

Deaf-Blind Perspectives

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Reflections, Comments, And Suggestions

Bud Fredericks

I have a need to explain why I am writing this article. A number of months ago, I decided to retire from Teaching Research and have since done so. When I made this decision, which also removed me from the editorship of this publication, Bruce Bull, the managing editor, asked if I would consider writing an article reflecting on the 25 years that I worked in the deaf-blind field. I foolishly agreed to do so. I even let one edition of *Deaf-Blind Perspectives* slip by without submitting anything, thinking that Bruce was merely being polite to an old guy who was leaving and that he would soon forget that he made the offer. Unfortunately he did not, and as he badgered me unmercifully for the written material, I realized it was not just a polite request. And so, here are my reflections.

My introduction to the deaf-blind educational world occurred in 1970 when Vic Baldwin and I were approached by the Northwest Regional Deaf-Blind Center to consult with their classroom programs, which were all housed in the Vancouver School for the Blind in the state of Washington. We had previously developed an effective classroom model for children with severe disabilities, and so we were asked to adapt that model for the children being served by the Northwest Regional Center. That was my introduction to the system that supported deaf-blind programs, and over the ensuing years, I directed early childhood, school age, and vocational projects for children and youth who are deaf-blind.

The deaf-blind world has changed significantly since 1970. At that time all educational programs were provided by regional centers, and most instruction occurred within residential or institutional settings. The passage of Public Law 94-142 was still a number of years away, and so if parents chose not to send their child to an institutional setting, they maintained him or her at home.

Yet the regional centers were not oblivious to the needs of these parents. On the contrary, many of them conducted extensive training sessions and published much material for the benefit of parents who were keeping their children at home. I was reminded of this during the recent Deaf-Blind Symposium when I was given the task of reviewing the literature regarding parent involvement. In the early seventies there was a plethora of publications designed for parents. It is interesting to note that more material for parents of children who are deaf-blind was written prior to the passage of the public

law that empowered parents in the educational system than immediately thereafter. In fact, only recently has there re-emerged a focus on the needs of parents of children who are deaf-blind.

The regional centers were the strongholds for deaf-blind education for a number of years, but in those early years, two factors stood out. We have already mentioned the first—that not all children who were deaf-blind were educated. Even with the passage of PL 94-142, it was a number of years before all children found their way to a classroom.

The second factor was that the number of children who were identified as deaf-blind was not very accurate. Although some regions engaged in extensive outreach activities, these were sporadic and uneven, often neglecting some of the more remote states.

And so, things have changed significantly in these past 25 years. Under the leadership of Dr. Victor

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Baldwin, the accuracy of the deaf-blind count has improved tremendously (U.S. Department of Education, 1995). The only disputable area now focuses on whether certain children who function as though they are deaf and blind and upon whom accurate assessments cannot be made should be included in the annual census.

Over the past 15 years there have been significant changes in the education of children who are deaf-blind. No longer, except in the Northeast and two states in the North Central area, do regional centers exist. Instead, developing, maintaining, monitoring, and improving educational services has become a state function, as well it should. Moreover, each state has, through federal fiat, a person who is responsible for ensuring that such education is adequately delivered within the state. Just as with the deaf-blind regions in former times, however, there is currently wide variation among the states as to the quality of the educational services provided.

Children who are deaf-blind are no longer primarily educated in residential or institutional settings. Instead, they are found primarily in public school settings throughout the country. They are included in early childhood classes, are found in a variety of educational environments within the public school, and are generally provided transition services from school to adulthood.

Some things do not change. In 1970, the primary need in many locations was for educators who were trained to provide quality services for children who were deaf-blind. That need persists in many locations today. Despite the fact that some very excellent curricular materials have been developed, despite the fact that we continually improve the quality of our technical assistance and inservice training, and despite the fact that more trained educational staff are available than ever before, we still have significant shortages of staff who are trained to work with children and youth who are deaf-blind. These shortages exist primarily because students who are deaf-blind are scattered throughout the educational systems of our country.

There are those professionals today who maintain that this problem of population scatter could be solved if we reinstated centers where students who are deaf-blind could be congregated and educated. Given the distribution of children and youth who are deaf-blind, this would mean a return to institutional settings, albeit I believe that those who make these proposals envision a different type of institutional setting, one that is smaller and serves a smaller region.

