, DB-Link, School to Work Interagency Transitions Project (SWITP), Part H (Part C) agencies, Providing Education for Everyone in Regular Schools (PEERS), the Hilton-Perkins National Deaf-Blind Training Program, deaf-blind projects from other states, etc.) for provision of training, technical assistance, and resources. These collaborative activities included satellite teleconferences, futures planning, transition planning, training of supported employment agencies, development of media to support training efforts, training of regional transdisciplinary functional assessment teams, the Usher's Syndrome Symposium, interaction with medical professionals, and development of the CDBS Family Network.

2.16 <u>Collaboration with Other Statewide Projects.</u> CDBS collaborate with many other statewide projects (i.e., Transition Partnership Project; Workability I, II and III; California Early Start Program; California Early Intervention Technical Assistance Network (CEI*TAN); Resources In Special Education (RiSE); and statewide Regionalization programs for low incidence disabilities. These efforts included joint sponsorship of training, provision of technical assistance, provision of resources, product development, facilitation of systems change, interfacing of data bases on referrals and programs, and development of new program options.

2.17 <u>Training for Implementation of the American Foundation for the Blind (AFB) Deaf-Blind Curriculum *Hand in Hand*.</u> CDBS provided training in the use of the then new AFB curriculum for deaf-blind education, *Hand in Hand* during the 1992-95 funding cycle. CDBS conducted two one-week trainings on the use of the materials, and on implementation strategies. Follow-up training and technical assistance was provided to participants throughout this cycle. Training efforts were coordinated during the 1995-99 cycle with universities and CDBS Implementation Sites which served as field test sites for curriculum development. Follow-up was longitudinal and occurred in several locations statewide. Participants from other states were also invited to participate (those who had attended one or both of the previous trainings) but most received adequate support from their local state agencies and/or NTAC, and therefore did not require on-going support from CDBS.

2.18 Variety of Participants. CDBS encouraged local/regional support teams to invite a variety of participants to CDBS training options. In order to build community partnerships, CDBS worked to involve all persons providing support to individuals with deaf-blindness in the local area/region. These participants typically included: respite workers, job coaches, social service case managers, bus drivers, adult service providers, recreation workers, care providers, health care providers, friends, neighbors, etc. The project also strove to provide outreach to cultural and linguistic minority groups in order to better meet the needs of the state's diverse population.

2.19 Availability of Staff for CDBS Training. CDBS disseminated information regarding the availability of CDBS training within California through *reSources*, e-mail, listservs, mailings, conferences, phone contacts, collaboration with universities, public and private agencies, and participation on various state, regional and local advisory committees.

Goal 3: families and professionals serving individuals with dual sensory impairments will participate in improved program options and/or instructional strategies developed through CDBS collaboration with various agencies to support systems change.

3.1 Implementation of the California State Plan for Special Education. CDBS staff assisted the California Department of Education in the facilitation of systems change to assist educational agencies in implementation of the California Strategic Plan for Special Education in eleven critical areas outlined in the plan: early intervention; prevention; assessment; student outcomes and quality indicators; service delivery; education in the least restrictive environment; regionalization for students with low incidence disabilities; transition to adult life; new and effective partnerships with parents; sufficient numbers of qualified special education personnel; and an equitable, responsive funding model. Task forces were developed to examine areas related to implementation of training/technical assistance goals. CDBS staff provided support to these task forces and CDBS services were continuously modified based upon feedback from the task forces. The California Strategic Plan for Special Education was eliminated after year one of this funding cycle, and CDBS continued to pursue partnerships developed through other collaborative activities.

3.2 Implementation of Best Practice in Instructional Areas. CDBS followed the same process as outlined in 3.1.

3.3 Development of New Program Options. Local and state agencies collaborated with CDBS to facilitate development of new program options for individuals who are deaf-blind in the following program areas: respite, supported living, adult services, and inclusion in general education programs. These program options were presented at regional or statewide trainings, conferences, and satellite trainings. Consultants were utilized as needed. Many of these conferences were video taped, and are available for loan from the CDBS lending library (e.g., a two-day conference on supported living conducted during year four in the Central Valley).

3.4 Development and maintenance of Transdisciplinary Functional Assessment Teams. This activity continues the work of the Transdisciplinary Educational Assessment Model Project (Project TEAM), which was a federally funded pilot project awarded to CDBS for the 1992-95 funding cycle. CDBS collaborated with various agencies to support systems change to develop and maintain transdisciplinary functional assessment teams within targeted regions of California. The support team process was used to create support systems change through both training of agencies and through technical assistance for specific individuals. Teams were provided training specific to content, process, teaming issues, peer coaching strategies, age group issues as well as general strategies which apply across age groups. Assessment staff from various regions were brought together at summer trainings to share successes and problem solve with other teams.

3.5 Building Community Partnerships. CDBS collaborated with local support teams for specific individuals to develop strategies for building community support for these individuals with dual sensory impairments. Local support teams identified necessary services needs, as well as the specific issues creating barriers to the creation or support of these services. These efforts included the training of community members, provision of technical assistance to develop compensatory strategies in specific environments, or dissemination of information to address specific needs.

3.6 Availability of Staff to Facilitate Systems Change. CDBS disseminated information regarding the availability of CDBS staff to facilitate systems change within California through *reSources*, e-mail systems, mailings, conferences, phone contacts, collaboration with universities, public and private agencies, and participation on various state, regional and local committees.

Goal 4: Families and professionals serving individuals with dual sensory impairments will receive material and information from the CDBS Statewide Clearinghouse for Information Dissemination.

4.1 *reSources*. CDBS published a quarterly newsletter, *reSources*, which was published in English and Spanish. General themes were established for each issue, with articles by CDBS staff members or others in the field of deaf-blindness. Authors included representatives from the following groups: families, teachers, universities, California Department of Education, private agencies, specialists related to the specific topic addressed, other federal/statewide projects, and consumers. The newsletter was disseminated to the entire CDBS mailing list which includes over 2,200 schools, agencies, and families. Each newsletter was also posted on the CDBS web site. Many other state and multi-state projects requested permission to reprint original articles from *reSources* (see Appendices).

4.2 Electronic Mail Systems. CDBS received and disseminated information via e-mail and Internet systems. Electronic mail system entries were disseminated statewide and on national board and listservs to share information across projects. CDBS staff utilized listservs to maintain contact with student teams, and transdisciplinary assessment teams from the 1992-95 pilot project *Project TEAM*.

4.3 Lending Library. CDBS maintained an extensive lending library of print, audio and video resources relating to individuals who are deaf-blind. The information—maintained on a data base and resource listing by title, author, and topic—were available for loan by any consumer, family member, or service provider with a client who is deaf-blind. The data base was updated as new materials were acquired, borrowed, and returned. Resource listings were disseminated through *reSources* and the CDBS web site. Materials were added to the library based on recommendations from CDBS clients, CDBS Advisory Committee, and DB-Link.

4.4 Data Base on Programs and Referral Services. A comprehensive data base was maintained (by area and service provided) by CDBS staff who compiled names of programs and service providers (e.g., consultants, medical professionals, etc.) recommended by families and professionals. During year three of the project, the database was merged with the California Statewide Low Incidence Directory operated by the California Department of Education, and all entries were merged with other statewide data bases.

4.5 California Deaf-Blind Census. CDBS staff registered new students—birth-22 years of age—as they were identified by CDBS staff and other service providers throughout California. CDBS staff conducted observations of children and participated in the screening of available medical information to determine eligibility for services upon request. Students were also identified and registered through information mailed to all programs within California. Census information was maintained in a data base by district/agency, county, agency site, age of student, etiology, etc. The California Department of Education served as the lead agency for the gathering of census information and maintaining the data base.

4.6 CDBS Advisory Committee. CDBS conducted quarterly Advisory Committee meetings during years one and two, and semi-annual meetings during years three and four. Committee members were selected to represent agencies providing services to individuals with dual sensory impairments in California and families. CDBS conducted the meetings in accordance with bylaws developed by a subgroup of the Advisory Committee. Meeting agendas were developed to inform members of CDBS activities and to promote discussion of issues for feedback to CDBS staff. Statewide subcommittees of members were established to focus on special topic areas as needed.

4.7 Annual Mailings. The California Department of Education – Special Education Division mailed information packets to all clients and persons noted on the California Deaf-Blind Census. These packets included materials such as brochures, newsletters, census forms, information on service delivery options, toll-free 800 phone stickers, products, and other project information. This information served to update clients on CDBS activities and the availability of CDBS staff for services.

4.8 Toll-free 800 Phone Line. CDBS maintained a toll-free phone line for clients to access CDBS services. Toll-free phone stickers were disseminated at all training and technical assistance visits as well as through annual mailings. The 800 number will also be published in CDBS brochures, newsletters, stationery, and on staff business calls. The toll-free phone line was maintained in the northern office with full TTY access. The northern and southern California offices maintained the same voice mail and telephone system which allowed messages for Southern California-based staff to be automatically transferred to their phone extensions or voice mail boxes.

4.9 Linkage of Resources with DB Link. CDBS disseminated project information and products to DB-Link. The data base on programs and referrals and the lending library in California was linked with DB-Link via electronic mail. CDBS updated resources following recommendations from DB-Link, clients, and the CDBS Advisory Committee.

4.10 Linkage with Other Statewide Data Bases. CDBS disseminated project information and products to other statewide data bases (e.g., family resource centers, parent training institutes, etc.). The CDBS data base was linked with other statewide data bases via electronic mail. CDBS updated resources following recommendations from other statewide data bases, DB Link, clients, and the CDBS Advisory Committee. The California Department of Education database was never operational during this cycle, although it was supposed to be in full operation by 1997. (When the CDE on-line database is fully operational and reliable, a link to the database will be added to the CDBS website.)

4.11 Linkage with Technology Centers. CDBS provided referrals to clients to regional technology centers where children could explore and be assessed for equipment and software to determine appropriate tools prior to expensive investments in inappropriate technology. These centers are dispersed throughout the State and provide services through LEAs and regional centers. The technology centers also suggested resources for funding, and some items were covered through the State Low Incidence Funding. CDBS staff collaborated with staff of the technology centers on communication and other needs of individuals who are deaf-blind. CDBS staff disseminated print and video materials to the technology centers, and provided training to technology center staff on an as-needed basis. In addition, technology centers loaned equipment and adapted toys to CDBS staff for use in CDBS training.

4.12 Collaboration between CDBS and University Affiliated Medical Programs (see Activity 1.5).

4.13 Availability of CDBS Information for Dissemination. CDBS disseminated information regarding the availability of dissemination activities through *reSources*, e-mail, listservs, mailings, conferences, phone contacts, collaboration with universities, public and private agencies, and participation on various state, regional and local advisory committees.

Goal 5: Families and professionals serving individuals with dual sensory impairments will receive opportunities for support, information and practice of instructional strategies through the CDBS Effective Practices Network.

5.1 Teams of Educational Specialist and Family Specialist. CDBS demonstrated collaboration between families and professionals through the teamwork of Educational Specialist and Family Specialist within each regional team of CDBS staff. CDBS utilized these teams within all service delivery options to stress family-professional collaboration as the foundation for all successful intervention strategies.

5.2 Revision of Procedures for Accessing CDBS Implementation Sites. CDBS revised its procedures for accessing CDBS Implementation Sites. The procedures were streamlined to minimize the "phone tag" that may occur in trying to arrange appointments between participants and Implementation Site Facilitators. Policies were developed to ensure visits/contacts were meaningful with specific objectives agreed upon prior to the visit/contact, were scheduled to maximize training opportunities related to objectives, and were conducted with minimal disruption to families, professionals, classrooms, and students involved. The process for nominating and selecting a person/site was also revised from the previous cycle.

5.3 Effective Practices Network Sites Focusing on Early Intervention
5.4 Effective Practices Network Sites Focusing on Inclusion in General Education Programs
5.5 Effective Practices Network Sites Focusing on Best Practice in Instructional Strategies
5.6 (Follows this section)

5.7 Effective Practices Network Sites Focusing on use of Assistive Listening Devices

CDBS collaborated with teacher training programs and state and federally funded projects to identify and support visits to sites that modeled exemplary practices and in which program design and curricula was based on effective and emerging practices, and current research. The following IHE programs and projects were involved in the identification of programs: California State University Northridge and the California Early Intervention Technical Assistance Network (CEI*TAN) to support implementation sites focusing on early intervention practices; San Francisco State University, California State University Hayward, and Providing Education for Everyone in Regular Education Schools (PEERS) to support implementation sites focusing on inclusion in general education programs; Research, Design, and Dissemination (RD & D—a California Department of Education systems change and reform initiative) to support implementation sites focusing on best practice in instructional strategies (e.g., communication, positive behavior change, age-appropriate curriculum and materials, community-based instruction, transition planning, employment training, etc.); and San Francisco State University to support implementation sites focusing on the use of assistive listening devices.

Participants interested in visiting sites based on individual identified needs were linked with effective practice sites and an action plan was developed to clearly define the goal of the visit and expected outcomes. Following the visits, participants received technical assistance from CDBS staff to assist in the implementation of strategies gleaned from the effective practice sites. The network, while initially planned with a formal structure, operated in a less formal way, with requests for visits matched with sites based on availability and willingness at the time of the request, and based on the strengths of the effective site program.

5.6 Effective Practices Network Sites Focusing on Transdisciplinary Functional Assessment Teams. The assessment teams that participated in *Project TEAM* continued to serve as network sites beyond the cycle of the pilot project (1992-95). The following teams were utilized in network site visits by clients wanting to observe assessments or wanting to increase their skills and knowledge in conducting quality, functional assessments of children who are deaf-blind: Garden Grove Unified School District (Orange County); Chula Vista, National City, and Sweetwater Unified Districts (San Diego County); Fresno County Office of Education; Fresno Unified School District; Morongo Valley (San Bernardino County); San Bernardino County Office of Education; Sacramento County Office of Education; and Butte County Office of Education.

5.8 Mentoring. This activity was discontinued with permission from the Federal Project Officer, U.S. Department of Education Office of Special Education Programs.

