University of Nevada, Reno

Nevada Dual Sensory Impairment Project

NewsletteR

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The Nevada Dual Sensory Impairment Project aims to enhance the educational services provided to children and youth, birth through 21 years who have dual sensory impairments, by providing technical assistance to families and involved agencies.

Announcing the 19th Annual Project Parent Conference

I am pleased to announce that the project will be holding its 19th annual parent conference on Thursday and Friday April 28 and 29 in Reno. Planning is underway to make this year's conference as great as past conferences.

If you are a parent with the project and received an email link to complete a planning survey, it is not too late to complete it. If you got a phone call asking for your input, it's not too late to return that call and provide your input.

As in the past, you can count on having Marlyn Minkin there to start off the conference as well as to end the conference sending everyone on their way with a promise to do something for self. For those of you who look forward to talking with her one-on-one, you will again have that opportunity. Based on the planning survey responses to date, it seems that other sessions might include: 1) ideas on how to help your child express him/herself to tell others what is wanted; 2) ideas for handling problem behaviors; 3) understanding assistive technology; 4) understanding what my child experiences with impairments in both vision and hearing, and much more!

If you are a parent with the project,

remember that you have the option of inviting one of your child's service providers to the conference with you. For example, you can invite your child's development specialist, teacher, speech/language therapist, other therapists, a teacher's aide/ paraprofessional working with your child, or others. Of course, it is not required that you invite someone to attend with you, but it does provide an opportunity to learn together and to get to know one another better.

Feedback from the attendees of the 2010 conference:

- "I really liked meeting all the families and having the opportunity to listen to their stories."
- "I learned new ways to use AT [assistive technology]."
- "One thing I learned is how many resources are out there."
- "One thing I learned is to never underestimate your child regardless of the severeness (*sic*) of their disability."
- "My favorite thing is meeting the other parents that are going through the same things I am."
- "How everyday things can be looked at in a new way as assistive technology and as a way to interact and make play spaces for your child."
- "It's nice to know I am not alone."
- "I will definitely be back next year!"

I highly recommend to all families to make the trip this year. The connections you will make with other families can be life changing. There is a large support network out there waiting for you to tap into it. Hope to see you in April!

Inside this issue:

Project Training & Awareness Activities

We've been busy since the last newsletter and these highlights of activities since that newsletter show a bit about what we have been doing. These highlights are in addition to the on-going child specific consultations that are a regular part of project activities.

October, 2010: Conducted a guest lecture in EDU 203 (Intro to Special Education) on the topic of deafblindness.

Throughout the fall and continuing into the spring, continuing to provide support as part of the professional development initiative for the Winnemucca team. This year most of the support is occurring through Skype conferencing and is focusing on developing customized employment opportunities.

November: Participated in the first of a series of Public Awareness Collaboration Events (PACE) being sponsored by the Governor's Council on Developmental Disabilities. This event, held in Elko, had a great turnout!

December: Participated in the second Public Awareness Collaboration Events (PACE) being sponsored by the Governor's Council on Developmental Disabilities. This event was held at the Sparks High School in Sparks.

January, 2011: Conducted a training for the staff of Nevada Early Intervention Services in Carson City on the topic of selecting toys for children with disabilities.

February: Met with the new Nevada Early Intervention Services (NEIS, Las Vegas) Dual Sensory Support Team to finalize materials and process. The 18 members of this team serve as support and liaisons between the nearly 150 staff members of NEIS and the Nevada Dual Sensory Impairment Project. We have developed magnets and flyers to help all of the staff to know about this initiative and to know who their DSST contact is.

University of Nevada, Reno
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Office of Special Education Programs

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http://www.unr.edu/educ/ndsip

ASSESSMENTS FOR HEARING & FUNCTIONING OF THE EAR

By Jill Grattan & MaryAnn Demchak

Hearing assessments attempt to determine the degree of hearing loss (mild, moderate, profound), type of hearing loss (see below), and configuration of hearing loss (e.g., bilateral or loss in both ears, unilateral or loss in one ear, etc.). Other tests determine how parts of the ear are functioning and are not actual tests of hearing.

