

Deaf-Blind Perspectives

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Research to Practice Focus on: Hands-On Problem Solving Skills for Children with Deaf-Blindness

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What are Problem Solving-Skills?

We are constantly engaged in problem solving, whether it be getting out of a traffic jam, programming the VCR, or doing a crossword puzzle. The solution to any problem, concrete or abstract, requires certain basic mental skills like memory, planning, and reasoning. Many children who are deaf-blind, however, because of limited visual and auditory information, are not able to independently solve the typical problems which arise in their physical worlds such as opening a door, going around an obstacle, learning how a new toy works, or searching for a lost object. Children who do not experience success in these situations are often unwilling to tackle new problems and can become passive or unmotivated to explore their environments. They may even “learn” to become helpless and overly dependent on others.

Charity Rowland and Phillip Schweigert have designed a project to help children who are deaf-blind develop the skills to solve real-life problems. Dr. Rowland and Mr. Schweigert recognized that the solutions to many typical problems are well within the grasp of most children. Consider the example of a ball rolling under a chair. There are several possible solutions, such as using a stick to get at the ball, asking someone for help, or going behind the chair to gain access. Each solution requires cognitive skills such as recognizing obstacles, anticipating the whereabouts of the ball, engaging in a systematic search, or perceiving other objects as tools. But Dr. Rowland and Mr. Schweigert believed that the traditional ways of learning cognitive skills—sorting shapes or counting objects, for example—would not prepare these children to become better problem solvers. Their approach was to observe, instead, how children deal with “everyday” problems, identify what skills were naturally involved, and then think of new and enjoyable learning activities that could be implemented in school and at home.

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How can we assess these skills?

The project developed two instruments to assess problem-solving skills. Dr. Rowland and Mr. Schweigert saw the need to develop “user-friendly” tools to help parents and teachers understand their children’s abilities. One is the “Home Inventory of Problem Solving Skills,” or HIPSS, which was designed for parents. The HIPSS lists 33 important problem-solving skills, such as handling, exploring, avoiding, assembling, finding, using, or activating household objects. Parents are asked to think about what their child does with objects around the home in everyday activities (e.g., using toothbrush, cooking, brushing the dog,

putting toys away) and check off the statement that best describes their child's ability in the skill area. Three of such skill areas are illustrated in Figure 1. The other assessment tool, designed for educators, is the "School Inventory of Problem Solving Skills," or SIPSS. The SIPSS is an inventory of the same 33 skill areas, but emphasizes those problem-solving situations that might arise in the school and classroom (e.g., looking for sandwich, turning on the computer, locating classroom, putting Legos together). On the SIPSS, space is provided to indicate in which classroom activities each skill is demonstrated and whether opportunities are provided for the student to use each skill.

Although both the HIPSS and SIPSS can be scored, there are far more important outcomes. These instruments

- Document that all children who are deaf-blind exhibit at least some basic problem-solving skills. These skills are usually overlooked in more traditional forms of assessment.
- Highlight skills that are involved in typical home and classroom routines and provide multiple examples of each skill. No special tasks, materials, or instruments are required.
- Help parents and teachers think of everyday activities as natural opportunities for children to gain experience and confidence in solving problems.

- Suggest the materials and situations that can promote greater independence in problem solving skills.
- Point to the similarities and differences in the problem-solving opportunities a child might have between home and school.

How Can We Promote Problem-Solving?

Once the assessment of a child's problem-solving skills is completed, intervention programs for school and home can be designed. In this project, the HIPSS and/or the SIPSS were completed for 105 different children with deaf-blindness. For 68 of those children, both the HIPSS and the SIPSS were completed. The children were from the states of Washington, Oregon, New York, Texas, Vermont, Maryland, Indiana, and Massachusetts. Within the state of Oregon, Dr. Rowland and Mr. Schweigert worked with teachers, therapists, and parents to identify and create active learning experiences to promote problem-solving skills. The SIPSS was often used to generate an inventory of the opportunities that were occurring already for other students in the classroom to use each skill. This information was then used to suggest ways to address specific skills for the targeted student.

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Problem-solving skills give children independence and the ability to adapt to different situations, materials, persons, and environments, and allow them to participate more meaningfully in activities of everyday life. These skills promote self-confidence and motivation. Through their research, Dr. Rowland and Mr. Schweigert have identified some effective ways to promote these important skills in normal daily routines:

