Deaf Plus Sensory Disabilities (and some syndromes)

**Deafness** is defined as a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification.

Resource: [http://nichcy.org/disability/specific/hearingloss#def](http://nichcy.org/disability/specific/hearingloss#def)

Sensory disabilities and syndromes are very common. These disabilities also exist among deaf and hard of hearing individuals.

Listed below are definitions, incidence, and identification information of the various sensory disabilities that exist.

Deaf plus is a population of deaf/HOH individuals who have additional disabilities.

### IDEA/Law: Definitions

- **Vision Impairment:** IDEA definition includes that it is an impairment in vision which has an adverse effect on a child’s educational performance, even with vision correction. This term applies to visual impairment of both partial sight and blindness [§300.8(c)(13)]*
  
  Resource: [http://nichcy.org/disability/specific/visualimpairment#def](http://nichcy.org/disability/specific/visualimpairment#def)

- **Hearing Impairment (IDEA terminology):** According to IDEA, hearing impairment can be broken down into two different terms: hearing impairment and deafness. IDEA recognizes the two as separate definitions.
  - **Hearing impairment** is defined as an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance*.
  - **Deafness** is defined as a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification.
  
  Resource: [http://nichcy.org/disability/specific/hearingloss#def](http://nichcy.org/disability/specific/hearingloss#def)

- **Deaf-Blindness:** the IDEA defines “deaf-blindness” as “concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness” [§300.8(c)(2)]*
  
  Resource: [http://nichcy.org/disability/specific/deafblindness](http://nichcy.org/disability/specific/deafblindness)

- **CHARGE Syndrome:**

  - **Online has an article that summarizes CHARGE Syndrome.**
  - **CHARGE is a non-random association of anomalies:** Coloboma, Heart defect, Atresia choanae, Retarded growth and development, Genital hypoplasia, and Ear anomalies /deafness). CHARGE was first described in 1979 by Hall et al by looking at 17 children with multiple congenital anomalies who were ascertained by choanal atresia.
  
  Resource: [http://www.ojrd.com/content/1/1/34](http://www.ojrd.com/content/1/1/34)

- **Usher Syndrome:**

  - **Type I:** Individuals with Type I Usher Syndrome were born profoundly deaf with severe balance problems and are typically diagnosed with Usher Syndrome earlier in life.
  - **Type II:** Children with Type II Usher Syndrome were born with moderate to severe hearing loss and normal balance. The Usher Syndrome typically progresses more slowly compared to Type I with the onset typically not apparent until adolescence.

### Functional definitions

- **Vision Impairment:** In simple terms, vision impairment is when a person has loss of sight that cannot be fully corrected with eyeglasses or contact lenses.

- **Deaf/Hard of Hearing:** When a person does not hear as well as someone with normal hearing, there is a hearing loss. (Normal hearing is classified as 25dB or better in both ears.) Hearing loss can be mild, moderate, severe, or profound and can affect one ear or both ears. Hearing loss is usually characterized as difficulty in hearing conversational speech or loud sounds.
  - **Hard of hearing:** A person is said to be hard of hearing when the hearing loss ranges from mild to severe. They can usually communicate through spoken language and gain benefit from technologies such as hearing aids, captioning services, and assistive listening devices. Cochlear implants is also an option for those with more severe hearing losses.
  - **Deaf:** The term ‘deaf’ refers to those who have profound hearing loss and often use sign language for communication.

- **Deaf-Blindness:** The term deaf-blind refers to a person who has some degrees of hearing or vision loss – it does not mean that the person has total hearing or vision loss.

- **CHARGE Syndrome:** Orphanet Journal of Rare Diseases online has an article that summarizes CHARGE Syndrome.

- **Congenital Rubella Syndrome:**

  - **Congenital Rubella Syndrome is a rash that is mild and febrile. It can appear in both adults and children. If a woman acquires congenital rubella syndrome during pregnancy, it can result in miscarriage, fetal death, or an infant born with birth defects, i.e. congenital rubella syndrome.**

  Resource: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5940a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5940a4.htm)

- **Deaf Blind as a result of Confenital Rubella Syndrome:**
• Waardenburg Syndrome:

• Type III: Individuals with Type III Usher Syndrome are typically born hearing and have normal balance. Progressive loss of hearing and sight typically emerges during adolescence.