Image of Tympanometry

Definitions

Physiological Testing: Objective tests or measures that rely on recorded responses from the body; the individual being tested does not have to respond as is required for behavioral testing

Behavioral Testing: Tests that require a response from the individual (e.g., raising one's hand in response to a tone, repeating a word presented through earphones)

Category	*Test name*	*What it tests*	*How the test is conducted*	*Age testing can be conducted*
Physiological Testing  *Image of Tympanometry*	Tympanometry	• Purpose is to evaluate the function of the middle ear and tympanic membrane [4] • Does not tell if child is hearing or not [3] • Results reveal how well the middle ear is functioning [4] • When combined with Acoustic Reflex Test (below), the results reveal how well the middle ear is functioning [4]	• Non-invasive test • Takes approximately two minutes to perform [4] • A probe is inserted into each of the patient's ears. • Results are not dependent on a response from the patient; however, the patient should not move [4]	Can be performed on infants from 7 months of age through adults [6]
	Acoustic Reflex Test	• Purpose is to measure middle ear muscle in response to sounds [6] • The muscle in the middle ear contracts as a reflex in response to sounds • When combined with tympanometry (above), the results reveal how well the middle ear is functioning [4].	• A probe is inserted into each of the patient's ears. • The results are not dependent on a response from the patient; however, the patient should not move [4]	Can be performed on infants from 7 months of age through adults [6]
Image of OAE testing 	Otoacoustic Emissions Testing (OAEs)	• Test to determine how well the inner ear functions, specifically, the cochlea [7]. • Otoacoustic emissions are sounds from vibrations produced by the outer hair cells of the cochlea (in the inner ear); these hair cells vibrate when the cochlea is stimulated by sound • Test can, "partially estimate hearing sensitivity within a limited range …" [7] • Individuals with a hearing loss greater than 25-30 dB will not produce these otoacoustic emissions	• A small plug is inserted into the patient's ear and a microphone in the plug records responses of the ear [7]. • This test can be conducted while the patient is asleep, takes a few minutes [7]	Can be performed on newborns through adults [7]

Category	*Test name*	*What it tests*	*How the test is conducted*	*Age testing can be conducted*
Physiological Tests	Auditory Brainstem Response (ABR)	• Gives information about inner ear and brain pathways for hearing • The purpose of this test is to measure the function of the brain-stem in response to sounds [5]	• Earphones are placed into the patient's ears and electrodes are placed onto the patient's head [3] • Clicking noises are sent through the earphones and the electrodes measure the brain's activity [3] • No response is needed from the person • Takes a few minutes and can be conducted while the patient is sleeping [3]	Can be preformed on newborns through adults [5]

Images of ABR testing

Category	*Test name*	*What it tests*	*How the test is conducted*	*Age testing can be conducted*
Behavioral Tests	Behavioral Audiometry	• This test is used for screening purposes [3]	• Observing infant's behavior in response to certain sounds is observed [3]	Can be performed on infants through adults [3]
	Pure-Tone Audiometry Or Pure-Tone Air Conduction Testing	• Test measures hearing sensitivity, specifically, the softest sound an individual can hear at specific frequencies 50% of the time [9] • "This test assesses sensitivity when the signal is transmitted through the outer, middle, and inner ear, through the brain to the cortex" [10]	• The patient may wear earphones or headphones or test may be conducted using speakers [10] • When earphones are worn, results for each ear are obtained • If test is done using speakers, it is not possible to obtain ear-specific results • The person is asked to make a response (e.g., raise hand) when he/she hears a sound [3]	Can be performed to assess children older than 4 years old [3]
	Pure-Tone Bone Conduction Testing	• The purpose of this test is to test hearing in the inner ear without utilizing the outer or middle ear [10, 1] • Used if there is blockage in outer or middle ear	• A small vibrator is placed behind the ear or on the forehead of the patient [1]. • The signal gently vibrates the bones of the skull, and directly stimulates the inner ear [1]	Can be performed on infants through adults [9]