5.9 Family Network. CDBS provided opportunities for families to support and inform each other through the CDBS Family Network. Many families indicate feelings of isolation in coping with the educational and medical needs of their children with deaf-blindness. Many of these families were unable to travel to meetings and trainings due to the fragile health of the children. Under the family Network process, the families requested names of other families with similar needs to share/compare experiences and to gather suggestions on educational and medical issues. Family members (i.e., mothers, fathers, siblings, extended family, care providers, etc.) were nominated by CDBS Family Specialists to serve as Family Network Facilitators. The Facilitators conducted an annual self review to determine their own areas of need for training/technical assistance. The self review process determined the focus for technical assistance from CDBS. Technical assistance/training included the topics of the coping process, communication skills, family life cycle, overview of CDBS services, and others as needed. Families requesting contact were linked with specific Facilitators based upon age of their children, etiology, issue/topic, ethnicity/language, geographic area, etc. The contacts between families generally occurred over the phone, but also occasionally involved visits to homes or central meeting places. CDBS provided funding for teleconferencing and/or mileage and also facilitated the logistics of scheduling, etc. CDBS products and resources were provided to the Facilitators as needed. CDBS Family Specialists were provided follow-up with both the Facilitators and the participants of the Family Network to assist with issues discussed. Family Network Facilitators received training in small groups, via teleconferencing, and during summer workshops. Consultant services were used as needed for training and support to the Family Network.

5.10 Sibling Support. As a component of the Family Network, CDBS also facilitated interactions between siblings. The sibling support followed the same process as described in objective 5.9 (Family Network). Identified siblings participated in summer family camp programs. An art therapist and a drama therapist were utilized to facilitate these groups. Siblings were also encouraged to develop products (written/video) for dissemination, to make conference presentations and to contribute articles to *reSources.*, the CDBS newsletter.

5.11 Fathers' Support Groups. As a component of the CDBS Family Network, CDBS also facilitated local support group meetings specific for fathers and based on the special concerns and needs of fathers. CDBS collaborated with existing support groups for fathers statewide to ensure inclusion of issues specific to deaf-blindness in the topics discussed. Two statewide symposiums were conducted to address statewide needs and to provide support and training for participants. A representative of each of the state's major existing Fathers' network's participated in these symposiums. Fathers were also encouraged to participate in summer training programs, to develop products (written/video) for dissemination, to make conference presentations and to contribute articles to *reSources*, the CDBS newsletter.

5.12 Availability of the CDBS Implementation Site Network. CDBS disseminated information regarding the availability of CDBS network sites through *reSources*, e-mail, listservs, mailings, conferences, phone contacts, collaboration with universities, public and private agencies, and participation on various state, regional and local advisory committees.

Goal 6: Families and professionals serving individuals with dual sensory impairments will receive new products developed by CDBS fir statewide and national dissemination based upon the assessed needs of CDBS clients.

6.1 Fact Sheets. CDBS developed Fact Sheets for parents and professionals serving individuals with dual sensory impairments. These Fact Sheets include general information on specific topics. More specific information for individuals was provided through individualized technical assistance available from CDBS. The Fact Sheets served as a starting point for further information. Topics for Fact Sheets were determined based on feedback from clients and members of the CDBS Advisory Committee. The format for the Fact Sheets was developed to provide easy access to the information by parents and professionals who may have no previous information on the specific topic presented. Fact Sheets were subject to a peer review process that included Advisory Committee members and participants of *Project TEAM*. Some of the Fact Sheets written during this period included *Cortical Visual Impairment, Visual Adaptations, and Otitis Media*. The Fact Sheets were then translated to other languages and disseminated statewide through reSources, electronic mail, the CDBS web site, annual mailings, at trainings, conferences, during technical assistance, etc. Fact Sheets were also disseminated nationally through TRACES, NTAC, and DB-Link (see Appendices).

6.2 Videos. Each of the four satellite trainings conducted was copied onto video tape, and these tapes were disseminated free of charge to DB-LINK, state and multi-state projects, and clients served by CDBS. These tapes were either sign language interpreted or open-captioned. The tapes were also available for loan from the CDBS lending library.

Video tapes were also produced and disseminated based on individual students' needs. These tapes focused on specific communication systems, and were produced for use by the consumer, family, and educational program in an effort to standardize the system for the specific child who is deaf-blind.

6.3 "How to" Manuals. This activity was discontinued with permission from the Federal Project Officer, U.S. Department of Education Office of Special Education Programs.

6.4 Posters. This activity was discontinued with permission from the Federal Project Officer, U.S. Department of Education Office of Special Education Programs.

6.5 Translations. CDBS conducted a language survey of CDBS clients to determine the most common six languages read by CDBS families. Survey data was augmented by data provided by the California Department of Education of non-English speaking families, or families who prefer to receive materials in non-English formats. Consultant services were used when necessary for translating project products and information. Rough drafts of translated materials were sent to the California Department of Education to review content and family-focused writing style. Translated material included the CDBS newsletter *reSources*, CDBS Fact Sheets, informational handouts for families, brochures, and explanations of CDBS services. The translated copies were printed and disseminated to CDBS clients and NTAC/DB-LINK as requested. Availability of the products was advertised through *reSources*, the CDBS web site, and through all on-site training and technical assistance activities.

6.6 Commercially Available Videos Translated. This activity was discontinued with permission from the Federal Project Officer, U.S. Department of Education Office of Special Education Programs.

6.7 Resource Directory. This activity was modified significantly during the four-year cycle due to the wide-spread use of the Internet and on-line data bases. It was determined by the CDBS Advisory Committee that data bases should not be printed in book form, but should be shared directly with clients via the Internet or by Family Specialists for families lacking Internet access.

6.8 Availability of CDBS Products. CDBS disseminated information regarding the availability of CDBS products through *reSources*, e-mail, listservs, mailings, conferences, phone contacts, collaboration with universities, public and private agencies, and participation on various state, regional and local advisory committees.

Description of Problems Encountered

Despite the following problems with fiscal agents, office space, staff vacancies and administrative changes, CDBS staff was able to meet all of the major grant objectives of the funding cycle. CDBS field and support staff is to be commended for working under very difficult situations during a number of time periods during this cycle. The consumers, family members and service providers who received services from CDBS did not perceive any of the internal disruptions to the project, and the on-going evaluations of all CDBS services were consistently outstanding.

Change in Fiscal Agents: The fiscal agent for CDBS shifted four times during this four-year cycle. These changes resulted in substantial challenges to project staff in the completion of project activities in a timely manner. When the grant was first awarded to the California Department of Education (CDE), the grantee subcontracted with California State University Sacramento (CSUS) and Saddleback Valley Unified

School District (SVUSD). In 1996, the CSUS subcontract was not renewed and the entire staff became employed by SVUSD. This required a new office for staff based in northern California. Dr. Lori Goetz of San Francisco State University offered to find office space, and the northern office moved to office space leased by San Francisco State University. In 1997, the subcontract with SVUSD was canceled, and the CDE then subcontracted with San Francisco State University for employment of all staff and for office space, and subcontracted with California State University Northridge (CSUN) for southern California office space and coordination of south office staff.

Change in Office Space: During the course of the funding cycle, the north office was forced to move twice. The first move occurred when the subcontract with CSUS ended, and the project moved from Sacramento to San Francisco. In April 1999, CDBS was evicted from its office space and was moved into temporary offices on the SFSU campus. The project was directed by the SFSU Space Planning Department to unpack only what was absolutely necessary for the completion of activities because another move would likely occur with little notice.

In addition, the southern California office moved once during this period from Orange County to Northridge. This move was into significantly smaller office space which required organizing storage in Sacramento with the CDE.

Staff Vacancies: CDBS has experienced serious staff shortages, and problems in identifying qualified, interested individuals for field staff positions. This is partly due to a general lack of qualified personnel in the field of deaf-blindness, and also due to the high cost of living in northern and southern California, which serves as a significant deterrent to recruiting personnel from out-of-area and out-of-state.

When the project left SVUSD and the southern California office moved to CSUN (which was 80 miles north of the SVUSD office), the entire southern California staff of CDBS resigned, as they were unable or unwilling to commute to Los Angeles. This required the project to recruit two Educational Specialists, one Family Specialist, and one Project Assistant. One of the Educational Specialists hired at CSUN resigned after less than a year, and that position remained vacant for a few months as CDBS once again began recruitment.

Administrative Changes: The project director named in the original grant application resigned from his position at the CDE and left the state in 1996. At that time, directorship of the project was transferred to the Project Coordinator based at SVUSD, and CDBS was assigned a new liaison at the CDE to monitor the CDE subcontracts to CSUS, SFSU, SVUSD, and CSUN. This CDE liaison was removed from his position two years later, and CDBS was assigned a new liaison at CDE who was new to the CDE and was required to spend a great deal of time becoming adequately familiar with the project. When the SVUSD subcontract ended, directorship then moved to a SFSU Professor who led the project through the remaining time of this reporting cycle.

Implications for Policy, Practice, and Research

CDBS utilized both formative and summative evaluation measures to assess project effectiveness throughout the funding cycle. These measures included regular feedback from the CDBS Advisory Committee, and a Stakeholders Meeting Process facilitated by NTAC. The data gathered was used to design the model of the application for funding for the 1999-2003 cycle. The new model reflects best practices and emerging practices, most of which were identified through monitoring the effectiveness of past activities.

Technical Assistance

- TA must be embedded into a longitudinal intervention plan developed by a team of stakeholders who have an interest in the future of the specific child.
- The MAPS process (Making Action Plans) is an highly effective method for gathering data following an initial request for TA, and also builds buy-in from all team members, including family members, educators, and administrators.

Training

- Training must be based on a comprehensive needs assessment process which is documented and includes input from all potential training participants.
- Training must include opportunities to practice newly learned skills under the supervision of a qualified mentor or CDBS field staff member, and this practice must be followed by feedback provided in a non-judgmental and constructive manner.
- Training cannot focus solely on the introduction and awareness to the topic level, but must include opportunities for interested participants to move into higher training levels (i.e., demonstration, mastery, generalization, and training of trainers).

Systems Change

- Effective and proven systems change strategies are useful at all system levels, from local barriers such as cross-LEA training to statewide initiatives such as the focus on inclusion of children with severe disabilities in California's Workability programs.
- Systems change efforts must include a comprehensive, thorough outreach to all possible stakeholders and persons likely to be effected by the changes. If a key individual or group perceives they have been excluded or under-valued, the initiative is most likely to fail despite its established need and timeliness.

Statewide Clearinghouse for Information Dissemination

- In a state such as California, it is not necessary to reinvent resource networks and data bases. It is more effective to develop linkages with data bases already in use and known to consumers.

- Family members are the best source of information on the quality of many community service providers (e.g., medical personnel, respite providers and programs, etc.) and family members must be utilized in the gathering of data if data bases are to include local resources.

Effective Practices Network

- The power that family members of children who are deaf-blind have with families with similar circumstances cannot be understated. Family Specialists who are themselves parents of children who are deaf-blind have a profound impact on families and educational systems alike, in a way that Educational Specialists may times cannot.

- Many teachers will accept suggestions only from individuals who have been classroom teachers themselves, and who know the challenges of the day-to-day operation of a quality program.

Products

- Products must be accessible to their target audience. If the target audience is families, products must be translated into languages most often spoken in the homes of children on the deaf-blind census. If the target is educators, the products must be relevant to current issues and problems faced by teachers and specialists. If the target audience is both families and educators, the project must avoid the use of educational jargon in the production of the project, or risk alienating family members who are not familiar with the educational system.

- Products must be disseminated widely, and notices of the availability of new products must reach consumers, family members, and educators as widely as possible. A product, regardless of its quality and usefulness, does not benefit children if it is not disseminated to those who might benefit from its use.

California Deaf-Blind Services Final Report
Appendices

Example of CDBS Fact Sheets (1997)

Example of translated materials (1996)

Example of CDBS newsletter *reSources* (1999)

Example of annual camp program report (1999)

Agenda from summer training (1996)

Example of satellite training flyer (1998)

Example of training developed specifically for families (1999)

Example of agenda and goals for internal staff development training (1998)

Example of typical technical assistance notes (1999)

CDBS Technical Assistance Process (1996)

Paper copies of CDBS web site • www.sfsu.edu/~cadbs • (1996)

California
Deaf-Blind
Services

800-822-7884 Voice/TTY
415-239-8089 Fax

Fact Sheet

Visual Adaptations

Children who are deaf-blind but have a significant amount of vision can be assisted in using their vision to the greatest extent possible by adapting the environment and materials, or by teaching them strategies to meet the demands of the environment. Not all adaptations are appropriate for all children. Each child's visual needs are different according to a variety of factors. These include their visual diagnosis, the presence of other disabilities, their visual abilities, and environmental factors. Two factors to keep in mind when considering adaptations for a child are: Student or material/environmental adaptation, necessity, and level of demand on the student.

Student adaptations can be more effective because they are less intrusive and more flexible. This approach is best when the student is capable of generalizing the learned skill to a variety of environments. This is not always the case and the skill that the student has learned may have to be taught in each environment where it would be helpful.

Materials adaptation should be used when the student has difficulty adapting in the way required by the task. Material adaptations take a number of different forms: Lighting, color and contrast, size and format, and changes in workspace. Material adaptations should be made with forethought and only when required by the student. They should be made as minimal as possible while still allowing the student to complete the task effectively.

You do not want to make the student dependent on an adaptation when it is not necessary. In some situations it may be better to make small adaptations at first in order to place higher demands on the student to help them to learn to adapt. Once they have done so the task can be further adapted to increase efficiency. It is also important to remember that when all visual adaptations are ineffective non visual (tactual) adaptations must be considered.

Student adaptations

1. Students should be taught techniques in a variety of settings to encourage independence and generalization of the skill.

2. Students benefit from good positioning. The less energy they expend on holding themselves up the more they can put into using their vision. This is a skill that they can be taught to self monitor.

3. Limiting fatigue will help students perform better. Break tasks up into shorter time periods to give their eyes a rest and limit visual fatigue. Extended time may also be necessary for a child to complete a task.

4. Children can and need to be taught to wait for their eyes to adjust to changes in lighting. This is most true if going from outdoors to indoors and visa versa.

5. Children can learn to view in different ways to maximize their residual vision. The most obvious is distance. Getting closer to or farther away from the object or person to be seen may make it easier. Some children tilt their heads to get the visual material at an ideal angle. They may also do this by moving the material.

Material/environmental adaptations

1. Lighting interacts with many other factors but most importantly with contrast. Lighting can increase or decrease the contrast of visual materials. In a dark environment increased lighting will increase contrast but in a bright environment it will reduce it. Natural light is good but it needs to be controlled due to glare. Light that comes from behind the individual is best as it minimizes glare and does not strike the person directly in the eyes. A lamp with an adjustable level of light is useful for this. Children who have trouble attending to material may benefit from shining light directly on it. This may help attract their attention.

2. As stated before contrast is effected by lighting but it is also effected by the materials them selves. Visual materials should be a different color from the background and backgrounds should be plain not patterned. For example if you want the child to see some red blocks put them against a blue or black background instead of an orange one. For print or pictures they should be as dark as possible on a clean background. A photocopy where the letters are gray and the background is also darker is not ideal for a child who needs good contrast.