• Congenital Rubella Syndrome (CRS): CRS is an illness that results from an infection of the rubella virus during pregnancy, which can bring on severe consequences such as miscarriages, stillbirths, and various birth defects. Common defects of CRS include cataracts, congenital heart disease, hearing loss, and developmental delay. Hearing loss is the most common symptom among individuals with CRS. (http://www.cdc.gov/vaccines/pubs/surv-manual/chpt15-crs.html)

• Waardenburg Syndrome: Waardenburg syndrome is a genetic condition that causes hearing loss and/or changes in coloring (pigmentation) of the eyes, hair, and skin.* Hearing loss does not always exist in persons with Waardenburg syndrome, or hearing loss can be congenital (present from birth) and can range from moderate to profound in one or both ears.* If changes in pigmentation of the eyes occur, it is usually indicated by the person having very pale blue eyes or multicolored eyes, such as one blue eye and one brown eye, or even two different color segments in one eye. Distinctive hair coloring is also common, such as a patch of white hair or premature graying.

Incidence

• Vision Impairment: 490,420 children have vision difficulties (i.e. difficulties seeing even with glasses); 42,000 children have a severe vision impairment (i.e. unable to see ordinary words and letters in newsprint); and 59,341 children are legally blind. Resource: http://nichcy.org/disability/specific/visualimpairment#def

• Deaf/Hard of Hearing: In the United States, 2-3 children out of every 1,000 are born deaf or hard of hearing. Resource: https://www.nidcd.nih.gov/health/statistics/Pages/quick.aspx

• Deaf-Blindness: There are approximately 45,000 to 50,000 individuals in the US who are deaf-blind, and from that figure, over 10,000 are children under the age of 21, according to the 2007 National Deaf-Blind Child Court Resource: http://nichcy.org/disability/specific/deafblindness

• CHARGE Syndrome: CHARGE syndrome is a genetic disorder that occurs in 1 out of every 10,000-15,000 live births. Resource: http://www.asha.org/Publications/leader/2006/061017/f061017a.htm

• Usher Syndrome: Usher Syndrome occurs in 3.2 to 6.2 per 100,000 individuals. Usher Syndrome is also responsible for 3% to 6% of all deafness and approximately 50% of all deaf-blindness. Resource: http://www.ncbi.nlm.nih.gov/books/NBK1265/

• Congenital Rubella Syndrome: During 2009, WHO identified a total of 121,344 cases of congenital rubella syndrome from 167 member states, which is a 82% decrease from 2000. Resource: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5940a4.htm

• Waardenburg Syndrome: Waardenburg Syndrome is listed as 'rare'; it is estimated that 1 from every 10,000-20,000 people have Waardenburg Syndrome. Resource: http://www.rightdiagnosis.com/w/waardenburg_syndrome/stats.htm

Identification

• Vision Impairment: In children, it is important to watch for signs of vision impairment. Some signs are:
  • Eyes that don't move together when following an object or a face
  • Crossed eyes, eyes that turn out or in, eyes that flutter from side to side or up and down, or eyes that do not seem to focus
  • Eyes that bulge, dance, or bounce in rapid rhythmic movements
  • Pupils that are unequal in size or that appear white instead of black
  • Repeated shutting or covering of one eye (as noticed with Julian)
  • Unusual degree of clumsiness, such as frequent bumping into things or knocking things over
• Frequent squinting, blinking, eye-rubbing, or face crunching, especially when there’s no bright light present
• Sitting too close to the TV or holding toys and books too close to the face
• Avoiding tasks and activities that require good vision
  Resource: http://nichcy.org/disability/specific/visualimpairment#signs