- We tend to do things for our children to “help them” or save time. Whenever possible, give children the opportunities to perform or actively participate in even the most mundane tasks (e.g., wiping face with cloth, searching for coat, unwrapping candy, putting used napkin in trash). Inherent in these tasks are basic but essential problem-solving skills. Just as important, each time a child solves a problem, no matter how simple, the child’s motivation and self-confidence are raised.
- We can think about how familiar items (e.g., comb, milk container, liquid soap dispenser, light switch, music cassette box, candy wrapper) can be used to teach exploration, access to, and use of objects. Children who gain experience with a greater variety of items that provide opportunities to use problem-solving skills benefit from increased cognitive opportunities and, often, communicative opportunities.
- Assessment of problem-solving skills might best be done in the context of everyday classroom and home activities by persons who are familiar with the child.
- If we think about basic routines (e.g., holding a hair brush the right way, inserting a straw into a cup, or turning a door knob) as problems to be solved, the opportunities for helping a child gain cognitive skills are almost limitless.
- Even though a child may learn a particular skill with particular materials (e.g., opening the lid of a container), one cannot presume that the child will “generalize” that skill to other situations and materials. It is, therefore, important to provide many “generalization opportunities.” That is, one should teach the same skill in different routines. Taking a cookie out of a jar, a toy out of a toy chest, and a sandwich out of a bag are examples of the same basic skill, but knowing how to do one does not necessarily mean that the child who is deaf-blind knows how to do the other.

- It is very important that parents and teachers communicate with each other about what skills they observe in the child. Disparities might exist in the opportunities a child may have to engage in problem-solving at home as opposed to in school. Look at these environments to see how opportunities for problem solving may or may not be present. Notice what problem-solving skill areas have or have not been observed. Consider all the ways to expand, not necessarily duplicate, the problem-solving experiences a child that a child may face.
- We can observe other children to see how they manipulate and explore materials to discover tips about how others approach or take advantage of problem-solving opportunities. These tips can suggest ideas for designing active learning experiences for the child who is deaf-blind.
- We can make the “problem” to be solved increasingly challenging for the child. Having mastered the basic skill (e.g., walking to the slide from 2 feet away), the child can draw upon his or her experience to attempt the same task under different or more difficult conditions (e.g., locating the slide from a greater distance or from a different starting point).

For more information about this project, or to obtain copies of the most recent versions of the HIPSS and SIPSS, contact

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Dr. Rowland and Mr. Schweigert are continuing to study the validity and utility of these assessment instruments in a current project on creating classroom environments that nurture independence for children who are deaf-blind.

Charity Rowland and Phillip Schweigert provided the written and interview information for this article, which was prepared by Harvey Mar as part of DB-LINK’s Research-to-Practice Initiative.

NTAC

Transdisciplinary Activity-Based Assessments for Students who are Deaf-Blind

Sandi Baker, M.Ed
and
Jennifer Grisham-Brown, Ed.D.

Student assessment has long been a source of frustration for professionals who work with students who are deaf-blind. The University of Kentucky Deafblind Project currently provides technical assistance to local school districts to provide transdisciplinary activity-based assessments for students on the Kentucky Deafblind Census. In transdisciplinary assessment, members from a variety of disciplines work together to evaluate and plan educational programs and to transfer information across disciplines.

The use of a transdisciplinary play-based, assessment approach with young children (6 months to 6 years) has been documented by Linder (1993). For program planning purposes, the UK Deafblind Project adapted this model to assess school-aged students who are deaf-blind. For many students in Kentucky this type of assessment has also been used to fulfill the requirements of the 3-year evaluation. In this approach, students participate in preferred, age-appropriate activities and are assessed by a transdisciplinary team of professionals and family members who “share a common philosophy and goals.” (Schwartz & McBride, 1995).

Most traditional assessment tools used with students who are deaf-blind are standardized and deficit-based, and they evaluate student skills in nonfunctional, isolated settings. As a result, information gained from these assessments is generally not useful for program planning. Transdisciplinary assessments, on the other hand, focus on student strengths, active family involvement in the entire process, and assessment in natural environments while the students are participating in age-appropriate activities. Because many areas of development are interrelated, this type of assessment can lead to a more holistic view of the student. (Linder, 1993).

Results of this type of student assessment include fully integrated, nondiscipline-specific reports and recommendations, functional, activity-based

IFSP/IEP/ITPs, and educational programs that are relevant and meaningful.

The role of the professional coordinating the transdisciplinary assessment is multifaceted. As soon as you receive the request from the school district, consider doing the following:

Establish your role EARLY. Clarify what you can and cannot do to facilitate the assessment (see below for coordinating the logistics).

Establish the lines of communication. Clarify with whom you will communicate and who will contact and contract with the team members.

Work with the school committee to identify areas of need. This will help you identify which disciplines will be involved in the assessment.

Establish the purpose of the assessment (Is it for a 3-year evaluation?).

Provide a list of professionals. It is essential to maintain the integrity of the assessment process. You will need to provide the decision-making committee with a list of professionals who understand this kind of assessment process and who have experience with students who are deafblind.

Logistics

As part of the preliminary work, you will also need to concern yourself with the logistics of the assessment.

Schedule time, date, and location. This should be convenient for the family, as well as familiar to the student.

Provide school district with information. The school district will need to know how to contact the professionals who will be involved with the assessment and also what their fees will be.

The following steps will help you design and implement the transdisciplinary activity-based assessment:

Select the assessment activity. To identify possible assessment activities, consider family and student preferences as well as family and school schedules and activities. For example, you may choose making a snack as a viable assessment activity.