Image of Bone Conduction Testing

Image of Behavioral Audiometry Testing

Category	*Test name*	*What it tests*	*How the test is conducted*	*Age testing can be conducted*
Behavioral Tests	Visual Reinforcement Audiometry (VRA) 	• Variation on the Pure-Tone Audiometry test (above) [1] • "This test assesses sensitivity when the signal is transmitted through the outer, middle, and inner ear, through the brain to the cortex" [10].	• Patients are tested wearing earphones or headphones or in a sound booth with speakers [1] • The patient is taught to look at a visual object (e.g., flashing light, moving toy) when a sound is heard [1]	Can be performed to assess children from 6 months to adult [3]. Typical ages: 6 months to 2 years old [1]
	Conditioned Play Audiometry *(image above)*	• Variation of the Pure-Tone Audiometry test (above) [1] • "This test assesses sensitivity when the signal is transmitted through the outer, middle, and inner ear, through the brain to the cortex" [10]	• Patients are tested wearing earphones or headphones or in a sound booth with speakers [1] • The patient is taught to perform a task (e.g., drop a block into a box, stack a ring) each time a sound is heard [1]	Can be performed to assess children from 2 years to adult [1]. Typical ages: 2 to 5 years old [1]
	Speech Awareness Threshold (SAT) Or Speech Detection Threshold (SDT)	• Indicates the lowest level at which speech can be detected at least 50% of the time [8]	• Patient listens to a voice say words via earphones or loud speakers [8] and indicates when speech is present [8]	Can be performed to assess children who are too young to repeat [8]
	Speech Reception Threshold or Speech Recognition Threshold (SRT)	• Indicates the lowest level at which speech can be identified at least 50% of the time [8]	• Patient listens to a voice say words via earphones or loud speakers [2] and repeats word he/she heard or indicates word recognition [2]	Can be performed to assess older children and adults [2]

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Tips for Home or School

Questions For Your Audiologist

By Jill Grattan, Nevada Dual Sensory Impairment Project

1. What is my child's hearing loss in each ear?
2. What is the type of hearing loss my child has (e.g., conductive, sensorineural, mixed)?
3. What type of sounds and noises will he/she have difficulty hearing?
4. Will his/her hearing be affected by noisy environments and background noise (e.g., will he/she hear less in a classroom or restaurant)?
5. What, if any, medical condition does my child have?
6. Does my child have a progressive/degenerative condition?
   6a. If yes, how rapidly should one expect changes to occur?
   6b. What behaviors might I observe that indicate a change in my child's hearing?
7. How often should my child visit an audiologist to check his/her hearing?
8. What suggestions do you have for the teacher working with my child?
9. What information should be shared with the people who interact with my child?
10. What assistive listening devices might benefit my child?
11. What adaptations do you think my child might need in the educational setting or at home?
12. What should be expected in terms of daily functioning (e.g., strain, headaches, frustration, etc.)?

Screening Questions

1. What does the 'newborn hearing screening test' actually screen for?
   1a. Can my child pass this test and still be hearing impaired?
2. Tests related to hearing and functioning of the ear:
3. For each hearing test listed above, you might want to ask:

- *Impedance testing* - Tympanogram; Acoustic Reflex Test
- *Otoacoustic Emissions Testing* (OAEs)
- *Auditory Brainstem Response (ABR)*
- *Speech Audiometry* - Speech Awareness Threshold (SAT) or Speech Detection Threshold (SDT); Speech Reception Threshold or Speech Recognition Threshold (SRT)
- *Behavioral Testing* - Behavioral Audiometry; Pure-Tone Audiometry or Pure-Tone Air Conduction Testing; Pure-Tone Bone Conduction Testing; Visual Reinforcement Audiometry (VRA); Conditioned Play Audiometry

