Chapter 1

Foundations
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**Issue VII.** Administrators, educators, and other team members should be knowledgeable about the legislation and state and federal resources that support the education of students who are deafblind.
Introduction

For most people, the term deafblind brings to mind Helen Keller, someone whose accomplishments and achievements have marked her as one of history’s most extraordinary women. Today’s population of students who are deafblind continues to require special programs and professional teachers to meet their educational needs. Deafblindness is more than the combined result of vision loss and hearing loss. In reality, this combination of losses creates a unique and complex disability that requires highly specialized teaching approaches unique to deafblindness and support from local special education administrators and state systems of special education. The population of students who are deafblind is very heterogeneous.

Unlike Helen Keller, who had no vision and no hearing, the majority of learners who are deafblind have some residual use of either or both senses of vision and hearing. Many of these students have additional physical and developmental needs, complex medical conditions, and/or challenging behaviors. Some students will attend college and go on to live and work independently, while others who are deafblind will need a significant amount of lifelong support.

Students who are deafblind, like all students, are individuals and have strengths and needs that are very specific to who they are. Each will require an individually tailored educational experience, which should be addressed in the development and implementation of the Individualized Education Program (IEP). There are, however, some challenges common among all people who are deafblind that should be considered by those who provide educational services:

- The effects of combined vision and hearing losses isolate students from people and the environment. The major challenge that educators face in diminishing this isolation is to build their students’ abilities in communication, concept development, and social competence. Communication provides access to the curriculum and all learning.

- Students who are deafblind require services that are delivered by a team of skilled professionals and paraprofessionals who can create appropriate communication and learning opportunities and provide the student with access to the regular education curriculum and to learning in natural environments.

- Because of the impact of deafblindness on students ability to access and connect with people and the environment, most students who are deafblind require one-on-one support to facilitate equal access to the same learning as their sighted-hearing peers (Alsop, 2002, p. 59).

- Every educational team should include a professional with specialized knowledge and skills in deafblindness to provide direct services, support, and training to families, education professionals, therapists, paraprofessionals, and other team members.
A meaningful educational program involves families and professionals working together on an ongoing basis to support the students’ educational growth and development.

Issues and Practices

Issue I. Educators should be knowledgeable about the diversity of students who are deafblind and their unique educational needs.

Individuals learn about the world mostly through their senses of vision and hearing. Vision and hearing are the main sensory avenues for accessing and interacting with the world around us and for perceiving events as close or distant. When vision and hearing are reduced, even to a mild level, the losses affect the ability to communicate, develop personal relationships, and acquire concepts. Deafblindness affects human development and well-being.

The population of students who are deafblind is highly diverse. Students who are deafblind are rarely totally deaf and totally blind; most students have some usable hearing and/or vision. Ninety percent of students identified as having deafblindness have additional disabilities. These may include additional motor, health, behavioral, and/or developmental disabilities. Some students may be able to learn academics, while others may require a more functional approach to learning. Students who are deafblind are the most diverse and complex group of students receiving special education services.

Each state has its own definition of deafblindness. The U.S. Government defines deaf-blindness as (Individuals with Disabilities Education Improvement Act of 2004):

“Concomitant 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.”

According to the 2005 National Deafblind Census reports, there are 9,658 students, age birth to 21, who are deafblind (National Technical Assistance Consortium for Children and Young Adults Who Are Deaf-Blind [NTAC], 2005) with varying etiologies. The single leading cause of deafblindness is related to complications of prematurity. The Census identifies the following top ten etiologies:

- hereditary (chromosomal syndromes and disorders) (2,107)
- prematurity (1,112)
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- pre-natal complications (790)
- post-natal complications (715)
- CHARGE syndrome (572)
- microcephaly (369)
- cytomegalovirus (CMV) (334)
- hydrocephaly (284)
- meningitis (279)
- usher syndrome (246) (Killoran, 2007, p.35)

There are no typical students who are deafblind. The complexity of their vision and hearing losses in addition to other disabilities varies from student to student. They are a heterogeneous group with “a broad continuum of needs and learning styles” (Killoran, 2007, p. 7). Some children who are born deafblind are identified with hearing and vision problems right away, while others may not be identified until later in childhood. For example, children who have complex medical challenges may not be identified as deafblind until their general health status improves. Other students have normal hearing and/or vision at birth but acquire sensory losses during childhood or as young adults.