Identify all materials to be used. Consider how age-appropriate these materials are, as well as any adaptations or modifications that may be needed. These may include consideration of color/contrast/size of materials, adaptive switches, if necessary, placement of materials, and the student's mode of communication.

Determine which skills you wish to assess. Ask what skills the student needs to have in order to participate in this activity. You may obtain information by observing someone perform the activity. You may also examine the skills that are listed on standardized (discipline-specific) assessment tools in the following categories: fine motor, gross motor, vision, auditory/hearing, social, cognitive, communicative, orientation and mobility. (See Sample Assessment: "Making a Cracker Snack and Orange Juice Shake.")

Conduct a task analysis. Ask what the facilitator must do to make sure all skills are addressed during the assessment.

Identify personnel. These may include the following:

Activity facilitator: Someone who knows the student. This is the primary person to interact with the student during assessment.

Observing team members: Professionals from various disciplines who will provide the facilitator with input as needed or requested. For example, the speech therapist may ask the facilitator to withhold materials to determine if the student will make requests; the physical therapist may ask the facilitator to position the student a certain way.

Parent facilitator: This person, the most important member of the team, should be available to give input, validate the information, and assist in facilitating assessment activities as needed.

If, following the assessment, more information is needed, you may wish to conduct an additional assessment activity with the student. On the other hand, it may be more helpful to have a different team member conduct the original activity. If still more information is needed, you may wish to conduct a more traditional, isolated assessment with the student.

Once the assessment is completed, you will wish to do the following to generate a report:

Problem-solve with the assessment team to come up with recommendations that are nondiscipline specific and that include necessary adaptations and modifications to curriculum, activities, and materials.

Collect a one-page summary from each team member.

Submit the integrated report to the school district.

For further information regarding assessment activities and developing assessment protocol, contact the Kentucky Deafblind Project at (606) 257-7909.

Sample Assessment: Making Cracker Snack and Orange Juice Shake

Materials: crackers, cheese, other topping(s), orange juice, milk, vanilla, ice cubes, blender, cups, plates, mixing spoon, measuring spoons/cups, napkins, apron, adaptive switch, control unit

Skill categories:

Fine Motor:

Grasp materials to make snack

Type of grasp: _____

Bring hands to midline during cooking

Turn/open lid on cheese, milk, vanilla

Pour from container

Orange juice, milk, ice cubes,
vanilla into blender

Orange juice shake into cups

Open packages (e.g. box/bag of crackers,
orange juice)

Locate visual target and place item on
target

Other:

Gross Motor:

Move to kitchen area

From: _____

Stand while participating in activity

Sit in chair independently while doing
activity

Other:

Vision:

Attend to large/small objects in visual
field

Visually focus on person

Visually follow a moving person

Look toward light source

Visually locate objects

Track objects horizontally/vertically

Scan objects

Watch things happen in surroundings

Visually locate, then pick up dropped
objects

Attempt to secure objects beyond reach

Consistently recognize/discriminate
(food) objects

Exhibit depth perception

Other:

Auditory/Hearing:

Be aware of voices/environmental sounds

Discriminate voices/sounds

Attach meaning to sounds/words

Localize to sound/voice

Imitate sound/word

Attend and respond to simple requests

Laugh out loud

Other:

Adaptive:

Put on apron prior to activity

Other:

Social:

Greet others

Take turns

Share

Initiate, maintain, terminate social contact

Imitate teacher or peer making snack

Other:

Cognitive:

Attend to activity

Problem solve:

If cup or plate are too full, gets another

Other:

Cause/Effect

Switch turns on blender

Label or identify utensils

Plate, cup, napkin, blender, switch, spoon

Other:

Sequence steps to:

Make orange juice shake

Make cracker snack

Understand use of objects

Stir orange juice shake with spoon

Other:

Imitate teacher or peer doing task

Identify item from line drawing

Other:

Communication:

Make requests

For assistance

To put more orange juice shake in cup

Other:

Make choices

Topping to put on crackers

Type of cracker

Who to get assistance from

Other:

Ask for more when plate or cup is empty

Answer yes/no questions

Follow directions for making:

Orange juice shake

Crackers with topping(s)

Terminate task when finished

Orientation and Mobility:

Explore classroom

Be well-oriented within classroom

Search for desired objects or people

Problem-solve

References

Linder, T.W. (1993). Transdisciplinary Play-based assessment: a functional approach to working with young children. Baltimore: Paul H. Brookes.

Schwartz I.S., & McBride B. (1995). Instructional strategies in early intervention programs for children with deaf-blindness. In N. Haring, & L. Romer, (Eds.), Welcoming students who are deaf-blind into typical classrooms. Baltimore: Paul H. Brookes.

**Communication and Culture:
How They Relate to Service
Development and Advocacy for
People Who Are Deaf-Blind**

**A Report on a Presentation by Dr. Harlan
Lane at the Hilton/Perkins National
Conference On Deafblindness**

Peggy Malloy

The human brain has a remarkable ability to adapt to the absence or loss of sight and hearing. This adaptability and its implications for the development of language, education, and ways of interacting with the world for people who are deaf-blind was the theme of a speech given by Dr. Harlan Lane at the Hilton/Perkins National Conference On Deafblindness held in Washington, D.C., last June. Dr. Lane, a psychologist and linguist, has written extensively about deaf culture and language.