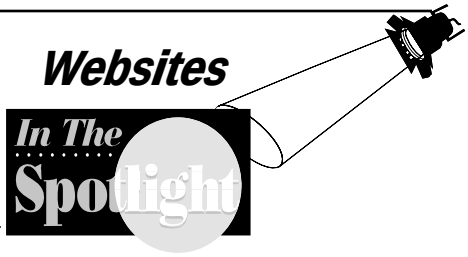
   3a. What does _____actually test for?
   3b. Can my child pass the _____ and still be hearing impaired?
   3c. How old does my child need to be in order to be tested using _____?
   3d. What are the procedures to test my child using _____?
   3e. What is next step in testing my child's hearing and ear functioning?

Assistive Listening Device and Hearing Aid Questions

1. What types of hearing aids and assistive listening devices are available?
2. Will my child's hearing be improved with a hearing aid?
3. What types of hearing aids and assistive listening devices are available for profound hearing loss?
4. What types of hearing aids and assistive listening devices are available for moderate hearing loss?
5. What types of hearing aids and assistive listening devices are available for mild hearing loss?
6. Does my child need hearing aids or another type of assistive listening device for a mild hearing loss?
7. What are benefits and risks of hearing aids and assistive listening devices?
8. There are many types of assistive listening devices including: cochlear implants, bone conduction hearing aids, in-the-canal-hearing aid, behind-the-ear hearing aids, several types of implanted hearing aids. Regardless of the type of hearing aid or assistive listening device, you may want to ask:
   8a. How does a _____ function/work?
   8b. What are the benefits and risks of _____ ?
   8c. What does _____ do that other hearing aids don't or can't?
   8d. Will _____ work if there is damage to the auditory nerve?
   8e. Will _____ work if my child has damage to other areas of the ear?
   8f. How long will it be before we know if _____ is helping?
   8g. What happens if _____ does not work?
   8h. What happens to the inner ear function (or other areas of the ear) when _____ is placed?
9. What are the disadvantages to my child if I do not have him/her fitted for hearing aids or an assistive listening device?

Websites Related to: Hearing, Hearing Aids, and Assistive Listening Devices

Jill Grattan



What does hearing loss sound like?

- Phonak.com - This website offers simulations of normal, mild, or moderate hearing loss in a variety of situations (e.g., one person talking, dialogue with two speakers, environmental sounds, conversation with background sounds, music, etc.).
  http://www.phonak.com/com/b2c/en/hearing/understanding_hearingloss/how_hearing_loss_sounds.html

- Youth.hear-it.org is a website which is dedicated to *youth* in regard to hearing and hearing loss. The site offers simulations of conductive (10dB, 20 dB, and 30 dB), sensorineural (mild, moderate, and severe) hearing loss, and two examples of tinnitus. Additionally, the site has information about hearing, hearing loss, hearing aids, and more.
  http://www.youth.hear-it.org/page.dsp?area=1145

- Hear the world website - An easy to follow description of how a cochlear implant works and what the different wearing styles might look like. This site offers a page on what hearing loss sounds like in a public space with lots of background noise (normal hearing, first indications of hearing loss, mild and moderate hearing loss).
  http://www.hear-the-world.com/en/recognize-hearing-loss/cochlear-implants/what-are-cochlear-implants.html

General information on hearing, hearing aids, assistive listening devices, etc.

- For websites relating to specific hearing tests, please refer to the 'references' section of the article titled, 'Types of Hearing Assessments' in this newsletter.