• **Deaf/Hard of Hearing:** There are various tests for hearing loss, which may include:
  - **General screening tests:** Your doctor may ask you to cover one ear at a time to see how well you hear words spoken at various volumes and how you respond to other sounds.
  - **Tuning fork tests:** Tuning forks are two-pronged, metal instruments that produce sounds when struck. Simple tests with tuning forks can help your doctor detect hearing loss. A tuning fork evaluation may also reveal whether hearing loss is caused by damage to the vibrating parts of your middle ear (including your eardrum), damage to sensors or nerves of your inner ear, or damage to both.
  - **Audiometer tests:** During these more-thorough tests conducted by an audiologist, you wear earphones and hear sounds directed to one ear at a time. The audiologist presents a range of sounds of various tones and asks you to indicate each time you hear the sound. Each tone is repeated at faint levels to find out when you can barely hear. The audiologist will also present various words to determine your hearing ability.
  Resource: http://www.mayoclinic.org/diseases-conditions/hearing-loss/basics/tests-diagnosis/con-20027684
  Resource: https://nationaldb.org/library/list/41
  Resource: http://nichcy.org/disability/specific/deafblindness

• **CHARGE Syndrome:** As of 2005, the clinical diagnosis criteria includes a combination of Major, Minor, and Other features (http://chargesyndrome.org/about-charge.asp).
  - **Major features** are characteristics that are common in CHARGE syndrome but pretty rare in other conditions, and are usually diagnosed in newborn babies (e.g. coloboma (cleft-like features) of the eye; http://chargesyndrome.org/about-charge.asp).
  - **Minor features** are characteristics that are generally common in CHARGE but are still found in other syndromes and basis for distinguishing CHARGE from other syndromes are still needed (e.g. heart defects; http://chargesyndrome.org/about-charge.asp).
  - **Other features** are important when considering health and management but are still not used for diagnosing CHARGE syndrome because these features can still be applied to other syndromes (e.g. chronic ear problems; http://chargesyndrome.org/about-charge.asp).

• **Usher Syndrome:** Diagnosis of Usher Syndrome usually involves the three senses that are affected: vision, hearing, and balance.

• **Congenital Rubella Syndrome (CRS):** It is recommended that the infant be identified with CRS as early in life as possible so that preventive measures can be taken to not spread the virus. Early diagnosis of CRS will also allow for facilitation of early intervention services. It is important to consider that infants who are diagnosed with CRS may still have this virus for up to 1 years of age or until an urine test indicates that the virus has diminished.

• **Waardenburg Syndrome:** There are four types of Waardenburg syndrome: Types I and II have similar features, although individuals who have Type I usually have eyes that appear widely spaced, and those with Type II do not. Hearing loss is also more typical in those with Type II and is less frequent in Type I. Individuals with Type III (also known as Klein-Waardenburg syndrome) usually have abnormalities of the upper limbs, in addition to hearing loss and changes in pigmentation. Lastly, individuals with Type IV (also known as Waardenburg-Shah syndrome) also have signs of Hirschsprung disease, which is an intestinal disorder that causes severe constipation or blockage in the intestines.

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**Contributors:**

Lead Name: Carly Leannah
Non Lead, Primary Evaluator Name: Jill Croakman
Non Lead, Secondary Evaluator Name: __Ruth Reyes_

Peer Eval (Other Group feedback) #1, Group/Individuals: Physical Disabilities

Name 1: Mindy Brightman Name 2: __________________ Name 3: __________________ Name 4: __________________

Feedback on Part One by M.Brightman: **Introductory written before Part One is not complete. There is still no information in relation to deafness in this section as well. The concept of deaf-plus is still not defined. The videos and resources in Part One are nice and useful. The identification of Congenital Rubella Syndrome and deaf-blindness are still missing. Overall, the work seems to be near completion. Good work, Carly!**

Peer Eval (Other Group feedback) #2, Group/Individuals: ________________Disabilities

Name 1: _______________ Name 2: _______________ Name 3: _______________ Name 4: _______________
Teaching Strategies

Helpful strategies for instructing students with Visual Disabilities:

- Assume that the student has adequate social skills and rapport building techniques that will enable the student to be as effective, confident and competent as his or her peers.
- Try to limit external and internal noise by closing doors and/or windows.
- Oral reading is encouraged over silent reading.
- While using PowerPoint, overheads, or a writing board, verbally describe what is being presented and provide students with a hard copy. Also, consider using colored markers on a clean chalkboard for increased contrast.
- Try to include the student in class discussions. A suggestion is for students to raise hands and be recognized by name.
- When calling on the student with visual impairment, always use the student's name.
- Seating toward the front of the classroom is recommended.
- Try to avoid lecturing in front of bright windows as it tends to be distracting.
- Provide reading lists as soon as possible.
- In office situations it may be appropriate to describe the position of chairs/doorways to help orient the student.