This article summarizes some of the key points addressed by Dr. Lane, but focuses primarily on his principal theme about the importance of helping children who are deaf-blind learn and develop by surrounding them with people, language, educational programs, and environments that match their unique sensory abilities. An understanding of how the sensory abilities of people who are deaf-blind differ from those of people who are hearing-sighted and the underlying neurological basis for this can help parents, deaf-blind adults, and others who work with deaf-blind children create environments that will nurture each child, promote language development and learning, and support social and emotional needs. As part of this, Dr. Lane suggests that deaf-blind children be educated in specialized rather than mainstream environments. He also suggests the creation of opportunities for deaf-blind children to form connections with deaf-blind adults.

How the Brain Adapts

Dr. Lane began his address by stating that, just as evolution gives species the ability to adapt to changing environments over millennia, it gives us as individuals the ability to adapt to our own environments within our lifetimes. The ability of the human brain to adjust to or compensate for what he called “different sensory configurations” such as deafness, blindness, or deaf-blindness is one such adaptation. This adaptive ability is greatest early in life, but can also occur in adulthood.

The way the brain compensates for the absence or loss of a sense is by enhancing the function of the remaining senses. This adaptation is called “cortical plasticity.” Dr. Lane described two mechanisms by which cortical plasticity can occur. The first mechanism is increased activity in areas of the brain devoted to a particular sense when that sense receives increased stimulation. Braille readers and string players, for example, show “evidence of increased cortical representation of the fingers.”

The second way in which the brain adapts is by allocating areas of the brain normally devoted to one sense to other remaining senses. This is called “functional reallocation.” In people who are born deaf or become deaf later in life, the brain allows areas of the auditory cortex normally used for hearing to be reallocated to visual processing, giving deaf people enhanced visual abilities. Likewise, in people who are born blind or become blind later in life, areas of the visual cortex that normally process vision may be reallocated to tactile sensitivity.

Thanks to cortical plasticity, our brains adapt to make use of the senses we have available to us. People who are deaf or blind or deaf-blind communicate and interact with the world through channels that are different from those of people who are hearing and sighted. Therefore, says Dr. Lane, input from the environment in the form of language, social interactions, and education should suit their own abilities rather than those of hearing-sighted people. He calls this “modality appropriate-stimulation,” a topic he discussed in some depth, particularly as it relates to deaf-blind children and their developmental and educational needs. The ideal environment for the deaf-blind child is one that uses language, child-rearing strategies, educational methods, and social interactions that match that child’s unique sensory abilities.

Examples of Modality-Appropriate Stimulation

According to Dr. Lane, only people and communities who have a particular sensory configuration themselves are able to create or evolve the types of modality appropriate-stimulation—language, culture, and other environmental resources—that suit their particular sensory abilities best. Hearing-sighted people can’t do this because they have not adapted to alternate sensory configurations. For this reason it is the deaf-blind community, in his opinion, which is in the best position to develop the resources that deaf-blind children need.

Dr. Lane gave examples from the deaf community which illustrate the importance of modality-appropriate stimulation and can be used as a model by the deaf-blind community.

The first example of modality appropriate stimulation that evolved within the deaf community is the development of American Sign Language of the Deaf (ASL). According to Dr. Lane, “There’s no

clearer evidence of the need for modality-appropriate stimulation than the sustained failure over four centuries in teaching those born deaf to speak.” Speech training generally fails, he said, with children who were born deaf or who became deaf early in life because it is difficult to teach an auditory language to a visual person. “One may acquire oral language naturally, using hearing, or one may acquire a visual language naturally, using vision, but one cannot acquire oral language naturally, using vision.”

ASL is a visual language that is acquired naturally by deaf children who are exposed to it. It has qualities and characteristics that make it perfectly suited for visual communication. The hand shapes and movements, for example, are highly visible and succinct and make use of space and facial expressions. ASL could never have been invented by hearing people, because they do not have the same visual abilities as deaf people.

A second example of modality-appropriate stimulation is the entire visually oriented environment that deaf children of deaf parents are raised in. Deaf children raised by deaf parents are exposed not only to a language that matches their own sensory abilities, but to child-rearing techniques and visual modifications in the home that make it possible for the child

People who are...deaf-blind communicate and interact with the world through channels that are different from those of people who are hearing and sighted.

to reach developmental milestones of language, social interaction, and education on a normal schedule.

Creating Modality-Appropriate Environments and Education for Children Who Are Deaf-Blind

According to Dr. Lane, deaf-blind adults can offer the same advantages to deaf-blind children that deaf adults offer to deaf children. The deaf-blind community, he said, can provide “a model for living, a range of strategies, culture, validation, peer and social relationships, recreation, and roles to fill.” The deaf-blind community can also provide access to employment opportunities, instruction in Braille and other skills, advocacy, and links to support services and interpreters.