Certainly, if that is what parents want, then we should consider it. However, Fredericks, Ford, and Rafalowski-Welch, (1995) recently completed a survey of parents throughout the United

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States. More than 900 usable responses were obtained. Approximately 50% of these parents indicated that they wanted their child who was deaf-blind to be included in a regular educational setting. That number seems to be increasing as parents are exposed to additional information about how such inclusion can be effectively accomplished. These data represent about 10% of the parent population. If they constitute a representative sample, then for at least half the deaf-blind population the concept of a return to center education is no longer viable.

If I were to pinpoint the one concept, event, movement, or trend in the last 25 years that most significantly affects deaf-blind education, other than the passage of PL 94-142 and PL 99-457, I believe it would be this strong advocacy for inclusion. This advocacy has had two results: More children who are deaf-blind are being included in public school settings, and many of these students are totally included in regular education classrooms.

Strong advocacy for inclusion has also resulted, however, in some divisiveness within parent groups and among professionals. Many parents vehemently oppose the

inclusion of their child while others are strong advocates. Professionals seem to be arrayed along a continuum. At one extreme are the proponents of full inclusion. At the other end of the spectrum are professionals who favor more segregated settings. Between these two extremes professionals take a variety of stances that usually entail partial inclusion with certain conditions or supports.

I have two concerns and several suggestions about what is occurring in the inclusionary movement. I strongly oppose the inclusion of students who are deaf-blind (or other students with disabilities) unless there is a well-coordinated system of support that ensures quality education for the student. I believe that, for inclusion to be effective for students who are deaf-blind, one must ensure that a system of continual communication is available with peers and staff throughout the school day. The use of a paraprofessional interpreter-tutor in all educational settings for students who are deaf-blind is proposed as a way to achieve that system of continual communication (Ford & Fredericks, 1994, 1995; Greenfield, Ford, & Fredericks, 1995).

“I have two concerns and several suggestions about what is occurring in the inclusionary movement.”

My second concern about the inclusionary movement is the paucity of good research about its effectiveness. Social interaction with peers is usually cited as the primary benefit of inclusion, and that certainly is very important. However, where are the data that demonstrate that inclusion is the best type of placement for the child's acquisition of knowledge and skills? For that matter, where are the data that demonstrate a segregated setting is preferable for learning to occur?

In the Fredericks, Ford and Rafalowski-Welch survey, (1995) 50% of the parents favored inclusion. However, 39.9% of the parents favored their child being educated in a residential setting or a separate special education classroom. The wishes of these parents must also be honored, and advocacy for quality services for them should be comparable to the advocacy generated by inclusionary proponents.

Too often parents are presented limited options. Professionals who favor one type of educational placement over another frequently portray to parents only the benefits of their preferred form of education. School districts often offer parents only

those options that are currently available, seldom discussing the establishment of a new alternative. Consequently, parents make decisions for their children based on limited information as it is filtered to them by well-meaning professionals or budget-bound school systems.

In 1970, the regional centers had few alternatives to offer because other options had not yet been developed. Today, we have the potential of a wide range of educational possibilities. Parents should be made knowledgeable about all of them so that they can intelligently choose what they think will be best for their child. They should not be persuaded by a professional's preference or limited by a school district's failure to present a full array of options. I believe that one of the functions of the 307.11 grantee with support from TRACES, TAC, and DB-LINK is to ensure that parents are presented with an unbiased portrayal of the educational options that should be available. This must include a description of the benefits and disadvantages of each option.

The 1970 regional centers recognized the need for active involvement with parents. They made

what they considered to be significant efforts to assist parents. They developed curricular materials and conducted workshops for parents. Although many 307.11 grantees do conduct workshops for parents, I believe they are not much improved over those offered in the early 1970s. I believe that a major portion of our technical assistance efforts should be focused on parents. Family support services should receive equal status with the training of school-based personnel. Families should be helped to develop strong parental organizations in each state so that they can become viable partners with professionals to effect systems change.

I am confident that the latter statement is some form of governmental or bureaucratic heresy. When I once suggested to a prominent division head within the United States Department of Education the need for TRACES to provide proactive support for the establishment and maintenance of statewide deaf-blind parent organizations, I was immediately informed that TRACES could not do such a thing because the federal government was already funding parent organizations in each of the states.