Whether the deafblindness is congenital or acquired, a student’s use of vision and/or hearing can change over time. His or her vision and/or hearing may improve because of growth, development, and/or intervention, or their vision and hearing may deteriorate from lack of intervention or physical causes.

Students who are deafblind often have a broad and complex constellation of needs and may challenge the skills and resources of the local school system. Meeting their needs requires creative planning and personnel training to provide the student with an appropriate education.

Issue II. Educators should have the knowledge and skills to meet the unique educational needs of students who are deafblind, including those with additional disabilities.

Deafblindness is a low incidence disability. There may be only one student who is deafblind in a district. Most often, educators have not had any previous experience with deafblindness. With guidance from a deafblind specialist, a quality educational program can be developed.
While teachers of students with visual impairment and teachers of the Deaf, can each provide valuable input, together they do not equal a deafblind specialist. Each team supporting a student with deafblindness requires a specialist with skills based on a high level of knowledge of the combined, complex effects of vision and hearing losses (e.g., communication, challenges in accessing information and the environment). This person helps team members acquire the knowledge and skills needed to identify and develop the student’s abilities. (See chapter 2 on personnel.)

**Importance of Trust**
Building a trusting relationship is the springboard in the education of students who are deafblind (van Dijk, 2001, p. 1). Because of the reliance of a student who is deafblind on others, to safely and meaningfully access the world that surrounds him or her, trust is at the core of all interactions and teaching. A student must ask of an educator:

- “Can I trust you to help me access my world in a way that is clear and complete?”
- “Can I trust you to help me move safely between environments?”
- “Can I trust you to understand my needs and desires and to respond to me?”
- “Can I trust you to teach me the concepts that the other kids know?”

**Importance of Active Engagement**
It is estimated that 75% of what sighted-hearing people know about the world is not learned in school (Gold & Tait, 2004, p. 87). Children with vision and hearing gain information naturally by watching and listening to what is going on around them. They learn concepts, how to communicate, how to interact with others, how the environment is organized, and how to move about. When academic curricula are developed, it is with the assumption that students have acquired many concepts and language abilities before they enter school. For students who are deafblind to acquire the basic concepts and skills that other students learn by exploring, watching, and overhearing, they should be fully immersed in real-life activities and provided with conversation and language to help them understand the world.

**Best Teaching Practices**
Although methods of instruction have changed over the years, the core of “how to” questions guiding practices have remained the same:

- How to help students build personal, trusting relationships with family members, peers, and other significant people in their lives?
- How to provide predictable routines that will develop anticipation and stimulate communication?
• How to develop the student’s ability to use a variety of communication forms or methods (e.g., gestures, objects, pictures, signs, speech) that they can understand and that can be understood by others?

• How to create learning environments that foster the desire to communicate and develop and expand the student’s interests?

• How to foster development of concepts that lead toward social, academic, and functional abilities?

• How to help the student to build and sustain social relationships?

• How to help the student to understand the organization of physical environments?

• How to assist the student in moving safely and confidently through different physical environments?

• How to stimulate the student’s curiosity and problem solving abilities?

• How to provide real-life learning experiences?

• How to prepare the student for the transition from school to adult life?

• How to support the student so he or she may live a meaningful and happy life?

Most students who are deafblind need one-on-one communication support to access the learning and social environments. In some states, one-on-one support is provided by an intervener who is a paraprofessional with specific training to meet the needs of students who are deafblind. Interveners, under the guidance of the deafblind specialist and classroom teacher help students access the learning environment. Students may also need the support of a sign language interpreter. (See chapter 2 on personnel.)

Students who are deafblind often require a team of several professionals (e.g., occupational therapist, physical therapist, nurse) to address the full constellation of disabilities that affect learning. This requires collaborative planning to minimize the confusion caused by lack of or limited access to people and the environment; to develop communication and social relationships; and to provide cohesive, consistent, and meaningful learning opportunities.