- Boys Town National Research Hospital's website on hearing is very comprehensive. This area of the site is titled 'My baby's hearing,' however, the site includes a wealth of information related to children. It includes information on: newborn hearing screening, hearing aids, assistive devices for young children (TV, telephone, etc.), trouble-shooting techniques (e.g., hearing aids fall off of child), tips on how to teach your child wear hearing aids, cochlear implants, causes of hearing loss, and a glossary of terms.
  http://www.babyhearing.org/HearingAmplification/NewbornScreening/index.asp

- This page of the Boys Town website offers descriptions of: wide dynamic range compression hearing aids, directional microphones, hearing aids with multiple memory settings, digital circuits, FM systems, etc.
  http://www.babyhearing.org/HearingAmplification/AidChoices/features.asp

- University of Maryland, Medical Center's website includes information on: bone anchored hearing aids (Baha implant), cochlear implants, and hearing aids.
  http://www.umm.edu/otolaryngology/auditory_solutions.htm

- American Speech-Language and Hearing Association – offers a summary of the following types of hearing devices: FM systems, infrared systems, induction loop systems, one-to-one communicators, and other hearing assistive technology system solutions.
  http://www.asha.org/public/hearing/Hearing-Assistive-Technology/

- American Speech-Language and Hearing Association – click on links on the right side of the page to be taken to web pages related to: overview of information about hearing aids, cochlear implants, styles of hearing aids, features available in hearing aids, first steps in considering aids, etc.
  http://www.asha.org/public/hearing/Treatment/

- National Institute of Health – National Institute on Deafness and Other Communication Disorders: offers a website on hearing aids, related questions, how financial assistance for hearing aids may be obtained, etc.
  http://www.nidcd.nih.gov/health/hearing/hearingaid.htm

- The Mayo Clinic's webpage offers information about types of hearing aids.
  http://www.mayoclinic.com/health/hearing-aids/HQ00812

Conditions of the Eye & Ear

MICROTIA

By: Jill Grattan

What is Microtia?

Microtia is a congenital condition in which the visible part of the ear is incompletely formed. Microtia can range from a bump of tissue in the place where the ear should be to a partially formed ear (e.g., the upper part of the ear is missing). Microtia may occur with or without artresia (the closing or absence of an ear canal). Many children who have microtia have a normally formed inner ear. In 90% of cases only one ear is affected (Children's Hospital Boston, n.d.)

What Causes Microtia?

At this time, the causes of microtia are unknown and are not related to the mother's actions during pregnancy. Microtia can be associated with genetic syndromes such as Treacher Collins syndrome, Hemifacial Microsomia, etc. In the majority of cases, microtia appears to occur for unknown reasons.

Is hearing affected with microtia?

Bonilla (2009) reports affected ears generally have a severe conductive hearing loss, approximately 40-60 dB.

How is it classified?

Microtia is classified according to whether one or both ears are involved as well as the level of microtia:

Unilateral microtia – one ear is affected

Bilateral microtia – both ears are affected

There are four levels of microtia:

1. Grade 1 – the ear is smaller with an identifiable outer ear structure and external ear canal (i.e., the actual ear is well defined)
2. Grade 2 – the outer ear is partially formed and has a closed off external ear canal. Associated with hearing loss
3. Grade 3 – The outer ear is shaped like a peanut and the external ear canal and eardrums are absent.
4. Grade 4 – the outer ear is absent.

Grade 3

Grade 2

Grade 4

How is Microtia treated?

It is recommended that prior to six months of age children with microtia should be fitted with special types of hearing aids (e.g., bone conduction hearing aids). Reconstructive surgery, to rebuild the outer ear, is an option. Additionally, surgery to rebuild the ear canal and eardrum is an option; results of surgery depend on how much of the middle ear is present (Fearon & Johnson, 1993).

Grade 1

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WHY IS MY CHILD OR STUDENT LABELED AS 'BLIND' WHEN I KNOW SHE CAN SEE ? UNDERSTANDING DEFINITIONS

MaryAnn Demchak & Jill Grattan

It is not unusual to be on a school or home visit and to have a parent or teacher question a child's diagnosis. "I know the file says she is blind, but she can see things across the room." "I know the doctor said he is blind, but I think the doctor made a mistake because my child can see." There are many other variations of questioning whether or not a child is 'blind.' We think this confusion comes from not understanding the differences between being diagnosed as legally blind or being diagnosed as totally blind.