Being a parent of a person with disabilities, I am undoubtedly biased, but I believe that parents are the key to the successful improvement of services to children who are deaf-blind. This is historically true for other disability groups, such as mental retardation, traumatic brain injury, and, most recently, emotional disturbance. Parents are traditionally more committed advocates and become especially effective when teamed with empathetic professionals. Parents can better influence legislators; and through networking, they can spread those changes throughout the country.

Let me illustrate the effectiveness of parents with legislators. A number of years ago prior to the federal passage of PL 99-457, which provided early intervention services for children with disabilities, a number of us in Oregon were anxious to have state legislation that would provide early childhood services for all children with disabilities. For two sessions of the legislature, professionals presented research data that indicated the benefits of early childhood education and many parents with their children with disabilities appeared before the same legislative com-

mittees asking for the passage of such legislation. For two sessions of the legislature, we failed. As the third session of the legislature approached, we once again marshalled our forces and were arranging for even more parents to testify. A few days before the scheduled testimony, I received a phone call from the chair of the legislative committee. He said in effect, "Let me assure you that during this session of the legislature we will pass the early childhood legislation. Please do not bring all those parents with their children to testify any more. They have us convinced."

Technical assistance is about creating change. In the disability arena it is parent-professional partnerships that have created the greatest changes. At the local public school level, these partnerships have allowed children to be included in public schools which previously adamantly rejected

them. At the state level these partnerships have rewritten policy that ensures adequate education for children who are disabled. At the national level, laws such as PL 94-142, PL 99-457, and the Americans for Disabilities Act were achieved because of close parent-consumer-professional partnerships. Therefore, if parent-professional partnerships are the vehicles that have created the most significant changes in the disability world, it seems logical that any technical assistance effort that seeks to effect change needs to include parents. And they should be included in the whole process—from planning through implementation.

As previously indicated, I recognize that many 307.11 grantees, often in cooperation with TRACES, orchestrate workshops for parents, conduct summer camp experiences, and provide individual assistance for selected parents. But TRACES evaluation data indicate that the bulk of both TRACES and 307.11 technical assistance focuses on teachers and other professional staff. I suggest that parents should be included in these training sessions. I believe that 307.11 advisory boards should consist primarily of families of children who are deaf-blind. And finally, I believe that statewide deaf-blind parent organizations should be developed in every state and that 307.11 grantees should be in active partnership with those organizations, offering assistance as necessary.

We have come a long way since 1970. We have more and better trained professionals; we have a

“Family support services should receive equal status with the training of school based personnel.”

wider array of service delivery options; and we have both a national clearinghouse and a national system of technical assistance.

We still have a long road to travel. In my opinion, we need more professionals trained to serve children who are deaf-blind; we need each child in school to have an interpreter-tutor; we need a system of advocacy that ensures that the current congressional threats and failures to increase funding to match the growth of population and inflation will never again occur. The path we have to travel to achieve these goals can be shortened and made smoother if we recognize and put into practice the primacy of parents in selecting the place and method of educating their child. In addition, we need to build strong parent-professional partnerships that are vigorously supported by dynamic parent organizations in each state.

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Adapting Games, Sports, and Recreation for Children and Adults who are Deaf-Blind

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With the loss of sight and hearing, an individual's sensory input and experiences are reduced and overall development may be delayed. As a result, limits or predetermined expectations are sometimes placed on individuals who are deaf-blind by parents, professionals, agencies, and people who are deaf-blind themselves. This is equally true regarding recreational activities. Creative adaptations can alter recreation activi-

ties and programs so they will meet unique needs and provide fun and healthy exercise for all who participate. The purpose of this article is to encourage parents, teachers, professionals, therapists, and consumers, to set up and adapt recreation activities and programs to meet the needs of all children and adults.

Important Rules

As for any other child or adult, the expectations for the person who is deaf-blind should be high. To provide every opportunity for the person who is deaf-blind to meet these high expectations, there are some important rules of thumb to follow when developing and adapting activities.

- Utilize the concept of Ecological Task Analysis (Davis & Burton, 1991). Ecological Task Analysis suggests that aspects of motor performance emerge from the constraints of the performer, the environment, and the task. Manipulating one or more of these three constraints will move the individual towards success. Participants should be afforded the opportunity to use a variety of equipment, and be given choices about how to optimally perform the desired activity. This will allow the individual, when possible, to have input on the type and extent of adaptations made.
- Link movement to language (Van Dijk, 1966). Once the child knows the movement and what it is called, he or she has the potential to execute the skill independently.
- Remember that partial participation is better than no participation (Block, 1992). Even moderate, significant, or total physical assistance to participate in an activity, is better than no participation at all. The person assisting can be a peer, sibling, teacher, or volunteer.
- Always begin with the smallest amount of assistance that will ensure desired performance and success (Lieberman, 1995). Then, assistance and adaptations should naturally be faded out as the person begins to exhibit more independence.
- Monitor adaptations as necessary to ensure success.