In order for the deaf-blind community to be a major resource in the development of deaf-blind children, two things must happen. First, continued growth of deaf-blind culture must be encouraged. According to Dr. Lane, deaf culture and language have flourished because deaf people have connected with each other in communities and residential schools. Dr. Lane believes that deaf-blind people need to form more of these types of connections.

Second, in order for the deaf-blind community to be a major resource in the development of deaf-blind children, increased opportunities for contact between the deaf-blind child and the deaf-blind community must be created. Dr. Lane gave several suggestions for how to bring this about. In areas with active deaf-blind communities, he said, community leaders should collaborate with educators and other people involved in the lives of deaf-blind children to establish programs that bring deaf-blind children and adults together. In areas where there is no deaf-blind community the child can benefit from contact with either the deaf community or the blind community. Children who communicate in English or another spoken language will probably fit in best with the blind community. Children who communicate in sign language or have not yet learned a language are more likely to benefit by contact with the deaf community.

Dr. Lane believes that educational programs in specialized settings that surround the deaf-blind child with other deaf-blind children and with deaf-blind adults, rather than with hearing-sighted children,

are more likely to promote the deaf-blind child’s development. Examples of specialized settings include residential schools, magnet schools, special day programs, and camps. In these settings, deaf-blind children will interact not only with other deaf-blind individuals, but also with specially trained professionals who, “if they are not deaf-blind themselves, nevertheless have the knowledge and experience to present language, environment and social interactions” in ways that match the child’s own sensory abilities. The opportunity to learn according to their own capabilities, apart from the mainstream, will make it possible for them to re-join the mainstream later on.

“We must place the deaf-blind child apart from the mainstream among people who know how to provide modality-appropriate stimulation in order that the child may rejoin the mainstream as a competent participant. In this way, we honor his or her deep rights as a human being. We must not confuse the appearance of rights with the rights themselves. When we affirm with the universal declaration of human rights that all people are born equal in human dignity and rights, do we mean that deaf-blind children have the right to be treated in exactly the same way as sighted-hearing children, or do we mean they have the right to have their distinct identity valued? Does every child have a right to go to the local school or the right to an education? Does every child have a right to speech or a right to language?”

The message of Dr. Lane’s speech was that we should respect and embrace the sensory differences of deaf-blind children. An understanding of how the brain finds new pathways when particular senses are unavailable can help people who are involved in the lives of deaf-blind children recognize and respond to their unique needs.

Although this article has focused primarily on issues relating to children, Dr. Lane also talked about how the brain adapts to sensory loss later in life and the impact this has on adults. The keynote speaker at the conference, Dr. Oliver Sacks, a well-known neurologist and writer, spoke on related themes. The texts of both speeches will be available as part of the general conference proceedings which have not yet been published. To be placed on a waiting list for information about the conference proceedings, call the Hilton/Perkins office at (617) 972-7228.

We must not confuse the appearance of rights with the rights themselves.

National Transition Study of Youth who are Deaf-Blind: A Family Perspective

Jerry G. Petroff

During the past 40 years, through the efforts of the judicial process, significant gains have been realized in creating equal educational opportunity for all students, including those with disabilities. However, recent studies of students with disabilities have showed substantial gaps between typical students and students with disabilities regarding post-school status in employment, post secondary education, and residential independence.

In response to these circumstances, Congress requested that the U.S. Department of Education conduct a national study of secondary special education students (ages 13- 21) to determine how they fare with regard to education, employment, and independent living. The study, entitled the National Longitudinal Transition Study (NLTS), was conducted several years ago by Stanford Research Institute International (Menlo Park, CA) and may be considered the largest efficacy study ever conducted on special education. The NLTS included students who represented all 11 federal disability categories, which included "deaf-blindness." However, due to the low incidence of this disability category, limited conclusions were made regarding students who are deaf-blind. In addition, there were other extenuating circumstances that appear to have influenced the ability to yield information from the NLTS for youth who are deaf-blind.

Youth identified as deaf-blind, besides being a low-incidence population, are a heterogeneous group that is difficult to describe. Although annual census data on the number of children and youth is maintained, it is confined to demographic information that includes etiology, disability types, and current living and educational settings. More detailed information is necessary to more accurately describe the specific nature of those identified as deaf-blind. In addition, since census data does not go beyond the point when a student leaves the educational system, there is no information on the post-school status of these individuals. It is this difficult to describe the experiences of this group, evaluate the effectiveness of our current educational programs, describe post-school life, or establish further directions for new research.