3. Pictures need to have good contrast and be simple in format. Cluttered pictures will not be easy for the child to see. Also having many pictures on a page causes the same type of visual clutter.

4. Color can be an effective visual cue. It can be used to organize and classify or bring attention to important visual material.

5. Pictures or print should be spaced well. It is helpful if there is a good amount of space between pictures or words as it makes them stand out better. More space between lines can make tracking easier.

6. A student's workspace can also be changed to assist them in using their vision. An example of this would be to create visual boundaries by putting colored borders on a desk can be effective in focusing a child's attention. Using a tray can have the same effect, it also creates a tactual boundary to reinforce the idea of space. Materials can also be made more accessible by bringing them closer to the student. This can be done by using a reading stand and by adjusting the height of the desk or table.

7. This same concept is also true of the layout of a room. Areas of a classroom should be visually unique. This can be accomplished by using different colored carpet or by arranging the furniture to separate areas/activity centers from each other.

8. Enlarging materials is useful for children who have reduced acuity. This could be enlarging of pictures or print that the child needs to see. However enlarging materials is not necessarily the best adaptation for children with a field loss as they will see less of what has been enlarged instead of more.

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California
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ຄຳແຈ້ງຂໍ້ມູນຕ່າງ ໆ

ການຕິດຕໍ່ສື່ສານ :

ມັນພະຍາຍາມບອກອີ່ຫຍັງກັບຂ້ອຍກໍບໍ່ຮູ້

ນັກຮຽນບາງຄົນທີ່ພິການທັງຫູທັງຕາ ບໍ່ສາມາດສະແດງສິ່ງບາງຢ່າງຫຣືທຸກຢ່າງກໍໄດ້ ເຊິ່ງຕົນປາກບອກໃຫ້ຄົນອື່ນເຂົ້າໃຈ ບໍ່ວ່າຈະເປັນດ້ວຍຄຳເວົ້າ, ພາສາໃບ້, ພາສາສັນຍານ, ການໃຊ້ມືທຳຕົວອັກສອນ, ການຂຽນໜັງສື ຫຣືການຊີ້ໄມ້ຊີ້ມືກໍຕາມ. ເມື່ອນັກຮຽນດັ່ງກ່າວບໍ່ສາມາດອະທິບາຍເຖິງຄວາມຄິດຂອງຕົນໄດ້ ໂດຍໃຊ້ວິທີທັມມະດາເຫລົ່ານັ້ນ, ເຂົາເຈົ້າມັກຈະເລືອກໃຊ້ວິທີອື່ນເພື່ອສະແດງສິ່ງເຫລົ່ານັ້ນ. ເຂົາເຈົ້າມັກຈະເລືອກວິທີທີ່ງ່າຍທີ່ສຸດ ເພື່ອທີ່ຈະໃຫ້ຄົນອື່ນເຂົ້າໃຈ. ການສະແດງອອກນີ້ ແມ່ນການຕິດຕໍ່ສື່ສານ. ນັກຮຽນຜູ້ນັ້ນ ມັກຈະທຳການສື່ສານດ້ວຍສີໜ້າ, ການເໜັງຕີງຂອງຮ່າງກາຍ, ການທຳທ່າທາງ, ການຮ້ອງສຽງດັງ ຫຣືການໃຊ້ອາຣົມຢ່າງຮ້າຍແຮງ ເປັນຕົ້ນ. ການໂຕ້ຕອບເຫລົ່ານັ້ນ ພໍ່ແມ່ຂອງນັກຮຽນນັ້ນ ແລະ/ຫຣືຜູ້ປະກອບອາຊີບທີ່ກ່ຽວຂ້ອງ ມັກຈະຮູ້ສຶກວ່າ ແມ່ນການປະພຶດຕົນທີ່ຈຳເປັນຕ້ອງກຳຈັດບໍ່ໃຫ້ກະທຳ, ແຕ່ທີ່ຈິງແລ້ວ ນັກຮຽນຜູ້ນັ້ນພຽງແຕ່ພະຍາຍມທີ່ຈະທຳການສື່ສານ ຈຶ່ງເກີດພິດຫວັງຫລາຍຍິ່ງຂຶ້ນເປັນອັນດັບ ຍ້ອນຄົນອື່ນບໍ່ເຂົ້າໃຈສິ່ງທີ່ຕົນກຳລັງສື່ສານຢູ່. ຖ້າ ແທນທີ່ຈະທຳເຊັ່ນນັ້ນ, ເຮົາສາມາດຮັບຮູ້ ແລະສົ່ງເສີມຄວາມພະຍາຍາມຂອງນັກຮຽນທີ່ຈະສື່ສານກັບເຮົາໄດ້, ຄວາມປະພຶດທີ່ທຳໃຫ້ເກີດບັນຫານັ້ນ ອາດເຣີ່ມລົດລົງໄດ້.

ຂໍ້ຄວນຈຳຈື່ໄວ້

1. ຄວນຖືວ່າການປະພຶດທຸກແນວຂອງນັກຮຽນ ແມ່ນການພະຍາຍາມທີ່ຈະສື່ສານກັບເຮົາ.
2. ຄວນເບິ່ງໃຫ້ດີວ່າ ບັນຫາທາງດ້ານສຸຂະພາບທຸກຢ່າງໄດ້ຮັບການແກ້ໄຂຢ່າງສິ້ນເຊີງຮຽບຮ້ອຍແລ້ວ.
3. ຄວນພະຍາຍາມເຂົ້າໃຈໃນການອຸດສ່າພະຍາຍາມຂອງນັກຮຽນທີ່ຈະທຳການສື່ສານ.
4. ຄວນສອນນັກຮຽນໃຫ້ຮູ້ຈັກວິທີທີ່ເໝາະສົມກວ່າສຳຫຣັບການອອກຄວາມຄິດ, ຫລັງຈາກທ່ານໄດ້ສະແດງໃຫ້ເຂົາເຫັນວ່າທ່ານເຫັນໃຈກັບເຂົາທີ່ໄດ້ພະຍາຍາມທຳການສື່ສານ.

ຄຳແຈ້ງຂໍ້ມູນຈາກ California Deaf-Blind Services (ໜ່ວຍບໍຣິການຜູ້ພິການທັງຫູແລະຕາແຫ່ງຣັຖຄາລີຟໍນີ ຫຣື CDBS) ເຫລົ່ານີ້ ຈັດທຳເພື່ອທີ່ຈະນຳໄປໃຊ້ປະໂຍດໄດ້ທັງໂດຍຄອບຄົວແລະໂດຍຜູ້ປະກອບອາຊີບທີ່ຮັບໃຊ້ບໍຣິການຜູ້ທີ່ພິການທັງຫູທັງຕາ. ຂໍ້ມູນດັ່ງກ່າວໃຊ້ໄດ້ກັບນັກສຶກສາຕັ້ງແຕ່ເກີດມາຈົນເຖິງໄດ້ຄົບອາຍຸ 22 ປີບໍຣິບູນ. ວັຕຖຸປະສົງຂອງຄຳແຈ້ງຂໍ້ມູນແຕ່ລະສະບັບ ແມ່ນໃຫ້ຄວາມຮູ້ໂດຍທົ່ວໄປໃນເຣື່ອງໃດເຣື່ອງນຶ່ງຢ່າງເຈາະຈົງ. ນັກສຶກສາແຕ່ລະທ່ານ ສາມາດຂໍທາບຣາຍລະອຽດເພີ່ມເຕີມໄດ້ໂດຍຜ່ານການຊ່ວຍເຫລືອທາງວິທຍາການສະເພາະຣາຍທີ່ໃຫ້ໂດຍ CDBS. ຄຳແຈ້ງຂໍ້ມູນນີ້ ຈຶ່ງນັບເປັນຈຸດເຣີ່ມຕົ້ນສຳຫຣັບການໄດ້ຮັບຊາບຣາຍລະອຽດຕໍ່ໄປ.

KHỞI ĐẦU VỚI THÔNG TIN BẰNG VẬT THỂ

Bảo đảm rằng vật có đầy đủ ý nghĩa. Khi chọn vật cho từng trẻ riêng biệt, vật phải có ý nghĩa đối với trẻ đó. Những vật trẻ này hiểu được chưa hẳn được trẻ khác hiểu. Thông thường, những vật có ý nghĩa với những người nghe thấy được lại vô nghĩa đối với người bị khiếm khuyết tai mắt. Một cái đu nhỏ (ý nói đánh đu) đủ hiểu cho người nhìn thấy và ghi nhận được lại có thể vô nghĩa cho trẻ điếc và mù. Rất khó nghĩ về những vật tương ứng cho từng hoạt động riêng biệt. Một trong những cách giải quyết là tự bịt mắt lại và tự đặt mình, về thể chất, vào vị trí của trẻ sắp thực hiện hoạt động này (nghĩa là, khi trẻ đánh đu, em cảm giác được sợi dây cáp hay dây xích mình đang nắm; trẻ sử dụng ghế đặc biệt sẽ cảm giác với mặt, khung ghế; để biểu thị đi vệ sinh, hãy nghĩ về gì đó mà trẻ sẽ luôn làm, thí dụ như chạm cần giật nước hay tay dựa của bô). Khi đã bịt mắt và chỉ còn biết dựa vào xúc giác, quý vị sẽ có khái niệm rõ ràng hơn về hoạt động "cảm thấy" như thế nào đối với học sinh, và do đó sẽ dễ chọn vật có ý nghĩa hơn.

Đưa vật trước khi chuyển hoạt động. Điều cũng quan trọng như việc chọn vật đúng là phải đưa vật đó cho trẻ *trước khi* chuyển qua hoạt động khác. Một trong những mục đích của việc sử dụng vật để thông tin là loại bớt tính bất ngờ và lộn xộn ra khỏi cuộc sống của trẻ điếc và mù. Khi đưa vật cho người nào đó *trước khi* chuyển người này (hay người này tự chuyển) qua hoạt động khác, chúng ta đã cung cấp thông tin về việc gì sẽ xảy ra kế đó. Nếu đưa vật trong khi hoặc sau khi đổi hoạt động, chúng ta đã không báo trước rằng sẽ có thay đổi, và điều này cũng mập mờ như khi không đưa vật gì cả.

Dành thời gian để lo liệu. Quý vị đã chọn vật có ý nghĩa và đưa cho học sinh trước khi chuyển qua hoạt động khác. Bây giờ quý vị phải để học sinh lo liệu. Nhiều trẻ điếc và mù cần thêm thời gian (đến 30 giây, đôi khi đến 60 giây, có thể còn lâu hơn) để hiểu thông tin được đưa. Một hoặc hai phút có vẻ là khoảng thời gian tương đối ngắn, nhưng khi quý vị chờ trẻ làm theo yêu cầu, nó như dài lê thê vô tận. Khi làm việc với những đứa trẻ qua thông tin bằng đồ vật, quý vị sẽ hiểu được mỗi người riêng biệt cần bao nhiêu thời gian. Tuy nhiên, điều này không có nghĩa là khoảng thời gian này không đổi. Khi bị bệnh, căng thẳng, v.v..., có thể thời gian cần để tìm hiểu sẽ tăng lên.

Cần định sao cho đồ vật dễ thay thế. Đồ vật quý vị chọn cho học sinh phải là thứ dễ thay thế. Đồ vật dễ bị mất, hư hỏng, v.v... và có thể thường xuyên phải thay. Một kinh nghiệm quý báu là nếu cần lâu hơn một ngày để thay đồ vật, hẳn đó không là lựa chọn tốt. Khi vật bị hư hoặc mất, chúng cần được thay ngay lập tức để trẻ không bị bối rối khi không có. Nếu được, tốt hơn nên có hai cái cho trẻ, một cái dự phòng trường hợp cái kia bị mất hay hư.

Cho đứa trẻ tiếp cận đồ vật. Cộng với việc quý vị đã quen thông tin liên lạc với học sinh, trẻ cũng phải có sự tiếp cận với đồ vật vào mọi lúc, vì đó cũng là phương tiện *của em* để diễn đạt thông tin. Không nên đặt các đồ vật (và hộp lịch) lên kệ và chỉ lấy xuống khi người điều hành muốn truyền đạt với trẻ. Nếu muốn phương thức thành công cho trẻ, em cần tiếp cận đồ vật vào mọi lúc. Điều này có vẻ khó vì những học sinh khác có thể muốn chơi với đồ vật. Nếu đây là vấn đề trong lớp học của quý vị, nhóm giảng dạy trẻ cần đưa ra ý kiến tạo tình trạng có lợi cho trẻ và phù hợp với kiểu hoạt động trong lớp. Quý vị có thể đặt các đồ vật của học sinh vào một túi cho em đeo nhằm tránh những học sinh khác lấy chơi.

Cần nhớ rằng một vài trẻ nhạy cảm với xúc giác. Nhiều trẻ điếc và mù đều nhạy cảm với xúc giác; các em cảm nhận khác với chúng ta. Việc sờ mó hay kết cấu làm ta thích thú có thể có tác động hoàn toàn ngược lại và đối với trẻ nhạy cảm xúc giác là không chịu được. Có lẽ ít khó chịu cho trẻ hơn khi chạm các vật vào những phần nhiều xương của cơ thể (thí dụ như cùi chỏ, đầu gối, lưng bàn tay) so với những phần nhiều thịt/mỡ (thí dụ như lòng bàn tay). Chẳng hạn một trẻ riêng biệt nào đó cần được chạm vào một vật bằng chân và cùi chỏ trước khi muốn sờ vật này bằng tay. Một vài trẻ chịu để đồ vật chạm vào mặt trước khi cho chạm vào tay. Thử thách cho nhóm giảng dạy là tìm hiểu phần ít nhạy cảm nhất trên người trẻ về xúc giác.

Làm truyền thông thành cách học tích cực. Đồ vật thường là cách truyền thông đầu tiên mà học sinh sử dụng - vừa để tiếp thu vừa dùng diễn đạt. Điều quan trọng là việc sử dụng đồ vật phải là hoạt động yêu thích và bổ ích, và điều này không được xem như cái gì đó đáng ghét. Nếu trẻ đang sử dụng hộp lịch và không muốn đi (hoặc sẽ rất mệt khi đến được chỗ để hộp), tốt hơn nên mang lịch đến cho trẻ. Nếu em không chịu sờ vật quý vị đã chọn, hãy dùng vật khác (nhưng cũng có ý nghĩa) cho hoạt động này.