Helpful strategies for instructing students who are Deaf or hard-of-hearing:

- Assume that the student has adequate social skills and can be as effective and confident as his/her peers.
- Whenever possible, allow the student to see your face and gestures during the lecture. Anything said while facing away from the student may be lost.
- Try to avoid lecturing in front of bright windows as it tends to be a distraction to visual communication.
- Use of visual aids during the lecture is very important. (provide a few seconds for the class to look over visual material before you begin to lecture)
- Include hearing impaired students in classroom discussion by repeating questions from other students, particularly if you are using a FM system.
- Avoid placing obstructions in front of your mouth (e.g., hands, notes) when speaking with a student who is hearing impaired or deaf.
- Never hesitate to ask students to repeat themselves if you are having difficulty understanding their speech. In some instances, you may even request that they write their comments down to facilitate a clear understanding.
- During group conversations or seminar classes, all participants should raise hands and be called on to speak. In this way, the student with the hearing loss can identify the speaker in order to focus their speechreading and listening.
- Speak directly to the student in a normal voice, look at the student when you speak, and enunciate clearly. Do not speak loudly or over-enunciate.
- When using an interpreter, it is helpful to speak at a normal rate (about 120 words per minute); very rapid speech can be difficult to interpret.
- When using an interpreter, speak directly to the class or student. The student will watch the interpreter while you speak. If the student asks a question (directly or through the interpreter), it is helpful to respond directly to the

Classroom Accommodations and Modifications

Students with sensory disabilities such as those who are blind, visually impaired, deaf, or hearing impaired often bring auxiliary aids and adaptive equipment to the classroom (e.g., dog, cane, interpreter, Type-N-Speak). These aids assist in gaining access to the classroom; however they do not ensure access. The classroom instructor is responsible for considering the needs of every student when teaching. For example, your instruction including lectures, website, videos, overhead textbook must be visible to the students.

For Visual Disabilities:

Accommodations are critical to students with vision impairments. Worksheets, handouts, and other written material may need to be enlarged. Seating arrangements may need to be made in the classroom. Larger letters can be attached to the computer keyboard as well. The color of chalk or dry erase markers used by the classroom teacher may need to be adjusted. Stands may need to be provided as some students may see better when items are slanted upwards.

For the Deaf or Hard of Hearing:

When instructing students with hearing impairments stand still while you speak, and face them. Speak slowly and clearly. Use short sentences. Check hearing aid batteries. Remember that speaking louder does not help. The Utah School for the Deaf and Blind provides our district with consultants. They will provide you and the classroom teacher with handbooks, and handouts to assist with making appropriate accommodations in the classroom. They also assist with students who are not in need of special education but, should be on 504 plans.

For Deaf-Blind:

Similar to that of students with only one sensory impairment, the characteristics are a combination of both hearing impaired and visually impaired. Accommodations and instructional strategies should focus on which sense is the student’s strength. Those who work with these students can make life more comfortable by wearing the same scent each day. Wearing a watch, or ring or other item that the child can touch so they learn to recognize the person is strongly suggested when working with a child who has little hearing and little sight.

Certain specialists are needed to accommodate the education of DeafBlind students. These may be:

1. Consultant for the Deaf/Hard of Hearing
2. Consultant for the Blind/Visually Impaired
3. Interpreter/Intervenor
4. Orientation and Mobility Specialist
5. Speech and Language Clinician
6. Educational Audiologist
7. Special Education Teacher

References:
student or class, as though the interpreter were not present. If the student signs a response, the interpreter can "voice the translation to the class or instructor"

- Deaf students should always be provided with copies of lecture notes. They cannot attend to the lecture and look down to scribe notes without missing the visual interpretation of the lecture. Note are essential to the success of Deaf students in your class.