NTAC, (The National Technical Assistance Consortium on Children and Youth Who are Deaf-Blind) in an attempt to fill this need, in collaboration

with this author, has initiated a national study to gather descriptive information regarding youth who are deaf-blind, their educational experiences, and post-school status and needs as reported by parents. This study is titled "National Transition Study of Youth who are Deaf-Blind, Perspectives of the Family." With the assistance of each of the state deaf-blind projects, each parent of a student identified as deaf-blind who left school in June, 1996 has been asked to complete a detailed survey. The comprehensive survey requests information regarding the student, his or her secondary school experiences and his or her current post-school status. This research initiative will represent the first comprehensive national follow-up study on youth who are deaf-blind. Establishing parameters of the population by working backwards from describing the people within this category will give us clear markers for identifications. The results of the National Transition Study of Youth who are Deaf-blind are expected to be reported and available sometime in the late fall, 1997. For additional information, you may contact:

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The New IDEA: Updates and Resources

Gail Leslie

The changes that come with the implementation of the new IDEA will affect many areas of special education programming and service delivery. Because many of the provisions of the bill became effective at the June 4, 1997 signing, teachers, parents, and administrators begin the new school year with substantial changes already in effect. In the coming months, the federal government will be working with states to further define how the statutory language translates to policies and procedures. Other special education organizations, interest groups, and associations are also in the process of publishing analyses and commentary. The following list of articles includes overviews of the new legislation and some analyses of specific provisions, as well as additional information about what Section 504 of the Americans with Disabilities Act means for children with disabilities.

CEC Sends Recommendations For IDEA Regulations To OSERS

Ballard, B. Joseph. CEC, The Council for Exceptional Children. The Council for Exceptional Children, July 28, 1997. (See Internet address on page 13)

The Office of Special Education and Rehabilitative Services (OSERS), Education Department, invited comments from federal, state, and local officials as well as educators and parents on the IDEA (Individuals with Disabilities Education Act) reauthorization. This letter, written by B. Joseph Ballard, Assistant Executive Director of Public Policy at the Council for Exceptional Children (CEC) and published on the Internet, details the CEC's comments on the regulatory phase of the reauthorization.

Congressional Analyst: IDEA Won't Preclude Alternative Placements

The Special Educator, June 20, 1997. Vol. 12 (22), pp. 1, 7.

The new Individuals with Disabilities Education Act (IDEA) bill requires that a state must ensure that

"a free appropriate public education is available to all children with disabilities residing in the state between the ages of three and 21, inclusive, including children with disabilities who have been suspended or expelled from school." In a report prepared by the Congressional Research Service, analysts claim that the new IDEA will not limit schools' ability to provide alternative placements for children who are suspended long term or expelled, or prevent schools from ceasing educational services for students suspended for 120 days or less. These issues and concerns about IEP language in the new IDEA are discussed.

Discipline Ruling Immediately Impotent Following IDEA Approval

The Special Educator, June 20, 1997. Vol. 12 (22), pp. 6-7.

In this article, the author discusses reauthorization of the IDEA as it relates to the ability of a school district to expel or suspend a disabled student for more than 10 days and cease educational services if his or her behavior is not a manifestation of the disability. Case law relative to interpretation of the previous IDEA on this subject is chronicled. Unlike its predecessor, the new IDEA clearly calls for continued services for long-term suspended and expelled students with disabilities.

Expert Gives Administrators Early Answers On IDEA

The Special Educator, June 6, 1997. Vol. 12 (21), p. 2.

In this article, Art Cernosia of the Northeast Regional Resource Center, answers questions about provisions of the new IDEA. Topics include the following: manifestation determination as it relates to the IEP; parent membership on planning teams; mediation sessions; FAPE (free appropriate public education) as it relates to charter schools; private school funding; and participation of regular education teachers in residential school settings.

IDEA Amendments of 1997

Kupper, L. (Ed.) ; Conroy, M.K. (Assoc. Ed.). June 6, 1997 *NICHCY News Digest*, 26.

This 60 page briefing paper from the National Information Center for Children and Youth with Disabilities is designed to provide readers with an overview of the major changes to IDEA, as well as a

detailed, point-by-point look at the law, including the verbatim language of the law itself. Components of the two laws are displayed side by side on the page in order to afford the reader the ability to compare specific aspects of each law. The document is available free from NICHCY at (800) 695-0285 or from their web site. (See page 13)

IDEA : Questions and Answers

U. S. Department of Education. 1997. (See Internet address on page 13)

This information sheet, published by the U. S. Department of Education on the Internet, provides answers to questions about new provisions of the 1997 Individuals with Disabilities Education Act. Nine questions are presented and answered.

IDEA V. Section 504 Identification : How to Know the Difference

The Special Educator, June 20, 1997. Vol. 12 (22), pp. 10-11.

In this article, eligibility criteria as they relate to the IDEA and Section 504 of the Americans with Disabilities Act (ADA) are discussed. A breakdown on Section 504's definition of a qualified individual with a disability as a means to determine his or her eligibility is included. Terminology in the two laws are contrasted: Section 504 guarantees FAPE (free appropriate public education) for anyone whose physical or mental impairment "substantially limits" one or more major activity, while IDEA provides FAPE to students meeting one or more of 13 specific categories of disabilities that "adversely affect a child's educational performance."

The New IDEA And Placement Changes:

Taken from Section 615: Procedural Safeguards

The Special Educator, June 6, 1997. vol. 12 (21), p.2.