- **Refer to the activity by its common name.** If several adaptations have been made to the game of golf (e.g., using a different ball, a different club, and targeting holes closer together) it should still be referred to as golf. If we call activities different names because they differ from the original version, then individuals who are deaf-blind will not have the satisfaction of knowing that they can really play golf and may miss opportunities to converse about, and participate in, the activity with others who refer to it by its common name.
- **Modify activities in a way that enables students without disabilities to assume the impairment of the individual with a disability (Winnick, 1978).** For example, simulating a visual impairment or participating in activities in a wheelchair, will increase the sensitivity of individuals without disabilities: Teachers will better adapt activities for their students, peer tutors will better understand how they need to work with the student who is deaf-blind, and same age-peers will better understand why each activity is adapted.

Adapting Activities

The following issues need to be considered when making adaptations:

- **The Individual**
 - › Involve the individual in determining adaptations
 - › How does the person ambulate?
 - › Is the activity age appropriate?
 - › What are the individual's characteristics, preferences, and behaviors?
 - › What are the individual's favorite activities?
- **The Activity**
 - › Playing Area or Environment
 - › Make the area larger or smaller
 - › Make visible boundaries
 - › Lower the height of goals
 - › Orient the individual to the activity area
 - › Playing Object
 - › Make the object bigger or smaller

- › Make it softer or harder
- › Make it audible or bright
- › Change the texture of the object
- › Make the object heavier or lighter
- › Increase the size of the target

- **The Game**

- › Change the rules of the game
- › Change the objective of the game
- › Increase the tactile cues
- › Add guidance or a leader
- › Change the number of players
- › Increase chances
- › Decrease time of activity or add rest periods
- › Reduce repetitions or slow the pace

- **The Players**

- › Change the role of the players
- › Limit or add responsibility
- › Modify demands on the student
- › Decrease competition

- **Other Considerations**

- › What can you do to make the student more successful?
- › Will the individual achieve success with minor adaptations?
- › Will the child have success with no adaptations?
- › How can you add a cognitive component to the game?
- › How can you ensure peers or siblings will also enjoy the activity?

Examples

Eddie is a 15-year-old boy with Congenital Rubella. When asked what he wanted to do for recreation, he said he wanted to learn how to ride a unicycle. Despite our apprehension, we set up a program for him. The activity was age appropriate and matched his ability level. By using a guide wire and physical assistance for support, he learned how to ride, and within 3 months he was riding the unicycle independently.

Cory is a 17-year-old Deaf woman with a visual impairment, and cerebral palsy. She uses a wheelchair for ambulation, and has travel vision with corrective lenses. Cory lives in an environment which has long winters. Cory was introduced to

cross-country skiing by her high school physical education teacher. She sat in a sled, and used cut-off poles for propulsion. She was given occasional directional cues by her teacher or a friend in order to cross-country ski successfully. When she moved to a group home which offered cross-country skiing every week, Cory became involved because she knew she could ski with minor adaptations. She now skis regularly with her friends and family.

Margo is a teenager who is visually impaired and deaf. She wanted to play softball with her brother and their friends. They discovered that by placing large orange cones at each base, placing a bright red line of tape from one base to another, and allowing Margo to bat off a tee, she was successfully included in the game. These adaptations were developed over time as needed.

Glenn is a 16-year-old boy who is deaf, visually impaired, and mentally retarded. Glenn attends his local high school. His physical education teacher found a wonderful way to adapt volleyball and at the same time increase the excitement for the other children. The ball used was a beach ball which is brighter and slower than a volleyball. The kids were permitted to hit the ball up to three times, let the ball bounce twice, catch it if they needed, walk to pass the ball, and have no limit on how many people touched the ball. Points were scored if the other team hit the ball under the net, out, or if the ball bounced more than two times or rolled. All the kids loved it and the volleys were so long they were out of breath at the end of each point. Although many adaptations were made to the game, they still called it volleyball.