**Effective teaching strategies and techniques for Deaf-Blind students:**

- Help the student communicate and understand communication of many types.
- Make use of the student’s usable hearing and vision. Know what the student can and cannot hear or see and how that changes in different environments.
- Consider the use all any of the five senses to help the student learn.
- Respect the student’s use of touch as his hands may be the link to everything and everybody.
- Allow plenty of time for reactions and decisions. Since understanding the whole picture is difficult, it may take longer to ‘put the pieces together.’
- Develop positive self-esteem by giving the student opportunities to make choices.
- Give immediate feedback to the student’s actions and attempts to communicate, including reinforcing success and giving strategies to make them more successful.
- Plan experiences so that problem solving is required and then give the student the time necessary to work it out.
- Use practical activities that can be learned in the natural routines of the day.
- Plan activities and experiences so the student is involved from start to finish of an activity. Too often, people and objects appear and disappear as if by magic.
- Include communication in all aspects of the IEP.

**UDL**

"Universal design is an approach to designing course instruction, materials, and content to benefit people of all learning styles without adaptation or retrofitting."

(From The Ohio State University Americans with Disabilities Act (ADA) Coordinator's Office Website: www.osu.edu/grants/dpg/factfact/undesign.html)

By incorporating Universal Design principles in the classroom, students with disabilities will have access to the classroom. As Teachers, we must design instruction that works better for our students. Teachers whose classes are designed with this concept in mind can offer various methods that will be beneficial not only to the students but also to the Teachers.

**Developmental Needs - K-12**

It is important to be reminded that children with both hearing and vision loss don’t have access to the same amount of information without being provided accommodation for their needs. Their educational program must be specifically designed for each child, depending on their unique needs. Emphasis should be given on their input of information, communication skills, and consistent access to communication.

**National Center on Deaf-Blindness (NCDB) - Teaching the Concept of "Up" (AD)**

http://ww2.rochester.k12.mn.us/region10/Staff___Specialists/Deaf_Blip/ref/Deaf_Blind/deaf_blind.htm
Suggestions for Working with Parents

Parents can become great advocates when they get involved in their child's education. It is important that parents are encouraged to become a part of their education, as learning is strengthened in both the home environment and the school environment.

Parents can advocate for the following:

1. Having a teacher assistant that can sign.
2. Meet with teachers to discuss their child's IEP regularly.
3. Request updates from teachers regarding their child's progress in school. This can lead to implementation of new activities, therapy routines, collaboration with the school and those involved in the education of their child.

This is a great link that describes the stories of several parents with deaf-blind children. It describes the development of communication, as well as placement options for schooling.

http://www.sense.org.uk/content/talking-sense-deafblind-parents

References:

http://www.iadeafblind.k12.ia.us/docs/MatchMaker-compressed.pdf

ASL/Signed Settings

Generally, Total Communication is incorporated here as well, since these types of disabilities include vision impairment. Pure ASL would be difficult for a student with any degree of vision impairment.

http://www.perkins.org/inside-perkins/deafblind-program/

Total Communication Settings

This link describes the use of a total communication setting for a student with CHARGE syndrome.

http://chargesyndrome.org/professional%20packet/11%20educational%20needs.pdf

The reading states:

"Most children with CHARGE have both vision loss and hearing loss (dual sensory impairment: deafblindness). Most benefit from a total communication approach. Total communication means incorporating anything and everything: gestures, simple signs, print/Braille, facial expression, symbols, and PECS (Picture Exchange Communication System) in addition to speech and sign language. The modes for each child are highly individualized and the entire team (including the family) needs to participate in developing and consistently instituting the plans."

Oral Settings

This link describes the educational setting of a student who has Usher's syndrome. The setting is the Texas School for the Blind and Visually Impaired.

http://www.tsbvi.edu/component/content/article/132-syndromes/3267-information-about-usher-syndrome

Some accommodations include:

- Lighting should be adequate without glare. Use full spectrum lighting whenever possible.
- Teachers should provide group instruction from a non-cluttered background area, and avoid unneeded movement.
- Windows should be behind students. Teacher should never be in front of windows.
- Chalkboard should be cleared of unneeded marks, and regular printing (instead of all capital letters) used. Use white chalk only.
- Colors should be softly neutral, yet textured in the background of the teaching area. Floors and carpets should not be dark red or brown.
- Furniture should be arranged to provide easy movement in open space. Keep drawers and doors closed. Discuss all furniture rearrangement with students. Seat students where they are comfortable (e.g., possibly front side so they can see the chalkboard and other students in the class).