In this article, language of the previous Individuals with Disabilities Education Act (IDEA) and the re-authorized version are compared as they relate to five placement issues in the education of students who are disabled. These issues are as follows: maintenance of current educational placement, placement in alternative educational setting, and authority of school personnel; determination of alternative setting; notification of action; authority of hearing officer; and placement during appeals.

1997 Individuals With Disabilities Education Act Analysis

Cahir, William J. Special Education Report, July 9, 1997. Virginia: Capitol Publications, Inc.

The new IDEA is discussed. While it preserves the guarantee of a free, appropriate public education (FAPE) to students with disabilities, it imposes new obligations on states and schools, establishes an array of new discipline procedures, and links some new funding provisions to major increases in federal spending. It also adds a series of requirements for individualized education programs (IEPs).

Section 504 : The "Other" Law

The Special Educator, August 16, 1996. Vol. 12 (2), pp. 1, 6-7.

Section 504 of the Rehabilitation Act of 1973 is an anti-discrimination statute that protects children eligible for IDEA services. The article discusses regulations requiring districts with more than 15 employees to appoint a Section 504 coordinator and to adopt grievance procedures to resolve complaints. A sample Section 504 grievance procedure is included. Provision for Office for Civil Rights (OCR) formal complaint is mentioned.

The Special Educator 1997 Desk Book

Pitasky, Vicki M. Horsham, PA: LRP Publications, 1997. (See Internet address on page 13)

This book reviews legal interpretations and court actions concerning special education law (Section 504, IDEA, and the ADA) from 1995-1996. Programs and services under IDEA explored: attorney's fees, discipline, free appropriate public education (FAPE), funding, individual education programs (IEPs), Part H, placement, procedural safeguards, and remedies. Under Section 504 and the ADA, subjects explored include: accommodations, attorneys' fees, discipline, discrimination, extracurricular activities, and remedies. Related laws and federal programs, i.e., Medicaid and Social Security, and miscellaneous legal actions involving students with disabilities and personnel are also included. Appendices provide a table of cases, review of significant cases and reprint of sections of IDEA, Section 504, Assistance to States for Education of Children with Disabilities, and Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance. Cop-

ies may be ordered from LRP Publications,
747 Dresher Rd., P.O. Box 980, Horsham, PA
19044-0980, (215) 784-0860.

Internet Resources

The Internet is a valuable source of information for full text versions of the new amendments or for current postings of interpretations and commentary. Consider the following sites:

<http://www.ed.gov/offices/OSERS/IDEA/>

This is the U.S. Department of Education, Office of Special Education and Rehabilitative Services. Has full text, summary, an overview and questions and answers about the new law.

<http://www.nichcy.org/>

NICHCY is the national information and referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals.

<http://www.lrp.com/ed/>

LRP's Education Administration Online is largely a fee based service for many special education resources, but it does have a number of valuable free resources related to IDEA.

<http://www.fcsn.org/home.htm>

Federation for Children with Special Needs has text of bill and outline of major changes.

<http://www.cec.sped.org/home.htm>

Council for Exceptional Children, Public Policy and Legislative Information section is a good resource for updates on IDEA and commentary regarding policy formation.

<http://www.access.digex.net/~edlawinc/>

EDLAW, Inc., provides a starting point for basic legal information of use to special educators and families and includes public information including, texts of statutes and regulations as well as attorneys who represent families of children with disabilities.

Katlyn's Hope

A Not-for-Profit Corporation Established to Assist in the Education of Deaf-Blind Children

Shari Willis

Katlyn's Hope, Inc. is a not-for-profit corporation established to provide scholarships to assist in the education of children who are deaf-blind. It was founded in memory of our daughter Katlyn Michelle Willis who was born on June 29, 1995 and died on February 7, 1996. Katlyn was born prematurely and had microphthalmia and a moderate hearing loss. We always knew she was a bright little girl who just needed a little help to see the world in which she lived.

Though we knew of Katlyn's disabilities from the time she was born, we had the same expectations for her as we would for any other child. We knew her capabilities were limitless and tried to expose her to everything other children were exposed to. Though her vision and hearing were impaired, we knew she could experience the world through touch. Katlyn was as capable of learning as was any other child, so long as information was provided to her in a manner she could use.

When Katlyn was 5 months old she contracted the respiratory virus, RSV. As a preemie, she had a weak immune system that was very ineffective at fighting off the virus. After a month in the hospital she seemed to have recovered from the illness, but at the end of January, while still in the hospital, Katlyn contracted another respiratory virus. She fought very hard and was very brave. On February 6, Katlyn returned home. On February 7, 1996, she left this world, leaving behind many wonderful memories of a life with a very special little girl.

During her brief life, Katlyn had a profound impact on our lives. Among other things, she taught us a lot about deaf-blindness. We found very hard to find adequate educational services for our baby, quickly learning how difficult it is for parents to find and fund appropriate services for their deaf-blind children. In Katlyn's memory, we want to help other children gain access to the world around them as Katlyn did.