Legally Blind vs. Totally Blind

Legal Blindness—Legal blindness is defined as clinically measured visual acuity of 20/200 or less (e.g., 20/400, 20/600, 20/1,000, etc.) in the better eye with the best correction, or a visual field restriction to 20 degrees diameter or less in the better eye.

What does 20/200 mean? It means that a person who is diagnosed with legal blindness (20/200 vision) can see, from 20 feet, what a person with average vision can see from 200 feet. Think about the Snellen eye chart that we are used to viewing within an eye exam. Someone with 20/200 vision can see the large E at the top from 20 feet away while the person with 20/20 vision (i.e., normal vision) would be able to see the large E from a distance of 200 feet.

What about visual field restriction? Visual field refers to how large of an area can be seen; most people can see an area about 160^{o}-180^{o} to the sides. Someone is legally blind if they are restricted to 20^{o} or less, even if their acuity within that restricted field is good.

Most individuals who are diagnosed as "legally blind" still have some usable vision; however, their vision is impaired and supports are needed due to either a very restricted visual field or to visual acuity being so poor that the world is not seen as clearly as it should be.

All images from Google Images

In contrast, consider someone who is diagnosed as totally blind:

Total Blindness—A person diagnosed with total blindness does not have light perception. Someone with light perception can tell light from dark as well as the general direction of a source of light. Someone who is totally blind does not have even this minimal use of vision to determine light from dark.

As is evident from a review of these definitions, the person who is diagnosed as legally blind, but who is not totally blind, can still have a great deal of residual vision that will be useful to the person. That individual will need supports and adaptations. Someone diagnosed as being "legally blind" will still have usable vision and will be able to see; however, in legal terms that person is considered to be blind.

As a teacher or parent, it is important to remember the definition of legal blindness and the distinction of this diagnosis from total blindness. Your child or student who is diagnosed as "blind" is very likely to have residual vision. You will want to be sure to involve vision specialists in the child's education and to provide the needed supports and adaptations so that the individual can use any residual vision to the maximum.

National Family Association for Deaf-Blind

The National Family Association for Deaf-Blind is an organization that has been supporting individuals who are deaf-blind and their families for over sixteen years. We would like to invite you to become a member of this incredible organization. Our yearly membership runs from January 1 through December 31.

NFADB offers support in a variety of ways:

- A toll free number (answered by a real person) that connects families and others to resources and one-to-one support.
- Current information and national updates delivered through a bi-annual newsletter.
- Online resources and support through our website and Facebook page.
- A member listserv that connects you by email to hundreds of other members.

Raising a child with deaf-blindness can be overwhelming. It's the family that is there when the child's eyes first open for the day and then close again at the end of the day. Family is the first circle of support, the first circle of influence.

We want families to know that they are not alone. *We want to expand our network of support so no individual or family feels alone.*

In addition, NFADB connects you to a much larger network of support. We represent families on the National Coalition on Deaf-Blindness by providing a unified voice on national issues related to deaf-blindness. We continue to expand and support a national NFADB Affiliate Network that supports state parent groups as they develop and grow. We can also help families access the services of the state deaf-blind projects, the National Consortium on Deaf-Blindness, the Helen Keller National Center and the American Association of the Deaf-Blind.

Membership Details:

As you can see, we are working in many ways on behalf of individuals who are deaf-blind and their families. We would value your support and membership. We offer three membership options for families and professionals. Each membership is a household membership and includes all family members living at one address.

One year: $15 Three years: $35 Lifetime: $100

On-line Survey:

As the only national family organization that represents deaf-blindness, it is extremely important that we are aware of the issues that are of the greatest concern to parents and families with a child or member who is deaf-blind. You can help us accomplish this by taking a few minutes to complete a brief on-line survey. Simply click on the link below. The survey will appear with easy and simple instructions.

http://www.surveygizmo.com/s/425189/1bepm

Please take the time to join NFADB and complete the on-line survey today. Together we can work to make a difference in the lives of individuals who are deaf-blind.