Contributors:

Lead Name: Ruth C. Reyes

Non Lead, Primary Evaluator Name: Carly Leannah
Non Lead, Secondary Evaluator Name: Jill Croakman

Peer Eval (Other Group feedback) #1, Group/Individuals: _____________ Disabilities

Name 1: _____________ Name 2: _____________ Name 3: _____________ Name 4: _____________

Peer Eval (Other Group feedback) #2, Group/Individuals: Intellectual Disabilities

Name 1: Jonathan MacDonald Name 2: Jessica Contreras Name 3: _____________ Name 4: _____________

Jon's feedback

Resources for Teacher:

- Color may be necessary to visually separate categories such as for visual disabilities, deaf and hard of hearing, etc.
- Definitions of accommodations and modifications?
- I realized that the columns are one way (read below then next upper column). It may be easier to have everything related to each other by alternating bullet points rather than one way down then next column? Does this make sense?
- There is a larger gap on the right column. Is it possible that you balance but columns so you can avoid that long unnecessary gap on the right? It may be an issue on my laptop?

### Inclusion

- Include the student as an active member of the collaboration team
- **Least Restrictive Environment**: Student has full access to the curriculum, educational environment practices the student's communication needs, the student interacts with peers and professionals, and the student achieves high educational performance standards.
- Specialized services must be available for the student such as books, braille, and technology devices to be equal to peers and have full access to the curriculum.
- Use whole group, small group, and individual instruction.
- Facilitate positive peer interaction

### Placement Options

- **Special Education Classroom**
  This placement would come in use when the student doesn't work well in a large class or if the student uses many different forms of assistive technology that may only be accessible in a special classroom, such as a specific computer.
  - Use of assistive technologies in the classroom
  - Learns with other students who have disabilities
  - Learns in small groups with help from teacher's aids
  - Learns independent living skills
  - Uses person-centered planning

- **General Education Classroom**
  This placement would work for a student who adapts well in a large group setting and who is not easily distracted. If a student is visually impaired, but can learn well from sitting in the front of the classroom, near the board, and close to the teacher, then this would be beneficial.
  - Inclusive setting for students with disabilities
  - Work with students without disabilities
  - Works in a large group
  - Helps social interaction skills
  - May have additional service providers work with them in the general classroom

- **Home School**
  This option is the most restrictive because it takes the student out of the "school environment" and only allows them to experience learning in the home environment. This option would most benefit

References:

- [http://sped.lausd.net/instruction/inclusion-support](http://sped.lausd.net/instruction/inclusion-support)
students that need the home environment in ways such as following a routine. For example, a deaf-blind student would benefit from the same surrounding objects on a routine basis. Most of the assistive devices are available right in the home.

- Learns with presence of family members
- Implements daily schedule for the home environment
- Makes use of personal objects when applicable to learning
- Oftentimes, support services and professionals come right to the student's home to work with them

References:
http://www.uvm.edu/~cdci/archives/mgiangre/JVIB9589(3)262-266.pdf

Developmental Needs/Preschool - 12th grade

For Deaf-Blind Students: **Tactile Cues** such as touch-cues (specific signals that are executed on the student's body) and **object-cues** (everyday objects that are presented to the student as cues that may also be touched to the body).

**Touch-Cues:** precede and activity/action, are direct to the body, are consistent, alerts the student that something will follow, helps reduce startling, helps develop anticipatory responses, and provides clear information on expectations.

**Object-Cues:** cues for particular activities, provides directives for the student, allows the student to prepare for the activity, are consistent and predictable, facilitates student's expectations and anticipation. Object cues can be actual objects (ex: spoon or fork for "Time to eat"), arbitrary objects, and associated objects.