The scholarships given in Katlyn's memory are to be used for interpreter/intervenor consultation, in-home training, educational toys and materials, assistive devices such as hearing aids, glasses, conformers, and canes, and other educational necessities. Stipends are also to be given to families to help them travel to conferences and workshops and to provide interpreters/intervenors for deaf-

blind children at the meetings. All children who are deaf-blind and between the ages of birth and 21 are encouraged to apply.

To date, Katlyn's Hope has presented six scholarships. Two were awarded on June 29, 1996 (which would have been Katlyn's first birthday). Miles Williams of Minneapolis, Minnesota received the Katlyn Willis Memorial Scholarship. The Raymore Lions Club Deaf-Blind Scholarship was presented to Colleen Salka of Monroe, New York. Two more scholarships were given on October 26, 1996. The Dallas Howard Memorial Scholarships were presented to Austin Clifton of Rose Hill, Kansas, and Emily Baxter of Moundridge, Kansas. The most recent scholarships were awarded on June 29, 1997. Jessica Humphrey of Hutchinson, Kansas received the Katlyn Willis Memorial Scholarship. The Wichita Spas Plus scholarship was awarded to Leanne Reed of Ozawkie, Kansas. Katlyn's Hope is funded by a variety of fundraising activities and by donations from businesses, families, and individuals.

To receive applications for both scholarships and family travel stipends or for further information, please contact

Shari Willis
303 South Elm St.
Wellington, KS 67152
Ph. (316) 326-5848

From the Managing Editor

With this issue of Deaf-Blind Perspectives I assume the role of managing editor and would like to introduce myself. I have been at Teaching Research since last February. I am an Information Specialist at DB-LINK and also work part-time for NTAC helping with publications-related issues. I am originally from the Pacific Northwest, but lived in Vermont for several years before moving to Oregon last winter. In the past, I was a registered nurse, working primarily in pediatrics and neonatal intensive care. I then obtained a Master's Degree in Librarianship in 1992 and worked as a medical librarian and writer before coming to Teaching Research.

I would like to take this opportunity to encourage you to write Letters to the Editor regarding articles published in Deaf-Blind Perspectives or on any topic or issue related to deaf-blindness that is important to you. I would also like to invite you to submit manuscripts for possible publication. Manuscripts may be either personal in nature, such as an essay, or professional articles with a specific focus. All submitted manuscripts go through a review process to consider whether they will be published in Deaf-Blind Perspectives.

I am very much looking forward to my work with Deaf-Blind Perspectives. Feel free to contact me if you have any questions, comments or suggestions.

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**You are welcome to
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For Your Library

Early Interactions With Children Who Are Deaf-Blind

Gleason, Deborah. DB-LINK, May 1997 Fact Sheet. Length: 8 pages.

Details early intervention routines for infants and young children. Available from DB-LINK: (800) 438-9376.

CHARGE Summer Institute 1996 Proceedings

Published as a cooperative effort between the New York and New Jersey State Technical Assistance Projects and DB-LINK. Length 22 pages.

Proceedings of the 1996 Summer Institute on CHARGE Association held August 4-5, 1996 in Woodcliff Lake, New Jersey. Includes the following papers: "Growing Up with CHARGE" by Kim D. Blake; "My Perspective as An Audiologist" by James W. Thelin; "Swallowing Disorders" by Justine Joan Sheppard; and "How to Make Pre-School/School Work for Your Child: Considerations and Approaches to Maximizing Your Child's Communication and Mobility" by Caren Mercer and Stuart Filan. Available from DB-LINK: (800) 438-9376.

Usher Syndrome in the School Setting

Miner, Ilene; Cioffi, Joe / Helen Keller National Center, Technical Assistance Center 1997. Length 47 pages.

Intended for high school students, teachers, support staff, vocational rehabilitation counselors, and family members. Topics include: defining Usher syndrome, common experiences of people with Usher syndrome, Usher syndrome and the family, orientation and mobility, and vision assessment. It can be purchased through HKNC for \$3.00. For more information, contact Kathy Michaels, (516) 944-8900, ext. 307.

DB-LINK Databases on the World Wide Web

DB-LINK (The National Information Clearinghouse On Children Who Are Deaf-Blind) is pleased to announce that the Catalog and Resource databases can now be accessed via the World Wide Web at <http://www/tr/wou.edu/dblink>

As always, DB-LINK may be contacted through their toll-free 800 numbers, e-mail, and U.S. Mail.

DB-LINK
345 N. Monmouth Ave.
Monmouth, OR 97361

800.438.9376 Voice
800.854.7013 TTY
dblink@tr.wou.edu

DB-LINK Survey

This issue of *Deaf-Blind Perspectives* contains a survey from DB-LINK. The purpose of this survey is to sample the readership's interest in and access to information. Your answers and suggestions will assist DB-LINK staff in planning their direction for future information dissemination. Upon completion, simply fold the survey with the return address showing, staple and drop in the mail.

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 Fax: (503) 838-8150, E-mail: klumphr@wou.edu

All issues of *Deaf-Blind Perspectives* are available on the Internet at www.tr.wou.edu/tr/dbp 0997

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