Hãy kiên nhẫn. Lượng thời gian học sinh cần để hiểu và sử dụng cách này thay đổi cho từng em. Một số học sinh có thể cần khoảng thời gian lâu hơn cho việc hiểu các đồ vật có ý nghĩa gì, và càng lâu hơn nữa khi các em bắt đầu sử dụng cách này để diễn tả. Điều quan trọng là nên kiên nhẫn và không thất vọng nếu lúc đầu học sinh không hiểu ra ý định của quý vị. Quý vị sẽ thành công lớn khi cách này được sử dụng thường xuyên suốt ngày hoạt động của trẻ - ở trường và tại nhà.

Đừng ngưng sử dụng đồ vật nếu học sinh chưa bắt đầu sử dụng chúng hoặc cách truyền thông chánh thức khác để diễn tả. Khi học sinh của quý vị hiểu được ý nghĩa của từng đồ vật mình, điều này không có nghĩa là đã đến lúc ngưng sử dụng vật để truyền đạt. Cần tiếp tục cho đến khi học sinh biết sử dụng chúng một cách hữu hiệu để truyền đạt. Hãy nhớ rằng mục đích nhằm tạo ra cách hoạt động tốt cho cả hai cách *tiếp thu* và *diễn đạt*. Nhìn chung, dùng đồ vật không phải là cách duy nhất có được để truyền đạt; tiêu biểu là có thêm thông tin qua ra dấu, từ ngữ nói ra, vẽ đường, hình ảnh, v.v... Đừng ngưng sử dụng bất kỳ thành phần nào trong cách thức này cho đến khi học sinh của quý vị có được cách truyền thông (tiếp thu và diễn đạt) hữu hiệu và hiệu quả.

Dễ bắt đầu. Một khi nhóm giáo dục quyết định sử dụng đồ vật, việc khởi đầu không phức tạp mấy. Quý vị có thể lập tức bắt đầu sử dụng một hoặc hai vật có trong lớp học và thường dùng hàng ngày (thí dụ, tã lót, ca uống nước, muỗng, túi đeo lưng, v.v...). Đây là những vật có ý nghĩa cho lúc thay đổi tã, uống, ăn, đến trường và ra về bằng xe buýt. Quý vị có thể bắt đầu với vài vật như vậy trong khi nhóm lo cho trẻ hoạch định những vật còn lại nào sẽ được sử dụng. Có thể sau đó cả nhóm quyết định bắt đầu dùng phương pháp hộp lịch, nhưng không cần thiết phải có hộp lịch tại chỗ để bắt đầu dùng đồ vật.

Toàn bộ nhóm giáo dục học sinh tham gia từ đầu. Sự thống nhất là thành phần vô cùng quan trọng cho thành công của bất kỳ cách truyền thông nào. Để chọn đồ vật, dấu hiệu, từ ngữ và hình ảnh/ký hiệu mà mỗi người quan tâm đến cuộc đời trẻ sẽ được thống nhất sử dụng, nên dùng cách liên kết nhóm giáo dục. Trong nhóm này phải có gia đình của trẻ. Nhóm dạy trẻ có thể họp lại và chọn vài hoạt động đầu tiên quan trọng nhất cho em. Nhóm có thể dùng tiến trình ma trận được phác thảo ở cuối bài này.

Chọn đồ vật cho những hoạt động yêu thích của trẻ. Hãy nhớ rằng truyền đạt hứng thú đầu tiên của trẻ là sử dụng đồ vật liên quan đến hoạt động nào đó rất thú vị và được ưa thích. Thí dụ, trẻ thích đu sẽ đưa cho quý vị vật biểu thị việc đu, hoặc chọn vật này khi đưa ra hai vật để chọn hoạt động. Do đó, điều quan trọng là phương pháp dùng đồ vật gồm những hoạt động được trẻ ưa thích nhiều nhất.

Tiến Trình Ma Trận cho Vật Truyền Thông

Đây là thí dụ về phương pháp vật truyền thông do một nhóm giáo dục liên kết lập ra sau hai giờ hội họp. Thông tin được ghi nhận lại trên giấy vẽ biểu đồ và sau đó sao lại rồi phân phát cho mọi thành viên trong nhóm và những người có liên quan đến cuộc sống của trẻ. Cả nhóm đồng ý sử dụng cùng đồ vật, dấu hiệu, từ ngữ và hình ảnh nhằm tạo cho trẻ môi trường luôn đồng nhất. Hầu hết các nhóm thấy rằng liệt kê mọi hoạt động, rồi chọn đồ vật, sau đó chọn dấu hiệu, và cứ vậy tiếp tục, là dễ nhất. Đó chỉ là một thí dụ. Ma trận của từng học sinh khác nhau vì áp dụng chỉ cho một trẻ xác định.

HÀNH ĐỘNG	ĐỒ VẬT	DẤU HIỆU	TỪ NGỮ	HÌNH ẢNH
ăn	muỗng	ASL ăn (ASL--Ra dấu bằng Anh ngữ)	ăn	Mayer-Johnson
uống	ca xanh dương	ASL uống	uống	Mayer-Johnson
đi vệ sinh	cần giật nước	SEE vệ sinh (SEE--Ra dấu chính xác bằng Anh ngữ)	vệ sinh	Mayer-Johnson
máy vi tính	miếng đặt con chuột	ASL máy vi tính	máy vi tính	hình máy vi tính trẻ đang dùng
giải lao	ống kim loại trong mớ đồ chơi	SEE chơi	giờ chơi	hình đồ chơi
từ nhà đến trường	túi ngang hông	ASL đến trường học	đến trường học	hình cửa vào trẻ đang dùng
từ trường về nhà	túi ngang hông	ASL về nhà	về nhà	hình nhà ở
đi trong xe nhà	túi đeo lưng	SEE xe hơi	xe hơi	hình xe nhà
Discovery Zone (vườn chơi trẻ)	tiền cắt tròn của DZ	ngón tay vẽ "D Z" lên vai trái	Discovery Zone	bản sao bản hiệu DZ

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Hoja de Datos

Impedimento visual neurológico

(también conocido como)
Impedimento visual cortical
Maduración visual tardía
Ceguera cortical

Impedimento visual neurológico (NVI por su sigla en Inglés) es ahora el nombre preferido para un tipo de impedimento visual al que se le ha llamado y todavía se le llama impedimento visual cortical o ceguera cortical. Ahora el NVI se divide en tres categorías: impedimento visual cortical, maduración visual tardía y ceguera cortical. Estas divisiones se hacen de acuerdo al área del cerebro que ha sido afectada.

Varios estudios indican que el por ciento de niños con impedimentos visuales que tiene NVI es de un 16 a un 21%, y el NVI es la principal causa del impedimento visual de los niños que son sordos-ciegos. El NVI ocurre cuando la parte del cerebro responsable de la visión está dañada. En otras palabras, el ojo como tal es normal, pero el cerebro no procesa la información como es debido. El NVI tiene varias causas, incluyendo, pero sin que se limiten a, falta de oxígeno antes, durante y después del nacimiento, enfermedades virales o bacterianas como meningitis y citomegalovirus, o lesiones cerebrales traumáticas. Estos niños pueden tener incapacidades adicionales, pero no siempre las tienen. Otros tipos de impedimentos visuales como la atrofia óptica (defecto del nervio óptico que hace que éste no pueda conducir imágenes al cerebro) y la hipoplasia del nervio óptico (un impedimento de la visión causado por un defecto congénito del disco óptico) son más comunes en los niños que tienen NVI.

El NVI afecta la visión de varias maneras y causa pérdida de la visión que puede ser ligera o severa, temporal o permanente. No hay forma de predecir cómo será la visión de un niño pequeño cuando madure, pero muchos niños con NVI experimentan mejoras en su visión. Es común la visión fluctuante. Esto es más pronunciado en niños a los que les dan ataques o en aquellos que toman ciertos medicamentos como Dilantin, Tegretol o Fenobarbital. Puede que un niño pueda ver un objeto un día y no pueda verlo al día siguiente. Estos niños también pueden

Las hojas de datos de Servicios Para Sordos & Ciegos de California son para ser usadas por ambos familias y profesionales que ayudan a individuos que tienen does sentidoes incapacitados. La información aplica a estudiantes 0–22 años de edad. El propósito de la hoja de datos es para dar información general sobre un tema especifico. La información más especifica para un estudiante individual puede proveerse mediante la asistencia técnica individualizada disponible desde CDBS. La hoja de datos es un punto para comenzar una informacíon adicional.

tener mejor visión periférica que visión central y por lo tanto miran los objetos con el rabillo del ojo. Pueden tener pérdidas de campo visual que no son simétricas (un ojo puede estar peor que el otro). Esta pérdida dispareja no necesariamente se corresponde con la función manual. Si el ojo izquierdo está mejor que el derecho, la mano izquierda no es necesariamente más fuerte que la derecha.

Los niños con NVI experimentan problemas con tipos específicos de tareas visuales. Tienen dificultades de figura-fondo (ver un objeto en lugar del fondo), y con exhibiciones visuales complejas como las imágenes con amontonamiento (una imagen de cinco animales diferentes en lugar de dos). La confusión espacial es común; por ejemplo, no ser capaces de localizar su silla a pesar de que pueden verla. También pueden ser no atentos desde el punto de vista visual (no quieren mirar los objetos) y pueden preferir su sentido del tacto. Es común ver que un niño voltea la cabeza hacia otro lado mientras explora un objeto con las manos. El ver con NVI puede compararse con tratar de escuchar una voz en una habitación ruidosa o con hablar un idioma extranjero.

Se ha probado que la estimulación visual ayuda a la mayoría de los niños con impedimentos visuales a mejorar la manera en que usan su visión; esto es especialmente válido en los casos de niños con NVI. Para que la estimulación visual sea eficaz, tiene que ocurrir en situaciones cotidianas de la vida real y no solamente en sesiones de terapia. La identificación de colores en una actividad, el seguimiento visual de un compañero de escuela mientras éste se mueve por el aula y la identificación de la forma de objetos cotidianos son algunos ejemplos.

Sugerencias de estrategias instructivas para niños con NVI

1. Los materiales, como por ejemplo las imágenes, deben ser simples en cuanto a forma, deben tener gran contraste (los colores de una imagen u objeto deben ser diferentes de los del fondo, como un juguete amarillo sobre un fondo negro en lugar de sobre un fondo anaranjado) y deben ser presentados uno a uno.

2. La iluminación brillante puede ayudar a que el niño vea los materiales visuales y atienda más a los mismos. Ajuste la luz, tanto natural como artificial, hasta determinar qué es lo mejor. La iluminación incandescente controlada puede ser mejor que la iluminación fluorescente.

3. Dele tiempo al niño para responder a los materiales que se le están presentando.

4. La visión de los colores usualmente está intacta y el color puede usarse con eficacia. Los colores amarillo y rojo son posiblemente más fáciles de ver y pueden usarse para perfilar números, letras o imágenes, para codificar por colores o para atraer la atención hacia algo que usted quiere que el niño mire.

5. También es importante mantener constante el color de los materiales para evitar la confusión. Esto también se aplica a las señales visuales en general, que también deben mantenerse constantes a lo largo del tiempo y en los diferentes lugares. Si el niño usa una escudilla roja en la casa y esa es la manera en que él sabe que es hora de comer, entonces se debe hacer lo

mismo en la escuela. Observe para ver si el niño tiene preferencias en cuanto a tamaño o color.

6. Use un enfoque multisensorial como el de asociar un sonido con el objeto que quiere que el niño vea.

7. El tacto debe considerarse como un sentido importante para el aprendizaje. Los niños que tienen NVI parecen aprender eficazmente a través de ese sentido.

8. La repetición y las rutinas pueden ayudar al niño a entender su entorno visual. Si se necesitan cambios, hágalos despacio para permitir que el niño tenga tiempo de adaptarse.

9. Las fluctuaciones en el desempeño visual pueden limitarse mediante la reducción de la fatiga. Trate de trabajar en ratos cortos, o divida una tarea larga en períodos más cortos.

10. Reduzca el ruido exterior y la estimulación ambiental que pueda distraer al niño.

11. Los objetos pueden verse más fácilmente cuando están en movimiento. Esto es especialmente cierto cuando están en los campos periféricos.

12. La postura también es importante. Mientras más energía empleen en mantenerse erguidos, menos energía pueden usar para ver.

13. El lenguaje ayuda al niño a comprender una situación visual mediante la añadidura de significado. Sea uniforme en cuanto al lenguaje que usa.

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行動計劃

MAKING ACTION PLANS
(MAPS)

甚麼是MAPS？

作為技術輔助程序中的一個方面，加州聾盲服務現在要為聾盲學生召開計劃會議。這樣的會議是將學生家庭、教學組、社區成員召集起來共同討論學生的急需事宜、個人教育計劃(IEP)的目標以及擬定一個長遠計劃。所有的參加者都可以談自己對該學生的了解、愿望、擔憂及對未來的幻想。會議的目的是要協助家庭包括在內的學生服務組為學生的未來設立一個目標。它是起積極作用並以學生為中心的，它不是IEP或解決問題的會議，也不是提出訴告或議論體系問題的討論會。MAPS過程可以幫助加州聾盲服務籌劃服務項目，确保對聾盲學生、其家庭、及其服務專業人員提供的服務達到最大的有效性。

誰應該來參加會議？

誰應該來參加會議要由聾盲孩子的家庭作決定。我們鼓勵家庭和朋友、該學生教學組的主要成員及社區提供支持的人都來參加MAPS會議。可以考慮參加會議的人員有：

- 學生本人
- 學生的直親和遠親
- 學生的朋友
- 家庭的親密朋友
- 本班教師
- 本班助教／一對一的教學助教
- 有關服務人員，如視聽教師、適應性的體育教師、體格及職業治療師、言語及語言專家等
- 行政管理人員
- 地區中心社會工作者
- 加州兒童服務治療師
- 其他了解並關心該學生的人

會議包括哪些內容？

MAPS會議討論以下几個關鍵問題：

歷史：學生的生活中出現過哪些重要事件？（例如，出生、死亡、搬家、教育計劃中的變動。）

強點：學生在哪方面作得很好？有哪些才能？

喜愛／討厭：學生喜歡甚麼、討厭甚麼？

擔憂／幻想：學生本人及整體有甚麼擔憂？對未來的幻想是甚麼？

典型的一天：學生的典型的一天是怎樣的？在學校、在家、在鄰裡及社區參加哪些活動？

理想的一天：學生的理想的一天是怎樣的？

目標，短期／長期計劃：學生本人和整體想達到甚麼目標？

行動計劃：誰會為達到此目標作義務工作？我們如何幫助創造這個理想的一天？

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Volume 10, Number 5 **Communication Issue** Summer 1999

Learning to Communicate: Strategies for Developing Communication with Infants Whose Multiple Disabilities Include Visual Impairment and Hearing Loss

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All infants communicate through crying, fussing, smiling, body movements, and other nonverbal behaviors. With repeated interactions, their parents, families, and other significant caregivers interpret the meaning of these signals and respond accordingly. Through these early exchanges, infants discover that their behaviors have a powerful effect on their caregivers and develop more efficient ways to communicate - through gestures and words. However, when infants have a visual impairment and hearing loss in additional to other disabilities, the communication process does not develop naturally. Their early communicative behaviors may be subtle or unusual and therefore to identify and interpret. For example, an infant (who is totally blind and hard of hearing) may become quiet when her mother speaks to her. This passivity may be misinterpreted as disinterest rather than attentiveness. Another infant (who has cerebral palsy and is deaf) may grimace his body when his father picks him up. These behaviors may be misinterpreted as rejection rather than excitement.