It is helpful if someone signs to the deaf-blind student. The way that the student would learn this is by placing their hands on the hands of the person signing. Here is a video that shows how this works. (you should be able to turn on the captioning at the bottom of the video. This video helps to see how this type of communication is done with deaf-blind students.) Here is the youtube video:

Suggestions for Working with Teachers

- Teachers should have special training for working with these students
- Collaborative teamwork with other professionals
- Parents and families need to be a part of the collaborative team
- Use Choosing Options and Accommodations for Children (COACH) when developing the student's IEP - This will help reflect what the student's parents/family identifies as valued life outcomes. COACH has 3 main parts. The first part is an interview (The Family Prioritization Interview) that identifies what learning outcomes the family expects. Part two consists of defining the educational program components. Goals are identified, learning outcomes are identified, and accommodations are determined. Part three involves addressing the educational program components in inclusive settings. Here, options of the educational setting are determined through the student’s IEP, as well as adaptations of lessons and scheduling.

Here is a great video showing how teachers can accommodate deaf-blind students: you should be able to click on the video from this link: http://www.pepnet.org/resources/faq20

For ALL students with Sensory Disabilities:

**Routine Schedules** helps to provide predictability, keeps the student organized, allows for meaning and security, gives the student opportunity for communication, helps to reduce stress, helps to increase student confidence, and builds the student's anticipation.

**Calendar Systems** including anticipation schedules, daily, weekly, monthly, and yearly schedules. These include a set of symbols that represent corresponding activities. Calendar systems help the student follow a sequence and have a storage place for their symbols. Anticipation schedules help the student to have a concept of time, such as past, present, and future. It also allows for a sense of security and control of the schedule over a certain time frame. Photos, letters, numbers, and objects are used for calendar systems.

References:
http://www.uvm.edu/~cdci/archives/mgiangre/JVIB9589(3)262-266.pdf
Literacy Development & Concept Development- expose the student to books, print, writing materials, braille (for deaf-blind students), etc. Be sure to use age-appropriate materials and follow to student's reading level.

References:

Contributors:

Lead Name: Jill Croakman
Non Lead, Primary Evaluator Name: ___Ruth Reyes___
Non Lead, Secondary Evaluator Name: __Carly Leannah______

Peer Eval (Other Group feedback) #1, Group/Individuals: _____________Disabilities
Name 1: Laurette (Overall, it looks good! As for the educational placement options-- you might would like to add the schools options for deaf students such as residential school or mainstreaming, inclusion. The links and videos looks great.) Name 2: _____________Name 3: _____________Name 4: _____________

Peer Eval (Other Group feedback) #2, Group/Individuals: _____________Disabilities
Name 1: _____________Name 2: _____________Name 3: _____________Name 4: _____________

Checklist Section #1:
- Part 1 IDEA definitions:
- Part 1 Functional definitions
- Part 1 Incidence
- Part 1 Identification
- # Research Summaries: Date: _________ Number so far: ____________ (10 required across three sections)
- # Links: Date: _________ Number so far: ____________ (10 required across all three sections)
- # videos: Date: _________ Number so far: ____________ (minimum one required in each section)

Checklist Section #2:
- Part 2 Teaching strategies:
- Part 2 Classroom Accommodations and Modifications
- Universal Design
- Developmental Needs/Preschool-Grade 12
- Working with Parents
- # Research Summaries: Date: _________ Number so far: ____________ (10 required across all three sections)
- # Links: Date: _________ Number so far: ____________ (10 required across all three sections)
Checklist Section #3:

- Section 3 Inclusion:
- Placement Options
- Development from Preschool - Grade 12
- Working with Teachers

- # Research Summaries: Date: _________ Number so far: ____________ (10 required across all three sections)

- # Links: Date: _________ Number so far: ____________ (10 required across all three sections)

- # videos: Date: _________ Number so far: ____________ (minimum one required in each section)

Overall Requirements:

- Holistic understanding of students with these disabilities?
- Attention to ASL/Signed, SIMCOM/Total Communication, and Oral settings and placement options?
- All sources are properly cited
- All sources are trustworthy and of high quality?

Relevant files/documents here:

<table>
<thead>
<tr>
<th>File</th>
<th>Modified</th>
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</thead>
<tbody>
<tr>
<td>Microsoft Word Document Wiki Assignment 2014.docx</td>
<td>Feb 27, 2014 by Sara Schley</td>
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