Visit us on the web at nfadb.org and on Facebook
For questions, please call Lori at 1-800-255-0411 or NFADB@aol.com

National Family Association for Deaf-Blind

Membership Applications – English and Spanish

2010-11 NFADB Aplicación de Miembros

Su Información Personal			
Nombre:			
Domicilio:			
Ciudad:	**Estado:**	Código Postal:	
Teléfono:	Correo electrónico:		

Información acerca del individuo que es sordo-ciego		
Nombre:	Fecha de nacimiento:	
Relación con Ud:		
Causa de la sordo-ceguera:		

Información acerca de su asociación (*Indique los cuadros seleccionados*)		
Favor seleccione el tipo de miembro deseado:		
1 año - $15 ☐	3 años - $35 ☐	De por vida - $100 ☐
Doy permiso de usar mi correo electrónico para incluir en el listserv de NFADB.		
Si ☐	No ☐	
Doy permiso para compartir mi nombre con otras familias que tienen un miembro de familia con un diagnostico, discapacidad o retos similares al nuestro.		
Si ☐	No ☐	
Como le gustaría recibir el boletín informativo de NFADB?		
Correo electrónico ☐	Por correo regular ☐	
Prefiere su material en:		
Letras grandes ☐	Braille ☐	Espanol ☐

Favor haga sus cheques a nombre de NFADB y envíe su aplicación de nuevo miembro y el pago a:

NFADB Miembros
141 Middle Neck Road
Sands Point, NY 11050-1129

Por preguntas, favor llamar a Lori al 1-800-255-0411 o NFADB@aol.com

2010-11 NFADB Membership Application

Information about you		
Name(s):		
Address:		
City:	State:	Zip:
Phone:	Email:	

Information about the individual who is deaf-blind	
Name:	Birthdate:
Relationship to you:	
Cause of deaf-blindness:	

Information about your membership (*Click on the boxes to select*)		
Please select your choice of membership.		
1-year - $15 ☐	3-year - $35 ☐	Lifetime - $100 ☐
I give permission to use my email address to sign me up for the NFADB listserv.		
Yes ☐	No ☐	
I give permission to share my name with other families who have a family member with similar etiologies, disabilities or challenges.		
Yes ☐	No ☐	
How would you like to receive your NFADB newsletter?		
Email ☐	Regular mail ☐	
Would you like materials in:		
Large print ☐	Braille ☐	Spanish ☐

Please make checks payable to NFADB and return your membership application and payment to:

NFADB Membership
141 Middle Neck Road
Sands Point, NY 11050-1129

For questions, please call Lori at 1-800-255-0411 or NFADB@aol.com

Introducing… This Year's Graduate Assistants

The project always has a graduate assistant working with MaryAnn. This year, due to a change in MaryAnn's university duties, there are two graduate assistants working for the project. If either contact you via phone or email, please know that it is on behalf of the project and MaryAnn and they look forward to hearing back from you!

Andrea Forsyth is a graduate student at the University of Nevada, Reno where she is currently enrolled in the Master's program in moderate to severe intellectual impairments; she is also pursuing a teaching endorsement in the area of autism. Andrea's undergraduate work was in psychology. Andrea started working for the project in August, 2010.

Jill Grattan is a graduate student at the University of Nevada, Reno where she is currently enrolled in the Master's program. Jill will receive her Master's in Special Education in May, 2011. She would like to purse her Ph.D. in special education and disability studies. Jill's bachelor's degree is in psychology. Jill began to work for the project in December, 2010.

University of Nevada, Reno
Nevada Dual Sensory Impairment Project
Department of Educational Specialties
College of Education
Mail Stop 299
Reno, Nevada 89557-0251