At the same time, our usual responses, i.e., by talking to hearing infants or by signing to deaf infants, may not be understood or even perceived by infants with sensory impairments and multiple disabilities. Communication with these infants requires careful planning, consistent attention, and specific procedures. The purpose of this article is to discuss selected strategies that families and service providers can use for communicating with infants (birth to 36 months) who are not yet using words and who have significant and multiple disabilities.

Getting Started

Because the meaning of an infant's early communication behaviors is tied to context, we must first identify how and why an infant communicates during familiar activities. These observations provide information on an infant's current level of communication and ways to support interactions.

Make Careful Observations to Interpret Infant Behaviors

1. Observe the infant in an everyday caregiving activity (e.g., diaper change, dressing, feeding, or bathtime) and a familiar social activity (e.g., being tickled, action songs, being rocked, or other early games).
2. Identify how the infant shows interest, dislike, fatigue, or boredom though his or her behavior.
3. Identify whether the infant communicates for (a) behavior regulation (e.g., to get someone to stop or start doing something by protesting, refusing, or rejecting; requesting objects; or requesting actions); or for (b) social interaction (e.g., to get someone's attention by greeting, seeking attention; requesting social routines; or requesting comfort).

Next, we should find out about the family's typical activities and communication practices. This way, strategies will be tailored to fit the family's lifestyle and will be more useful to the family.

Family Information

1. What is a typical day like for your infant?
2. What are your infant's favorite objects, activities, and people?
3. What are your infant's most disliked objects, activities, and people?
4. How does your infant communicate with you? What is he or she usually trying to tell you?
5. When is your infant the most communicative?
6. Have you found any special ways that help you to communicate with your infant?
7. What activities do you enjoy doing with your infant?
8. What songs or baby games do you play in your family?
9. What words do you use frequently in everyday activities with your baby?
10. What do you say when your baby does something that you like or makes you feel proud?
11. When is a good time or what is a good activity for playing with your baby?

Taking time to discuss these questions is important for all families and absolutely essential when service providers and families have different cultural and linguistic backgrounds. Otherwise, a service provider's suggestions for supporting the infant's communication may conflict with family practices. For example, an infant may be confused if an English-speaking service provider says "good boy' to praise him while his Spanish-speaking mother says "bravo." Explanations of sign hand shapes based on English letters, e.g., "S hands" for the sign SHOE, will not make sense to non-English speaking families who do not know the manual alphabet and is not immediately useful if the infant does not wear shoes. Only through careful observations of the infant and thoughtful discussions with families, can service providers suggest communication strategies that are most appropriate for a particular infant and respectful of the family's culture.

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Selected Strategies

We must differentiate between the methods for communicating with an infant (input) and the ways in which an infant is most likely to communicate (output). Input and output communication methods must be tailored to meet the individual learning needs of each infant. For example, a mother may ask an infant "want to swing?" by using an object cue (a blanket) for input, while this infant indicates "yes" by wiggling her body (output).

Communication Input must be Accessible to the Infant

Make use of the infant's available senses

Infants with multiple disabilities must receive comprehensive audiological and ophthalmological evaluations since they are more likely to have vision and hearing problems than infants without disabilities. An infant's visual impairment is usually identified before a hearing problem because it is more obvious. If an infant is identified as having a visual impairment and hearing loss, then every effort must be made to determine whether the infant would benefit from corrective lenses and hearing aids.

Communication tips

- Speak naturally and close to an infant's ear. This is a natural way to help the infant discriminate speech from the environmental sounds, particularly if the infant has a slight hearing loss, middle ear infection, or other hearing problem, and does not wear a hearing aid.
- Reduce unnecessary noise. Turn off the television or radio and reduce other background sounds if you want the infant to pay attention to what is being said or other spoken information. The signal (speech) must be at least 30-40 dB louder than the background for a hearing infant to be able to attend to it; so background sounds will interfere with the ability to understand what is said.
- Hold the infant on your chest and dance or sway in time to vocalizations to help the infant make a connection between sound and movement.
- Imitate the infant's own vocalizations or actions. Infants will imitate behaviors that are within their own repertoire before they imitate new behaviors. These imitation exchanges can become enjoyable turntaking games.
- Develop other infant games, for example, by playing "peek-a-boo" and removing the scarf from the

infant's face after saying "peek-a-boo" or bouncing the baby in time to vocalizations.

Match the infant's developmental level. Our communication should fit the infant's cognitive ability and be tied to ongoing actions and objects that the infant can perceive. Many infants whose multiple disabilities include visual impairment and hearing loss benefit from the use of caregiverese, anticipatory cues and key word signs.

Caregiverese

How we interact with infants is very different from the ways in which we interact with children who have language. Hearing parents speak to infants using higher pitch and exaggerated intonation. Deaf parents sign to infants by making the movements bigger, making the signs on the infant's body, or making the sign on the object to which it refers. In these interactions, both hearing parents and Deaf parents use animated facial expressions, gestures, short simple phrases about what the infant is seeing or doing, and repeat words, touch the infant, wait for the infant's response, interpret the infant's behaviors as communication, and imitate and expand on the infant's utterances. These characteristics of so-called "motherese" or "fatherese" help infants to participate in early conversations.

Communication tips

- Use short phrases with repetitive words to allow the infant time to process and understand what is said/signed, for example, "take a drink", "you're thirsty", "drink some juice", "thirsty baby."
- Add words to the infant's action to assist the infant's understanding of words and their meanings, for example, "up, up, up" when picking the infant up.
- Use facial animated expression to engage the infant's visual attention, if appropriate, and to support what is said, and to communicate in a natural way.
- Use natural gestures visually or tactually to engage the infant's attention, to communicate the meaning of words, and to model the use of gestures in communication, e.g, wave bye-bye when saying "bye-bye", gesture when saying "down."

Anticipatory Cues

Anticipatory cues are specific sensory prompts to help prepare the infant for an upcoming activity. They include: tactile cues (e.g., "let's put your sock on" may be communicated by touching the infant's foot which is a touch cue) or by having the infant touch the sock (object cue); auditory cues (e.g., tapping the spoon against the bowl to indicate "let's eat"); kinesthetic cues (e.g., rocking the infant in your arms before placing her in the hammock); olfactory cues (e.g., having the baby take a whiff of the soap before bathing him); or visual cues (e.g., wiggling your fingers in the infant's visual field before picking him up). Do not use cues that elicit a negative reaction or are difficult for the infant to perceive. For example, for infants who have had many pricks on their feet from blood tests, touching the foot would be an aversive tactile cue for "let's put your socks on." Other infants may be very sensitive to certain scents and react negatively to olfactory cues. Cues should be selected carefully for each infant, made in a consistent and precise manner, and have a clear connection with what they represent. This way the infant can develop an understanding of their meaning. For example, an infant will be confused if different tactile cues are used for the same message (e.g., touching the lips, or the chin, or the cheek to indicate "let's eat") or if different tactile cues on the face have different messages (e.g., touching the lips means "let's eat", touching the chin means "open up for your toothbrush.").

Frequently Asked Questions About Cues

Is there a certain sequence for using cues with infants?
There is no research on the use of cues with infants to guide how they should be introduced. Cues should be individualized for each infant and dependent on the specific activity. However, a helpful principle is to begin with a cue that will be easily understood by the infant, that is clearly related to the activity, and that is presented immediately before the activity begins. For example, initially, it is probably easier for an infant to understand "get ready for your bath" through a tactile cue (putting his hand in the water just before being put in the tub) than being given a whiff of bathsoap (olfactory cue). Begin with just a few cues that are very different from each other, and that represent different activities, and are therefore easy for the infant to discriminate and to discover what they mean. For example, use a tactile cue for bathtime (putting the infant's in the water), a touch cue for diaper change (tug on the infant's diaper), and an object cue for playtime (quilt for the blanket swing).

What is the difference between a sign and a cue?
A manual sign is a symbol, a word, or a unit of language that represents something. For example, the sign

MAMA represents mother no matter the situation. A cue is a prompt that is individualized for each child, is dependent on the specific activity or context, and is used to encourage a specific behavior. For example, tapping a child on the chin may be a prompt for "open up" if the caregiver wants to brush the child's teeth; or for "take a bite" during meals; or "close your mouth" to prevent drooling.

Key Word Signs

Many infants with multiple disabilities benefit from *key word signs* which are selected signs adapted for the infant's learning needs. Using key word signs is *not* the same as using the simultaneous method (spoken English together with a sign system based on English) or using American Sign Language (ASL) which has its own grammar and visual-spatial rules and is a different language than English. Initially, a key word sign is really a prompt or cue to engage the infant's attention and to build an understanding of the meaning of a word and what it represents. For example, the sign EAT made either by the adult touching the infant's lips with a flat O handshape or by assisting the infant to touch his own lips is really a *touch cue* or *gesture* rather than a sign. When key word signs are used with infants who have low vision, the infant's visual needs must be considered. Signs should be made so the infant can see them, that is, within the infant's visual field and at an optimal viewing distance; the rate of sign production and size of hand movements should be modified to en-able the infant to see the sign; and the signer's hands should be clearly visible in contrast to his or her clothing.

Selecting Key Word Signs for Communication Input

1. Ask the family to make a list of words that are most important for communicating with their baby.
2. Develop a list of vocabulary with family members and service providers, decide on the signs to be used for these words, identify any adaptations that are needed, and use selected signs consistently across activities.

Selected Adaptations for Key Word Signs

- Make signs on the infant's body.
- Physically guide the infant to produce signs (coactive signing).
- Make signs smaller and close to the infant's face.
- Orient the infant's attention to a signer by touching the infant's face or body.
- Use tactile modelling by placing the baby's hands on yours to feel the sign movements (interactive signing).
- Match the number of movements of the sign with the number of syllables in the word when providing communication input, e.g. MAMA is two movements.

Build on the infant's interests and strengths. Infants are likely to attend to objects, activities, and people they like and are more likely to request these favorite things. For example, an infant who loves movement will be motivated to ask for "more" of a bouncing game. This favorite activity may be used in an interrupted routine strategy to elicit communication output, as shown below. Selected methods for encouraging the infant's expressive communication should be based on the infant's abilities. For example, infants who can control their hand movements are more likely to use some signs expressively than infants who have motor problems. An infant is more likely to make a choice between a favorite object and a disliked object than between two objects of equal appeal.

Interrupted Routine Strategy

1. Select a movement activity that the infant enjoys and do about three movements.
2. Create a need for the infant to communicate by stopping the movement.
3. Wait quietly (count silently to 10 or 15 depending on the infant's response time) and observe what the infant does.
4. If the infant responds, interpret the infant's behavior as communicative. Add words to the infant's behaviors. Respond to the infant's communication by continuing the activity.
5. If the infant does not demonstrate an observable response, prompt the desired response (e.g., wiggle the infant's arms or legs), and immediately continue the activity.

Repeat this prompting procedure two more times so that the infant has three direct instruction experiences. Then repeat from Step 3: interrupt the activity and wait quietly for the infant's response.

Learning to Communicate (continued from page 4)

Criteria for Selecting First Signs For Promoting Communication Output

1. Identify the infant's favorite activities, objects, and people based on observations and the family interview described previously.
2. To represent these preferences, select signs that are easy to produce, touch the body (e.g., EAT, MAMA), have symmetrical movements (e.g., MORE), and look like or feel like what they represent (e.g., EAT, WASH, DOWN).
3. Provide frequent opportunities for the infant to use these signs.

Considerations for Selecting Key Word Signs as Communication Output for Infants with Motor Problems

- Identify key words that have been selected by the infant's family and service providers and determine their usefulness for the infant's expressive communication.
- Determine whether a manual sign is the most effective way for this infant to express a desire or need. What type of physical assistance does the infant need to produce the selected sign? Is there an easier way for the infant to communicate (e.g., using an object, picture, or other signal system).

Provide time and repetition. Very young children without disabilities need to hear a word used in context about 200 times before they use it. Infants with multiple disabilities will need even more repeated experiences to understand the meaning of a cue or word used in everyday activities. This significant need for consistency and repetition highlights the importance of making communication an essential part of every learning activity and daily routine. Not only the infants, but everyone involved with them—family members and service providers—should all be learning how to communicate.

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Communicating with Bruno

by Gretchen Hester

My three-old son, Bruno loves to be active. I try to involve him in many activities with his cousins – swimming, carving pumpkins at Halloween, visiting the Discovery Museum, and the petting zoo. Swimming is a favorite activity for Bruno because he enjoys more freedom of movement in the water. He enjoys touching objects, toys, and pets. He loves his English bull dogs! We use books that have scents, shiny objects, and different textures to "read" to him. He will attend to a light box to play with his toys. He loves to rocked back and forth, and to swing in his swing. For his birthday, I had pony rides and he enjoyed being on a pony although he was very medicated because of a big seizure the previous day.

When Bruno was born, the doctors told me that he would not live and I should just take him home from the hospital and let him die. He just celebrated his third birthday! Bruno has multiple disabilities which include severe epilepsy, developmental delays, cerebral palsy, a temperature regulation problem, and is cortically deaf and blind because of global brain malformations. He has agenesis (absence) of the corpus callosum (band of white matter that connects both hemispheres of the brain). He also has optic nerve hypoplasia in both eyes (it is much more severe in the right eye as compared to the left) and suffers from nystagmus as well. Bruno's medical needs have always been extensive so he has nursing care. He has been on many drugs to control his seizures, but they haven't worked. Last year, he started the ketogenic diet and that worked for a few months. Last October, he had a vagal nerve implant and that had helped him healthwise- but he still has seizures. Recently, he was in a study with Dr. Bill Good at the University of California, San Francisco. Dr. Good found that Bruno's myoclonic seizures affected his vision for several minutes after the seizure.