Janet is a 12-year-old girl who is deaf-blind, has hemiplegic cerebral palsy and is ambulatory. She wanted to get involved in her neighborhood hockey games which are always played in her cul-de-sac with her peers from school. Her older brother wanted her to be involved, so together they discovered what would work. They played with a frisbee which was brighter and slower than the ball they were previously using. The frisbee had to be touched by each player before they could score (which enabled all the children to be active participants). Janet had a buddy who physically assisted her and communicated to her where the frisbee was. When Janet was hitting the frisbee, the other team had to count to five before defending her. The game was a big hit and soon they even made a frisbee hockey club! Through partial participation, Janet was an active member of her team.

Dereck is an 11-year-old boy who is deaf-blind and has ADHD. The kids on the playground always

played kickball and he really wanted to play. A student-teacher found out what it took to include Dereck. The kids had a choice to kick from a pitch or to kick a stationary ball. Dereck kicked the stationary ball and a friend guided him around all the bases. The friend who was guiding Dereck let him know through sign when to kick the ball, when to run, and when he passed each base. Whenever anyone kicked the ball the kids in the outfield retrieved the ball, lined up front to back and passed it over and under until the entire team touched the ball. When it arrived at the last child, that child yelled "stop." The person who was running stopped and counted how many bases he touched. If he made it to third, then he made three points for his team, if she ran around two times all the way to home plate then eight points were earned. This continued until each person on the team had a chance to kick, then the teams switched. Dereck and his peers loved this game because there were no outs and it was an individual as well as team oriented game.

Chris is a 6-year-old boy who is deaf-blind. His kindergarten class often plays twister for a socialization and body awareness activity. Chris's teacher called DB-LINK (The National Information Clearinghouse On Children Who Are Deaf-Blind) and they gave her a great idea. She took a donated queen-sized sheet and traced rows of circles, squares, triangles, hearts, and stars. On top of the shapes she traced glue, and on top of the glue she sprinkled different colored glitter for different shapes. She made a spinner to match the tactile twister game and even brailled it so Chris could be the caller. The interpreter signed the commands to Chris, and voiced when he was the caller. The kids in the class loved it and were further challenged not only to know the colors but also the shapes during the game!

Jake is a 7-year-old boy with Congenital Rubella and cognitive disabilities. His inclusive first grade class was working on locomotion, directionality, and color identification. His physical education teacher decided to play the game Bell Balloon Bash (Lieberman & Cowart, in press). Jake chose his own colored balloon which had bells inside. He was shown different locomotor skills by a peer to get to the balloon which was a visible 10-12 feet away. When he arrived at the balloon he was shown how to kick it using verbal and physical assistance. He then, with continued verbal and physical assistance, chased the balloon using different locomotor skills. He was given feedback by the teacher immediately following appropriate performance (McInnes & Treffry, 1982). Jake con-

tinued this activity throughout the unit and slowly decreased his need for physical assistance.

Adaptations Work!

We need to let people know about adaptations that work. As we tell success stories, we raise others' expectations, and help them learn how to adapt recreational activities to people who are deaf-blind or have multiple disabilities.

For example: Eddie Martinez who is deaf-blind was a star in the Eastern Athletic Association for the Blind track and swim meets; Riley Ford is successfully included in elementary physical education in Idaho; Gabriel Labossier is deaf-blind and has been actively involved in cross country skiing, biking, and track activities; Harry Cordellos is a successful water skier and is blind; Tricia Zorn is blind and has won medals for swimming at the paralympic games in Seoul, Korea; Kelly Butterworth is deaf and was on the US downhill team for the World Games for the Deaf in Finland; and Dacia Hirsch is a World Class horseback rider.

It is also important to share the recreational successes of the individuals in your school, neighborhood, or home. Make a video, write an article for the school newspaper, send your story to *Deaf-Blind Perspectives*, or make an announcement on your local radio station. Successful participation in recreation, sport, and physical education is possible and that needs to be known!

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Recreational Resources For Your Library

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Ideas for assessment, programming, and inclusion techniques of children in preschools, and elementary, and secondary schools.

Dell, S., & McNerney, P. (1992). *Art and games: Sensational experiences for students with deaf-blindness*. East Providence, RI: Meeting Street Center.

An innovative book that offers art, interaction, and movement activities.