I've learned how to interpret Bruno's communication by watching him carefully. When I was working at the University of California, San Francisco, I noticed that when we went outside, he would stop breathing, throw his arms back, and turn blue. I didn't know if this was a seizure. This happened several times and then after a hospitalization (attempting to determine the cause of the episodes) I figured out that wind was frightening him so much that he would stop breathing. There was a sort of a "wind tunnel" as we went out of the hospital building. Bruno is still afraid of the wind but is able to continue to breath. When we last went ice-skating, he was terribly scared when the wind hit his face while he was in his wheelchair on the ice. He much preferred attempting to skate with me holding him. This way, we were going at a slower speed and there was no wind, as well as he was more involved and could tell what was going on with sensory input of the ice skates on the ice. He is scared when he is not sure what is going on since he can't see or hear things that approach him, even wind.

Often people who don't know him have a difficult time understanding him. They are not sure why he does not look at or listen to them. It is difficult for them to comprehend the idea of him as a deaf-blind child. Sometimes people will touch him on his face. He doesn't like this, and I believe it is because of all the tubes he had as a baby in the hospital. California Deaf-Blind Services and Jeri Hart from the Blind Babies Foundation have helped me learn how to communicate with Bruno. I use specific touch cues in particular situations. When he is in the hospital, I tap his toes before an injection or blood test. This warns him that something unpleasant is about to happen. At the swimming pool, I touch his lips to signal that he is going underwater. Before eating, I tap his hand that is holding the spoon.

When he was a baby, I started with scents during everyday activities to help him understand what was coming up. I put rosemary in his bath to signal bath time, lavender on his pillow so that he would know it was time to sleep, and he felt and smelled bananas and pears at meals when he was going to eat them. Once he

Communicating with Bruno (cont. from page 7)

got the idea that certain scents were tied to these particular activities, I paired them with objects (a rubber ducky was used with the rosemary scent before going into the bath). I used other object cues like a leash to mean that we are going to walk his dogs. Because of his cerebral palsy it is difficult for Bruno to make signs but I have added a few signs to his object cues. I speak to him at the same time that I make a sign on his hand or help him make a sign. I'm learning signs and how to adapt them for him. By his behavior, I know that he understands the signs for STAND, SIT, WALK, EAT, DRINK, and MORE.

I use "identification cues" to help Bruno identify familiar people. He touches their ring, watch, or they touch him in a special way. For example, his grandmother kisses him on both cheeks to greet him. His aunt sings to him by placing her lips on his face. Because he can't see or hear me, he likes being physically close; so if he is alone, he yells to get my attention. Bruno has a little piano that he likes to play; he'll push on the same button over and over again to get me to come over to him and reset it.

I was told that he would never drink or hold a bottle by himself, but now he does. I was told that he would never eat by himself. He doesn't as ye, but he holds his spoon and he loves eating, so eventually he will.

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California Deaf-Blind Services

presents

"Haciendo Conexiones:
Familias Compartiendo Información Y Experiencias" *

* This workshop will be conducted in Spanish.

Saturday, August 28, 1999, 9:30–3:30
Blind Children's Learning Center
18542-B Vanderlip Ave., Santa Ana CA 92705

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* Parent–Professional panel that will discuss the IEP process, special education rights and responsibilities, and answer your questions.

* Testimonies from 3 families about their experiences with the educational system and how they got the services their children needed.

There is no charge for the workshop and lunch will be provided. Register early; space is limited. Priority will be given to parents and families of children who are deaf-blind. A small stipend will be available to families with children who are deaf-blind to cover transportation and childcare costs. To register, complete the form below and mail or fax to CDBS by August 9, 1999. CDBS will notify applicants by August 16th.

Servicios para los Sordo-Ciegos de California (CDBS)

presenta

“Haciendo Conexiones:
Familias Compartiendo Información y Experiencias” *

* Esta presentación será conducida en Español.

Fecha: Sábado 28 de Agosto de 1999 Hora: 9:30 a.m. – 3:30 p.m.
Lugar: 18542-B Vanderlip Avenue, Santa Ana CA 92705

USTED ESTÁ CORDIALMENTE INVITADO A SOCIALIZAR Y A HACER CONEXIONES CON OTRAS FAMILIAS EN UN AMBIENTE DE APOYO CREATIVO MIENTRAS COMPARTE SUS EXPERIENCIAS Y APRENDE SOBRE LOS DERECHOS Y RESPONSABILIDADES DE LA EDUCACIÓN ESPECIAL.

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- Un panel compuesto por un profesional y un padre de familia hablarán y contestarán sus preguntas sobre el IEP y los Derechos y Responsabilidades de la Educación Especial.
- Tres familias brindarán sus testimonios sobre sus experiencias dentro del sistema educativo y cómo han hecho ellos para conseguir servicios para sus hijos.

La participación en el Taller es gratuita, y se proveerá almuerzo. Es conveniente registrarse temprano, pues el cupo es limitado. Se le dará prioridad a los padres de niños que tengan deficiencias auditivas y visuales. Para las familias de niños que sean sordo-ciegos, habrá disponible un pequeño estipendio para cubrir costos de transporte y pago de niñera. Para inscribirse, complete la fórmula más abajo y envíela por correo o fax a CDBS antes del 9 de Agosto de 1999. CDBS notificará a los aplicantes el 16 de Agosto.

CDBS, California State University, Northridge
18111 Nordhoff St., Northridge, CA 91330-8265
phone 818/ 677-2577 v/tty fax 818/677-3982
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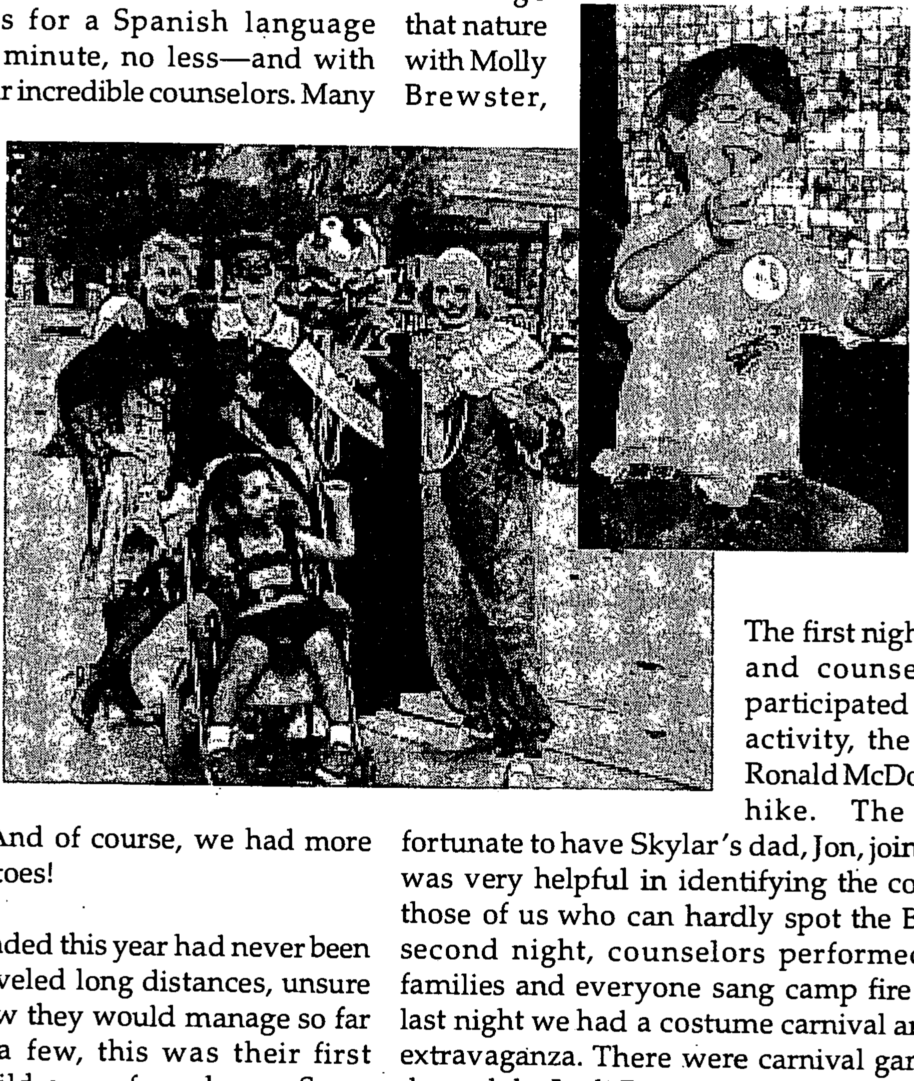
Family Camp 1999

by Jo Anne De Jaco

Rustic log cabins, the smell of pine trees, and the crystal blue water of Eagle Lake was the perfect environment to encourage families to relax and enjoy just being a family. The CDBS and Camp Me & My Family 1999 Summer Family Camp 1999 was a tremendous success. As always, committed counselors and teamwork were the key elements to this success.

Camp has always been a collaborative effort between California Deaf-Blind Services (CDBS), Camp Me & My Family (CMMF), and the Coalition of Parents and Educators Deaf-Blind (COPE-DB). In addition, this year we received tremendous support from the Family Resource Center in Susanville. The R.A.I.N.B.O.W. Family Support & Resource Network assisted us in finding local resources for a Spanish language interpreter—at the last minute, no less—and with recruitment of many of our incredible counselors. Many thanks to Kathleen Colvin and the R.A.I.N.B.O.W. Family Support & Resource Network!



This year, we chose a new location for camp—Camp Ronald McDonald at Eagle Lake, located in Susanville, CA. Rustic log cabins rested on the edge of the lake and were surrounded by pine trees. The camp offered many activities including fishing, boating, archery, and many open spaces for bike riding and hiking. And of course, we had more than our share of mosquitoes!

Several families who attended this year had never been to a family camp and traveled long distances, unsure of what to expect and how they would manage so far away from home. For a few, this was their first experience with their child away from home. Some families, who had participated in previous camps, welcomed what they knew would be quality time spent with their families and the bonding that takes place when spending time with other families who share many similar experiences. Many parents expressed a great deal of joy seeing their children who are deaf-blind having experiences and participating in activities that are not available to them at home.

Having a brother or sister who is deaf-blind can create some challenges for these siblings. Part of the camp session was dedicated to supporting siblings with the time and place to express feelings and issues they experience. For the younger siblings, art therapist Lisa Kully encouraged her group in learning about and sharing their feelings through art activities. The older siblings enjoyed all that nature could offer with Molly Haggerty-Brewster, who is a sibling support specialist. Molly led her group on hikes (or they led Molly) and her group had many discussions while enjoying activities such as boating and fishing.

The first night, after families and counselors met and participated in a group art activity, the staff at Camp Ronald McDonald led a night hike. The group was fortunate to have Skylar's dad, Jon, join in the hike. Jon was very helpful in identifying the constellations for those of us who can hardly spot the Big Dipper! The second night, counselors performed skits for the families and everyone sang camp fire songs. For our last night we had a costume carnival and line-dancing extravaganza. There were carnival games, and we all danced the Lodi Reel & Funky Chicken until everyone was completely exhausted.

(continues)

Family Camp 1999 (continued from page 7)

Some of the costumes were crafted by hand in the art pavilion. All the campers enjoyed tie dyed T-shirts, paper mache, painting, and a truly endless array of art activities. Campers collected leaves, twigs, snake skins, and numerous other items throughout their stay to paste into their experience books.

While the children were having fun enjoying camp, parents were able to meet and share experiences with each other. Marlyn Minkin facilitated parent groups each day of the camp session. For many parents, this time together was their first opportunity to share feelings and experiences of raising a child who is deaf-blind. Families discovered they are not alone in their unique, and often challenging, daily lives. They found that other families also struggle with not getting enough sleep, worries about the program their child attends, medical issues, the challenges in communicating with their child, and raising children who do not have disabilities, but who also have many needs. Marlyn also provided one to one counseling sessions for parents throughout camp.

Behavior specialist Kim Smalley led a workshop titled "Behavior as Communication". For many children who are deaf-blind, their thoughts, wants, needs, and feelings are expressed through behaviors, some acceptable, some not so acceptable. Some can be a real challenge. Understanding the communicative function of behavior, and responding to it appropriately, whether by meeting a need/desire or through re-direction, is what Kim and the families addressed. Many families had individual time with Kim to discuss issues specific to their child.

Equally as important as being able to meet other families and sharing experiences, is taking time to pamper yourself. Nancy Robinson, certified massage therapist, provided massages for the parents throughout the camp session. It was evident by the euphoric, relaxed looks on the faces of parents after returning from a massage that their stress and worries had been massaged away, en if it was just for a little while.

Parents were also given an afternoon to just "get away". They were all given a picnic lunch, full of wonderful treats, and carte blanche to have an afternoon to themselves. Some parents chose to spend time as a couple or to hook up with other parents and escape. For some, catching up on long overdue sleep fit the bill perfectly!

All the coordination and planning that goes into camp is not enough to make camp happen. Families would not be able to participate without having fully qualified counselors to work with their children. A full day of training was required before counselors began to work with campers. We needed people with experience working with children, with and without disabilities. This year, many counselors were professionals that work in special education and some were students working towards their special education degree. We also had the support of the enthusiastic staff of Camp Ronald McDonald, who led fishing, boating, hiking, swimming, and archery activities.

Interest in strengthening the Coalition of Parents & Educators Deaf-Blind (COPE-DB) was also renewed. Several families expressed an interest in organizing regional events, such as a picnic. If you have any interest please contact Cindi Avanzino at CDBS.

One of our hopes is that the wonderful camp experiences and memories shared by all who have attended camp, this year and in previous years, continues to be available to families every year. Camp Me and My Family is optimistic that future camps will be held in California. As is often the case, fundraising is the primary challenge. If you have any interest in becoming part of the Board of Directors or in helping with organizing in any way, please contact Cindi Avanzino or Jo Anne De Jaco.

PERKINS NATIONAL DEAF-BLIND TRAINING PROJECT
CLARION HOTEL-Bayview
660 K Street, SAN DIEGO
696-0234

JULY 14 - 18, 1996

SAN DIEGO STATE UNIVERSITY
CDIS 659: Inclusion of Learners who are Deaf-blind in Schools and Communities (3 graduate-level units)

REQUIRED READING:

Gee, K., Alwell, M., Graham, N. & Goetz, L. (1994). Inclusive instructional design: Facilitating informed and active learning for individuals who are deaf-blind in inclusive schools. San Francisco: SFSU California Research Institute.

NICHCY News Digest, July, 1995: Planning for inclusion

Supplementary articles provided at first class meeting

CLASS MEETINGS:

Sunday, July 14:

12:00 - 3:00 p.m.

Opening remarks and introductions	Dr. Barbara McLetchie, Boston College
Warm-up activity	Maurice Belote California Deaf-Blind Services
Overview of critical issues in deafblindness	Cathy Nelson
Definitions of inclusion and communication	Dr. Kathee Christensen San Diego State Univ.

3:00 - 5:00

Parent panel: Perceptions of inclusion	Cindy Avenzino, Moderator Sandra Suitor Corrie Hill Nancy Cornelius

5:00 - 7:00	Wine and Cheese Reception

Monday, July 15

8:30 a.m. - noon	Collaborative teaming in service to children who are deaf-blind and their families	Cathy Nelson and Maurice Belote
1:00 - 4:00	Inclusion at Lindbergh-Schweitzer School: Case study of a team	Vicky Maley, Team leader
	Panel participants:	Rosalie Fisher, Vice Principal Peggy Lewis, Kindergarten teacher MaryLou Baranowski, Adapted P.E. Parent of a special needs student Parent of a general ed. student
4:00 - 4:30	Summary	Cathy Nelson

Tuesday, July 16

8:30 - 9:00 a.m.	Warm-up activity	Maurice Belote Cathy Nelson
9:00 - 4:00	Curriculum development and adaptations	Dr. June Downing California State University, Northridge
4:00 - 4:30	Summary	Cathy Nelson

Wednesday, July 17

8:30 - 9:00	Warm-up activity	Maurice Belote
9:00 - 12:00 noon	Support services: Cathy Nelson	Intervenors/Interpreter-tutors
1:00 - 4:00 p.m.	Case study of a student who is deaf-blind	
	Participants:	Steve Perreault, moderator Blair Rogers Pearl Vesart Corrina

BREAK

4:30 - 6:30 p.m.	Panel of individuals who are deaf-blind Moderators: R. Rothstein, Helen Keller National Center K. Christensen. SDSU	

Thursday, July 18

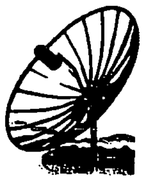
8:00 - 8:30	Warm-up activity	Maurice Belote
8:30 - 10:30	Personal futures planning	Cathy Nelson Maurice Belote Corrie Hill and Laurie
10:45 - 11:45	Circle of Friends	Cindy Avenzino Susan Suitor
12 - 1:00 p.m.	Wrap-up and team reports	All participants

Final projects are due on August 16, 1996. Students who submit projects after that date will receive an Incomplete in the course and will have one year to change the Incomplete to a letter grade. Send all projects to:

Kathee M. Christensen, Ph.D.
Department of Communicative Disorders; CC 205
San Diego State University
San Diego, CA. 92182

California Deaf-Blind Services Presents An Interactive Satellite Training

Transition from School to Work: Preparing Students for Success in the Workplace



Thursday, October 29, 1998 • 3:00 – 5:00 p.m. Pacific time
broadcast from San Francisco State University

What happens to individuals who are deaf-blind when they leave the special education system at the end of their school years, and what can be done to assist these students to move seamlessly from school to the workplace? This training will provide participants with important and useful information on effective and emerging practices in the field of transition. Specific areas that will be covered include: the importance of starting early to provide a comprehensive volunteer/work experience and job training program; identifying characteristics of effective vocational preparation and employment programs; innovative strategies for inter-agency collaboration; involving the consumer and his or her family in planning for the individual's future; and documenting the student's experiences to create a winning résumé.

Target Audience: Teachers, Administrators, D.I.S. Personnel, Paraprofessionals, Consumers, Family Members, Care Providers, University Students/Personnel, Agency Representatives, and Others

Presenters:

Jane M. Everson, Ph.D., Director, Adolescent and Adult Services Programs
The Human Development Center, LSU Medical Center, New Orleans, Louisiana

Cindi Avanzino, Family Specialist, California Deaf-Blind Services

Denise Mautz, Joint Doctoral Program in Special Education
University of California at Berkeley & San Francisco State University

This will be an interactive training. Viewers will have the opportunity to call in questions to the presenters during the telecast. Participants in the San Francisco Bay Area are encouraged to join the studio audience at SFSU. On-screen sign language interpretation will be provided.

If you want to be a downlink viewing site or would like assistance in locating a nearby site, please call Maurice Belote at California Deaf-Blind Services (800-822-7884, ext. 23 [Voice/TTY] in California or 415-239-8089 outside California). A tape of the telecast will also be available.

Please copy and distribute this flyer to all interested individuals. To register for the training, complete the form below and mail/fax/e-mail to CDBS. Registrants will receive technical downlink information in advance of the training. Same-day registration will be conducted during the training, but pre-registering will ensure you receive the necessary technical information for your downlink site. Pre-registration must be received by October 22, 1998.

CDBS • 604 Font Boulevard, San Francisco, CA 94132 • fax (415) 239-8096 • e-mail cadbs@sfsu.edu

Name
Address City State Zip
Daytime phone ( ) Evening phone ( )
Fax number ( ) E-mail address
n a ☐ consumer ☐ family member ☐ professional County of employment

California
Deaf-Blind
Services

Presents

Growing Together:
Understanding the Emotional Impact of Disability

Marlyn Minkin will be conducting a series of workshops in California focusing on the many unique feelings and emotional states that people experience raising children with disabilities. She is a counselor and a consultant who has a wealth of experience working with children who are deaf-blind and/or have multiple disabilities, their families, and the professionals who serve them. Marlyn has worked in clinical, educational, and early intervention settings for over 30 years.

Family Strand: What You Can Expect From This Workshop
You'll learn:

- that it is okay to feel sad, angry, depressed, resentful, or to have any other feelings you may experience
- an appreciation of the importance of caring for yourself during times which may be very confusing and hectic
- to understand and accept the life-long cycle of feelings, good and not so good, that begin when you have a child with a disability
- in an environment with other parents who have had similar life experiences

Professional Strand: What You Can Expect From This Workshop
You'll develop:

- strategies for building partnerships with families and developing communication around these sensitive issues
- ideas to help families envision the future
- an understanding of the life long cycle of feelings that affect a family beginning the day their child is born

You will also have the opportunity to observe a family session led by Marlyn.

Professional Strands (Fridays):	Family Strands (Saturdays):
Sacramento – March 5, 1999	Sacramento – March 6, 1999
Orange County – April 9, 1999	Orange County – April 10, 1999
Fresno – April 30, 1999	Fresno – May 1, 1999

Locations will be specified with your registration confirmation. All workshops will be conducted from 9:00 a.m. to 4:00 p.m. Each workshop will be limited to 30 participants; early registration is recommended. Continental breakfast, lunch, and tuition will be provided by CDBS. Registrants attending Saturday workshops who have a family member who is deaf-blind will be reimbursed for mileage. Contact Jackie Kenley at (800) 822-7884, ext. 21 (voice/TTY) for further information.

"Growing Together" Registration Form (Return to California Deaf-Blind Services,
604 Font Blvd., San Francisco, CA 94132; fax (415) 239-8096; email cadbs@sfsu.edu)

Name

Address City State Zip

Phone ( ) Fax ( ) E-mail address

I am a ☐ family member of an individual who is deaf-blind. Age of individual

☐ professional working with an individual who is deaf-blind. Age of individual

☐ other Age of individual

I wish to attend the Family Strand / Professional Strand (circle one) on

Date Location

Additional information can be found at http://www.sfsu.edu/~cadbs/Events.html (graphical version) or http://www.sfsu.edu/~cadbs/eventst.html (text-only version), or by calling Jackie Kenley at (800) 822-7884, ext. 21 (voice/TTY).

San Francisco State University
Special Education Department
1600 Holloway Avenue
San Francisco, CA 94132

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1746 Sanchez Street
San Francisco, CA 94131
415/282-5715 phone/fax

CALIFORNIA DEAF-BLIND SERVICES

AUGUST 21, 1998

MEETING FACILITATION WORKSHOP

AGENDA

Introduction
Naming Exercise

Setting the Stage: Issues and Strategies

An Evaluative Listener

BREAK

Empowering Participants

The Role of Culture In Meeting Dynamics

LUNCH

Wake-up Call

Managing Difficult Group Dynamics

Sabotage Busters

BREAK

The Real Thing

Evaluation and Wrap-up

GLOBAL VOICE

Meeting Today's Multicultural Communication Needs

1746 Sanchez Street
San Francisco, CA 94131
415/282-5715 phone/fax

California Deaf-Blind Services

August 21, 1998

Meeting Facilitation Workshop[

GOALS

To recognize the importance of "staging" and to implement effective staging strategies.

To improve listening skills by self-evaluation and to implement new listening skills.

To recognize the importance of empowering participants and develop strategies for "power sharing."

To improve skills and techniques for managing difficult group dynamics.

To anticipate the many ways that a meeting may be sabotaged and to learn strategies that will help your meeting run smoothly: "Sabotage Busters"

California
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Services

1600 Holloway Avenue, HSS 322
San Francisco, California 94132
(415) 405-3567 VOICE/TTY
(800) 822-7884 VOICE/TTY
(415) 405-0413 FAX
www.sfsu.edu/~cadbs

Technical Assistance Notes

Name: Danny Castro
Date: 9-14-99
Location: Lindbergh/Schweitzer Elementary School
San Diego City Unified School District
CDBS Staff: Maurice Belote, Educational Specialist
Nancy Cornelius, Family Specialist

Persons present at meeting: Rebecca Curiel and Danny Castro Sr. (Danny's mother and father), Patrice Braswell (classroom teacher), Cynthia Brownell (speech and language), Kathleen Samuel (psychologist), Nancy Vaccaro (Chula Vista district representative), Michael Giafaglione (site principal)

Purpose of visit: CDBS was contacted by Nancy Stockton of SDCUSD. Nancy expressed concern about Danny's classroom behaviors, and stated that these behaviors were interfering with his learning and progress in school. She also stated that these changes in behavior occurred suddenly. Sudden and significant behavior changes meets the qualification for urgent technical assistance from California Deaf-Blind Services. Patrice Braswell participated in a CDBS intake interview prior to this site visit.

These notes are based on a brief observation of less than one full school day, from informal discussions with Danny's mother and service providers, and from information gathered during the team meeting.

Primary strategies discussed:

1. **Behavior.** It is important to remember that all behavior has communicative intent, and that Danny is using behavior to communicate. It is unlikely that these communicative behaviors will decrease unless Danny perceives that the new communication strategies he is learning work as well. Nothing is likely to replace behaviors unless it is more effective, and behaviors will not decrease if the communicative intent of each behavior is not addressed.

Communication and behavior cannot be separated for a child who is deaf-blind and has had limited success with communication systems. Danny's behaviors will only decrease as he learns new and effective ways to communicate.

It probably makes sense to begin by focusing on one behavior that is the most disruptive to Danny's school program. (Focusing on too many behaviors at one time usually just causes stress on everyone's part, and makes it hard to significantly impact the problem.) The behavior identified at the team meeting as the most significant was Danny refusing to move/walk from one place to another, especially when he is going somewhere he doesn't want to go.

The following are environmental factors to consider when dealing with behavior problems in school settings. (From: *Positive Intervention for Serious Behavior Problems - Best Practices in Implementing the Hughes Bill [A.B. 2586] and the Positive Behavioral Intervention Regulations*, published by RiSE – Resources in Special Education.)

- Few opportunities for making choices
- Lack of predictability in schedule
- Inadequate assistance provided tot the student
- Unclear directions for completing activities
- Few opportunities for the student to communicate
- Activities that are too difficult or that are not challenging
- Activities that take a long time to complete
- Activities that the student dislikes
- Activities with unclear completion criteria
- Activities that the student does not perceive to be relevant or useful

2. **Basic receptive communication issues.** Based on observations of communicative interactions, Danny does not attend visually or tactually to signed communication. He tends to look away when signed to, and he does not explore tactually enough to read signs. Therefore, he is probably missing most of what is signed to him. If he isn't using his residual hearing in a functional way and has not attached meaning to speech, it must be assumed that he is not understanding most of what is communicated to him. This is important to keep in mind when communicating with Danny. Service providers will want to decide which are the key points they want to express, and encourage Danny to attend long enough to see these *key* signs.

Danny would benefit from the use of a calendar system such as an object communication calendar box. Danny needs a way of understanding his schedule throughout the day, so that he can make intrinsic use of motivating activities that follow less motivating activities. For example, if he knows from his calendar system that lunch follows math, he may be more willing to endure math knowing that it will be followed by a more pleasurable activity. It was discussed at the team meeting that these objects might be paired with line drawings and/or photographs.

Enclosed is a copy of "Getting Started with Object Communication" and "Let Me Check My Calendar".

3. Basic expressive communication issues. Danny's use of three signs (eat, more, and finished) is not adequate for a child his age to express the tremendous number of things he would communicate if he had a more efficient communication system other than the behaviors he now uses. This system will likely include the use of objects, and this should not be seen as a step backwards in a hierarchy of communication modes. His lifelong communication system will probably always include a number of modes, including objects, pictures, symbols, signs, etc. It would be a short-term goal that Danny uses the objects in his calendar system to express preferences, choices, etc.

4. Right handed/left handed signing. It is important to remember that signed communication always involves a dominant and non-dominant hand. (For people who are right handed, for example, the right hand would be the dominant hand.) Therefore, it is often said that there are right handed and left handed signs. This is only an issue for the child when she or he is signing expressively, such as during co-active signing.

Co-active signing is when another person molds the child's hands into a sign, and helps the child with the four features of signs: hand shape, palm orientation, movement, and location. Co-active signing is important because it teaches the child how to make signs accurately. Signs are sometimes reversed when signing co-actively with a child because, when sitting or standing across from a child, we inadvertently use our dominant hand to mold the child's non-dominant hand. One strategy to eliminate this reversal is to put your arms around a child from behind when signing co-actively.

Based on the discussion at the team meeting, it seems as though Danny shows a preference for the right hand, so the team should decide that all co-active signing with Danny will be done using his right hand as the dominant hand.

5. Tracking. This is used by students that have some limited residual vision. Tracking is a receptive communication technique that is used to give a person who is using signed communication information about where the other person's hands are in space. The person reading the signs holds the wrists of the person signing. Although the receptive partner is reading the actual signs visually, she or he has tactile information about where the hands are and any movement associated with particular signs. This reduces visual fatigue by decreasing the amount of continuous visual scanning required by the receptive partner.

6. Tactile signed communication and co-active signed communication. It is a good idea to discuss, as a team, when staff will use co-active signed communication with students and when tactile signed communication will be used. Each is equally important, and each serves an important function.