Kasser, S.L. (1995). *Inclusive games: Movement fun for everyone*. Champaign, IL: Human Kinetics.

Many games and activities for inclusive settings. Geared toward individuals with any disability.

Lieberman, L.J., & Cowart, J.F. (in press). *Games for people with sensory impairments: strategies for including individuals of all ages*. Champaign, IL: Human Kinetics.

Games, sports, and activities that can be immediately played by any individual. Adaptations for individuals who are blind, deaf, deaf-blind, or multiply disabled. Includes how to play goal ball and beep baseball.

Lieberman, L.J., & Downs, S.B. (1995). Physical education for students who are deaf-blind: A tutorial. *Brazilian International Journal of Adapted Physical Education and Recreation*, 2, 127-143.

Teaching techniques, strategies for participation, instruction on how to set up peer tutoring, and motor and fitness assessment ideas.

Lieberman, L.J. (1993). Project S.I.M.P.L.E.: Activities for individuals with sensory impairments and multihandicaps. In S. Grosse, & D. Thompson (Eds.) *Play and recreation for individuals with disabilities: Practical pointers*. Reston, (pp. 80-88). VA: AAHPERD.

Includes pictures as well as providing teaching strategies for these activities.

Smith, T.B. (1994). *Guidelines: Practical tips for working and socializing with deaf-blind people*. Burtonsville, MD: Sign Media Inc.

Gives ideas on the types of recreational activities often preferred by individuals who are deaf-blind.

NFADB is Making a Difference

Mary O'Donnell, President

The Board of Directors of NFADB (National Family Association for Deaf-Blind) continues to work toward our 1995-96 organizational goal of strengthening our foundation, organization, and performance. Training for our board members is a centerpiece at each of our meetings and enables us to maximize personnel and resources. Time management, motivating parent groups, and advocacy are this year's topics.

We have developed and refined the "Regional Director's Handbook" into a useful tool. It contains a wealth of information and resources which will enable the regional directors to be more efficient and effective in serving the people in their regions. Our "Policies and Procedures Manual" provides the structure and guidelines NFADB needs for a smooth operation. Both manuals will continue to be "works in progress."

We are also in the process of developing a comprehensive database that will connect parents to other parents and to professionals to facilitate quick and smart attention to an issue and/or need. And throughout the fiscal year beginning Oct. 1, 1996 NFADB will be collaborating more formally with DB-LINK to share and disseminate information, specifically to families.

NFADB continues our close affiliation with the National Coalition on Deaf-Blindness. Together we have made an enormous impact on the course of legislative action in Washington. Under the leadership of the NFADB Legislative Committee, our Board and membership have successfully informed our Congressional representatives of the unique impacts of deaf-blindness and of the specific needs of our family members. Our membership and friends have responded in large numbers. The results have been so positive that we will continue to expand the network of folks who will respond in short order to any issues on deaf-blindness. We are grateful to Coalition members for their efforts on behalf of our children.

The success and scope of our outreach and efforts on behalf of our children are enhanced by the response of our members and the growth of the Association. Our ultimate goal is to reach every family with a member who is deaf-blind so that we may support each other's fulfillment of dreams. We are especially proud of our trio-annual newsletter *News From Advocates for Deaf-Blind*. We will continue to provide information on issues that families should be thinking about.

NFADB hopes to continue to make positive contributions to the quality of family life. Our regional directors and Executive Committee members are making efforts to attend conferences, regional meetings and parent association meetings—wherever parents are—in every state to offer NFADB support and assistance. We welcome the opportunity to work with and for you.

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Calendar of Events

Communication Intervention for Children with Disabilities
July 22–24, 1996
Seattle, WA

This workshop is designed for teachers and speech-language pathologists who provide or design communication instruction for nonverbal children with severe and multiple disabilities.

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VISIONS 1996: Foundation for Fighting Blindness Biannual Conference
August 17–20, 1996
Washington, DC

This year's theme "Commitment to a Cure" will recognize the 25 years of dedication to find cures for retinal degenerative diseases

Foundation for Fighting Blindness
Executive Plaza I, Ste 800
11350 McCormick Rd
Hunt Valley, MD 21031-1014
(800) 683-5555

Partners at Work: Advancing Options and Independence
26th Southeast Regional Institute on Deafness
November 2–5, 1996
Nashville, TN

Information will be presented on advanced and innovative programs, products and services available to foster the options and independence of individuals who are deaf, deaf-blind, or hard of hearing.

Sherri Rademacher
Tennessee Council for the Hearing Impaired
400 Deaderick St. 11th Floor
Nashville, TN 37248-6300
(615) 313-4911 (V/TTY)
(615) 741-6508 (Fax)

Coming of Age: Celebrating 30 Years of Professionalism
1997 Biennial ADARA Conference
May 20-24, 1997
Milwaukee, Wisconsin

Five days of workshops and mini-seminars will be conducted by professionals exploring current issues of awareness, access, education, employment, mental health and other areas related to deaf, hard of hearing, and deaf-blind issues.

Sue Kay Bailey
Independence First
600 W. Virginia St.
Milwaukee, WI 53204

(414) 291-7520 (V)
(414) 291-7525 (TTY)

4th IAEDB European Conference on Deafblindness: Discovering the Wor(l)d Together
July 19-24, 1997
Madrid, Spain

Conference includes plenary sessions, workshops, 9th European Usher Syndrome Study Group, Family camp, exhibition, and social activities.

4th European Conference Secretary
Módulo de Sordociegos
C.R.E. Antonio V. Mosquete (ONCE)
Paseo de la Habane, 208
28036 Madrid (ESPAÑA)

(34) (1) 3 45 36 97 (ext. 237)
(34) (1) 3 50 79 72 (Fax)

When Retinitis Pigmentosa and Hearing Loss Happen Together

Cheryl Kennedy
University of Pittsburgh

On March 5, 1996 the video teleconference "When Retinitis Pigmentosa and Hearing Loss Happen Together: Meeting Educational Needs," was broadcast from the Distance Learning Center of the Pennsylvania Instructional Support System. The purpose of the video teleconference was to increase understanding of the characteristics of learners with Retinitis Pigmentosa occur-

ring simultaneously with hearing loss, and to increase awareness of educational strategies and adaptations for students with Usher Syndrome. Planning and implementation of the teleconference was a follow-up activity for the Northeastern and North Central Regional TRACES Project 1995, "Usher Syndrome Planning Meeting."

Over eighty educators, adult service providers, consumers, and families viewed the teleconference. In addition to Pennsylvania, fourteen other states also viewed the conference via satellite. The Pennsylvania Deaf-Blind Project offered onsite conference participants additional technical assistance (e.g., onsite consultation, workshops for teams of service providers). Out-of-state downlink site participants were advised to contact their state or multistate Deaf-Blind Project personnel to request follow-up technical assistance.

Copies of the teleconference are available on video from the Distance Learning Center of the instructional Support System of Pennsylvania. Contact Jill Bortmess at (412) 961-0294. The cost of the videotape for out-of-state residents is \$25.00 and \$12.00 for Pennsylvania residents.

Traces

Update on Utah's Funding of Services for Children With Dual Sensory Impairments

Paddi Henderson
TRACES Western Region

The Fall 1995 issue of *Deaf-Blind Perspectives* discussed the development of the Utah State Plan for Services to Children and Youth with Dual Sensory Impairments and Their Families. Since the publication of the article, the Utah State Board of Education made a request for \$925,000 from the 1996 Utah State Legislature to implement the services.

The Utah legislature, after a great deal of testimony from parents and professionals, displayed its support for specific categorical deaf-blind services by providing a total of \$800,000 (\$200,000



in ongoing and \$600,000 in one-time funds) to implement the State Plan. The State Plan will begin full implementation in July 1996. The funds will be used to:

1. Provide technical assistance via individual consultation to Utah's children and youth who are deaf-blind, their families, and their service providers.
2. Establish an extraordinary cost pool to assist local school districts to provide costly, specialized services which are deemed necessary and appropriate for an individual's IEP. These services may include, but are not limited to interveners, augmentative equipment, increased classroom assistance, and specialized instruction.

TRACES (Teaching Research Assistance to Children Experiencing Sensory Impairments) is funded through Cooperative Agreement No. HO25C30001 by the U.S. Department of Special Education, OSERS, Special Education Programs. The opinions and policies expressed by TRACES do not necessarily reflect those of the U.S. Department of Education.

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838-8821, fax: (503) 838-8150, E-mail:
klumphr@fstr.wosc.osshe.edu

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All issues of Deaf-Blind Perspectives are available on the Internet at www.tr.wou.edu/tr/dbp

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