Co-active signing (described in #4 above) teaches Danny how to make the signs for himself. Danny's hands are molded to make the sign as accurately as possible so that he experiences (and learns) how to make the sign accurately. If he makes the sign later spontaneously but not exactly perfectly, we of course accept the approximation but continue to model the correct sign so that over time he will become more precise with the signs.

In tactile signing, the Danny feels the hands of the person signing as a receptive communication mode. Signs used tactually are the same signs used visually. There are some adaptations to letters and individual signs that can be made when signing tactually, and these can be demonstrated during a follow-up visit if necessary.

Deciding when to use co-active or tactile signing depends primarily on the desired outcome for the student. As a general rule, you would not want to sign something co-actively with a student that he or she would not say themselves if they could. (For example, a child is not likely to sign to him or herself, "Stop playing with the food!") Co-active signing is important because it teaches the student how to make the signs, and tactile sign is important because it teaches the student how to read other people's signs and also demonstrates conversations between other people so that the student learns that communication is going on all the time even if the child isn't always a direct participant.

7. **Instructional strategies.** In every activity throughout the day in which Danny participates, it is important to ask—what is the point of Danny's participation in this activity? In this way, it makes it clearer to determine whether or not Danny has successfully met the completion criteria for each activity. The example used was watching a video tape. Patrice identified the main objectives as: 1) following directions, 2) vision stimulation, and 3) socialization with other students. Knowing these objectives, the person leading the activity can decide which objectives are the most important for Danny at any given time, focus on one or two of these goals, and then reward Danny for successful completion by giving him access to a preferred activity.

It was a pleasure visiting the Lindbergh/Schweitzer program today, and having a chance to meet and talk with Danny's parents and service providers. Please contact CDBS if you have questions about these notes, or if a follow-up visit is needed. The toll-free number for CDBS is 800-822-7884.

California
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604 Font Boulevard
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(800) 822-7884 VOICE/TTY
(415) 239-8096 FAX

California Deaf-Blind Services
Technical Assistance Process

The process California Deaf-Blind Services (CDBS) employs for providing technical assistance has been developed and refined to best meet the needs of the individuals served by the project. The process provides a systematic format which helps to ensure that CDBS services are effective and efficient. While the process serves as a framework for all technical assistance activities, every technical assistance plan is individually developed to address the needs of a specific individual who has both hearing and vision problems. Technical assistance is provided by a regionally-based field team, which includes an Educational Specialist whose background is teaching students who are deaf-blind, and a Family Specialist who is the parent of a child who is deaf-blind. As a federally funded project operated by the California Department of Education, all CDBS activities are provided free of charge.

The Initial Contact

CDBS services can be requested by teachers, family members, administrators, or by any other members of a child's educational team. Although technical assistance can focus primarily on home life or the school program, services are most effective when all members of a child's service team—in coordination with the family—work together to achieve a common set of outcomes. During the initial contact, field staff will gather general information about the individual, and identify some broad outcomes that are desired as a result of CDBS services. At this time, CDBS field staff will also share relevant eligibility criteria. In order to receive services, an individual must qualify under the federal definition of deaf-blindness.

The First Visit

Following the initial contact with CDBS, project field staff will begin gathering more detailed information about the student. This may be accomplished through telephone calls, sharing of video tapes, or on-site visits to the student's school program and/or home. During this time, CDBS field staff will need to obtain a copy of the child's current IEP or IFSP, and a copy of the child's daily schedule if he or she is in a school-based program. CDBS staff will also insure that the student has been included on the California census of students who are deaf-blind, and will complete or update the census information as necessary.

The Planning Process

CDBS utilizes the *Making Action Plans* (MAPS) process as a key component of the technical assistance process. The MAPS process is a positive, student-centered planning process that brings together people who know the student well and care about the student's future. The information gathered through the MAPS process guides the child's team, and also assists CDBS in identifying how to best serve the child, the child's family, school, and community. The information that comes from a MAPS process is also extremely valuable in that it guides the members of the IEP team as they develop goals and objectives that are relevant to the student, and valued by the family and school staff. For infants and toddlers, the IFSP may serve as this planning meeting, although the MAPS process might be helpful when the child reaches the age of two years six months and the team begins the transition process into a preschool program.

The Technical Assistance Plan

All of the information gathered, including from the MAPS process, will be used to assist CDBS field staff and the child's team to identify outcomes for technical assistance objectives. The team will develop a plan of scheduled on-site and/or telephone visits, as well as all other services provided by the project. These may also include linkages with the CDBS Family Network, the CDBS Effective Practice Network, and the CDBS lending libraries. For on-site technical assistance visits, CDBS field staff will provide brief notes during the visits, and will then follow these with technical assistance notes that include more complete information on the strategies discussed with the educational team, including the family. Technical assistance provided through telephone, video conferencing, or the sharing of video tapes will also be followed with written technical assistance reports. These reports will include technical assistance agreement forms that are signed by the program's site administrator, and are used to monitor progress for future follow-up visits.

Trainings

At the request of the child's team, CDBS will conduct individually designed trainings on topics the team has identified through a locally-conducted needs assessment process. The length of these trainings will vary (i.e., half-day, full-day, multi-day), and may draw an audience from a single team/agency, or may draw from a larger area, such as a county or region. CDBS trainings are open to all interested participants—provided there is one identified child who is deaf-blind who benefits from the training. Families are also encouraged to attend school trainings, and CDBS does not conduct trainings that exclude families.

IEP Development and the IEP Meeting

CDBS staff is available to attend the IEP or IFSP when the attendance is part of a systematic technical assistance agreement and the MAPS process has been completed. CDBS staff members do not act as advocates for the family or school, but rather act as advocates for the child. During the IEP meeting, CDBS staff will assist the team in addressing specific needs related to the hearing and vision loss of the child, act as a resource for general information about deaf-blindness, and offer suggestions for incorporating strategies developed through the MAPS and technical assistance processes into the IEP or IFSP.

Evaluation

CDBS field staff will request that those who receive services from the project evaluate these services to assist the project in assessing CDBS effectiveness and family/educator/consumer satisfaction. On-going evaluation of the technical assistance process will also guide the team in identifying additional, on-going services needed from CDBS.

Go to text-only version.

California Deaf-Blind Services

Service Statement:

California Deaf-Blind Services serves individuals who have hearing and vision problems, with or without additional disabilities.

Text Version **Graphical Version**

Website Produced By: Sal Pal Productions and Alec Inc.

Send e-mail to: CDBS

California
Deaf-Blind
Services

Who Do We Serve

Mission Statement:

California Deaf-Blind Services promotes quality of life within communities for individuals from birth through age 21 who have both hearing and vision loss. The goal of the project is to facilitate maximum participation in preferred life activities. California Deaf-Blind Services collaborates with individuals who are deaf-blind to celebrate strengths, recognize unique needs, and develop and personalize supports and services.

Who is Eligible for Services Provided?

- Individuals with dual sensory impairments from birth through age 21.
- Educational personnel working with at least one individual with deaf-blindness.
- Parents, family members, and care providers of individuals with dual sensory impairments.
- Agency representatives, medical personnel, and others providing services to deaf-blind children and their families.

Federal Definition of Deaf-Blindness (Dual Sensory Impairments)

Individuals are deaf-blind or have dual sensory impairments if they have "auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated without special education and related services, beyond those that would be provided solely for children with hearing impairments, visual impairments, or severe disabilities, to address their educational needs due to these concurrent disabilities."

34 CFR, Part 307, Subpart A, 307.4(a)

Infants and toddlers with deaf-blindness "means individuals from birth through age 2 who are experiencing developmental delays in hearing and vision, have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays in hearing and vision, or are at risk of having substantial developmental delays in hearing and vision if early intervention services are not provided."

34 CFR, Part 307, Subpart A, 307.4(c)

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Send e-mail to: CDBS

California
Deaf-Blind
Services

Services We Provide

Technical Assistance Effective Practice Network Systems Change Information Dissemination Training

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Technical Assistance:

A plan for focusing the family-professional team on strategies to meet prioritized needs and requests.

- Based on the needs of the individual with dual sensory impairments.
- Provided in homes, schools, and agencies.
- Coordinated with family, agencies, educational personnel, and others.

Effective Practice Network:

A network of professionals who demonstrate innovative strategies and a network of families who provide support and ideas to each other.

- Provides linkage and/or visitations of programs for modeling effective practices.
- Supports connection of families with similar needs.

Systems Change:

A process of developing procedures and strategies to implement effective practices in local and/or statewide educational agencies.

- Supports development of new service delivery strategies.
- Builds collaboration through local support teams.

Information Dissemination:

A sharing of information through various forms (e.g., written, video, electronic, bulletin boards, phone, etc.)

- Provides referrals for needed services.
- Occurs throughreSources, a quarterly newsletter.
- Includes availability of media and publications for loan at no cost.

Training:

An exchange of information and activities on requested topics to assist participants in implementation of new strategies.

- Based on local needs and requests.
- Provided for combined audiences of professionals and families.
- Delivered with follow-up to participants at home or agency sites.

Topics for all services may include, but are not limited to: family-professional collaboration, functional assessment, instructional strategies, early intervention, least restrictive environment, communication skills, medical issues, positive behavior change, and transition planning.

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California
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Up coming Events

PRESENTATIONS:

Growing Together: Understanding the Emotional Impact of Disability

Professional Strands (Fridays):
Sacramento – March 5, 1999
Orange County – April 9, 1999
Fresno – April 30, 1999

Family Strands (Saturdays):
Sacramento – March 6, 1999
Orange County – April 10, 1999
Fresno – May 1, 1999

Presenter: *Marlyn Minkin, M.S., Psychologist*

Marlyn Minkin will be conducting a series of workshops in California focusing on the many unique feelings and emotional states that people experience raising children with disabilities. She is a counselor and a consultant who has a wealth of experience working with children who are deaf-blind and/or have multiple disabilities, their families, and the professionals who serve them. Marlyn has worked in clinical, educational, and early intervention settings for over 30 years.

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- in an environment with other parents who have had similar life experiences

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- strategies for building partnerships with families and developing communication around these sensitive issues
- ideas to help families envision the future
- an understanding of the life long cycle of feelings that affect a family beginning the day their child is born

You will also have the opportunity to observe a family session led by Marlyn.

Locations will be specified with your registration confirmation. All workshops will be conducted from 9:00 a.m. to 4:00 p.m. Each workshop will be limited to 30 participants; early registration is recommended. Continental breakfast, lunch, and tuition will be provided by CDBS. Registrants attending Saturday workshops who have a family member who is deaf-blind will be reimbursed for mileage. Contact Jackie Kenley at (800) 822-7884, ext. 21 (voice/TTY) for further information.

"Growing Together" Registration Form:

Name ______________________________

Address ______________________________

City ________________ State ____ Zip ________

Phone ________________

Fax ________________

E-mail ________________

I am a:

[ ] family member of an individual who is deaf-blind. Age of individual ____

[ ] professional working with an individual who is deaf-blind. Age of individual ____

[ ] other. Age of individual ____

I wish to attend the Family Strand / Professional Strand (circle one) on:

Date ____________________ Location ____________

(Return to California Deaf-Blind Services, 604 Font Blvd., San Francisco, CA 94132; fax (415) 239-8096; e-mail.)

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SATELLITE TRAININGS:

ing to Communicate: Strategies for Interacting with Infants whose Multiple Disabilities Include Vision and Hearing Loss
y, April 26, 1999; 4:30 - 6:30 p.m. *Pacific time.*

Presenter: *Deborah Chen, Ph.D., Professor, Department of Special Education, California State University-Northridge and parent of young child who is deaf-blind.*

Objective: This session will provide specific strategies for beginning communication with infants whose multiple disabilities include both visual impairment and multiple disabilities. Parents also will provide their perspectives on early communication with their child. Selected strategies will be demonstrated through video examples and include:

1. Interpreting the infant's signals
2. Identifying the infant's likes and dislikes
3. Providing anticipatory cues during caregiving routines
4. Developing and expanding turntaking games
5. Encouraging infant requests and initiations

Target Audience: Early interventionists, occupational therapists, speech and language specialists, parents, family members, and other caregivers of infants (to 36 months of age) who are at the presymbolic stage of communication and who have severe and multiple disabilities.

What are Satellite Trainings?

Satellite trainings are interactive workshops that can be viewed at many sites throughout California. Many school districts, county offices of education, community colleges and universities maintain downlink satellite stations. Some private individuals also have satellite downlink capability. Viewers will have the opportunity to phone in and ask questions of the presenters during the trainings. CDBS staff members are available to assist participants in finding downlink sites, and in grouping viewers together to facilitate learning and discussion of the topic. Both trainings will include on-screen sign language interpretation.

Target audience: teachers, administrators, DIS personnel, paraprofessionals, consumers, family members, care providers, students in teacher training programs, and university personnel.

Please forward this information to all individuals who might be interested in participating in these trainings. For more information, call CDBS at (800) 822-7884, ext. 21 Voice/TTY or e-mail us.

Send e-mail to: CDBS

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California
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Services

Newsletters

Summer 1998
Theme: Designing Educational Services
Articles: Designing Educational Services for Students who are Deaf-Blind in General Education Classrooms; CDBS Welcomes New Staff Members; Can My Child Play, Too?; Summer Opportunities for Individuals who are Deaf-Blind; A Real Circle.

Winter 1998
Theme: Changes at CDBS
Articles: Who's Who at CDBS; Positive New Approaches to Service Delivery; CDBS Mission Statement.

Winter 1997
Theme: Employment
Articles: Working Together for Angelica; Roots and Wings; "I Like Machines"; The Journey to Employment; Special, and Yet...; Transition Services.

Summer 1997
Theme: Sexuality
Articles: Taking The Fear Out Of Sex Education; Inappropriate Sexual Behaviors; Puberty Again; Sexuality And The Deaf-Blind Child.

Spring 1997
Theme: Amplification and Technology.
Articles: Some Thoughts From A Teacher; Me And My FM; Application Of FM Technology To Children; Hearing Aids: Love'em, Wear'em And Keep'em In; Tuning In With An AM/FM System; Hand In Hand With Technology; We're On The Web.

Fall 1996
Theme: Team
Articles: Overview: Team Project; Becoming a Team for the Team; Sacramento County Team; Newport or Bust; Mark Twain Team; San Bernardino Schools' Team; Summer Team Training.

Past Issues:

Summer 1996 Spring 1996 Winter 1996

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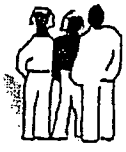
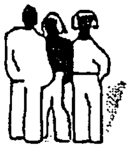
California Deaf-Blind Services



Staff Directory



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