### Issue III. Educators should have knowledge and skills to develop students’ communication abilities.

The unique communication needs of students who are deafblind are the most fundamental priority for teams to recognize and address. Attention to this area not only requires that the student have a communication system. It encompasses developing the concepts and
relationships that form the basis of communication.

Students who are deafblind communicate using many forms or methods. Some use presymbolic communication forms such as body movements, touch, objects, pointing, natural gestures and eye gaze. (See chapter 2 on personnel.) Other students who are deafblind use symbolic communication forms that include signed communication and fingerspelling (both visual and tactile), print, braille, electronic or computer-activated voice-output devices, and speech. (See chapter 2 on personnel.)

Educators who communicate with students who are deafblind should understand and use the communication forms that are most natural for the students they teach; they should also learn to be responsive to communicative attempts that can be highly idiosyncratic and difficult to interpret.

The development of communication abilities is dependent on exposure and repetition; these are at the core of language development. Sighted-hearing infants and toddlers hear words hundreds or thousands of times before their meaning is clear and they begin to use words expressively (Goetz, 1997, p. 12). Students who are deafblind require the same amount of exposure and repetition, regardless of whether the communication input is sign language, objects, touch cues, or other forms of receptive communication. It is critical that students be given all available opportunities to develop their receptive and expressive communication abilities.

Students should receive instruction in their preferred forms, but higher forms should be modeled to encourage the student to progress from presymbolic to symbolic forms of communication.

Communication Systems
A communication system consists of everything the student uses for communication. A student who uses presymbolic communication may rely on a calendar system, an object and/or picture communication book, and the use of gestures. A system for a student who uses symbolic language may include a braille alphabet board or a computer with voice and braille output and tactile signs. Students should be given many opportunities to use their communication system with multiple communication partners in varying environments.

With the increase of cochlear implants for children with deafblindness, it is also critical to ensure that students have comprehensive, integrated, ongoing therapy and support from a collaborative team of specialists and educators to facilitate the development of auditory perception, vocalization, receptive and expressive communication, as well as speech and language intelligibility.

School-Family Partnerships in Developing Communication Systems
Collaboration among families, educators, and speech and language professionals is a key to ensuring that communication systems developed for students will meet their needs outside of the school setting. It is important to learn both what families know about the ways their child
communicates and what they communicate about because family members are the most important people in the child’s life and their most consistent communication partners.

Accessing Visual and Auditory Information
Students who are deafblind must have the fullest possible access to the visual and auditory environment in order to maximize opportunities to learn and develop their communication abilities. Every student with any residual vision should have access to a comprehensive low vision exam. There are a variety of low vision aids and devices that may be appropriate. In addition to devices that will assist the student in reading print and in orientation and mobility, there are also tools to assist students with low vision to access the computer such as screen readers and magnifiers.

Likewise, every student with deafblindness should receive comprehensive audiological services. The audiologist may prescribe assistive listening devices, such as hearing aids and an FM system, that will help the student access the auditory environment without amplifying extraneous environmental noise. With appropriate amplification, the student may be able to receive or use speech or sound as part of the communication system.

The field of computer technology is ever-changing, and the advancements are a boon to individuals with disabilities. It is critical, therefore, that each student with deafblindness has a technology evaluation conducted by someone knowledgeable in deafblindness and appropriate devices.

Finally, when any assistive communication device is prescribed for an individual student, it should be accompanied by the professional support necessary for use and maintenance by the student, family, and school personnel. Just as all assessment is ongoing, so too should be the assessment of specific technology devices. Students change in all areas (physical, sensory, and developmental), and as they change and grow, there is a crucial need for adjustment to or change in the assistive communication devices.

Issue IV. Educational professionals who provide assessments of students who are deafblind should understand the impact of combined vision and hearing losses and be able to communicate using students’ forms of communication.

Educational assessment is an ongoing process and leads to effective planning. It involves family members working with professionals who understand the impact of deafblindness.

Assessment

Every student should have necessary clinical evaluations (e.g., ophthalmological, audiological, neurological) as a base. There are no standardized tools that have been developed specifically for
students who are deafblind. (See chapter 3 on assessment.) Educational assessment of students with deafblindness is multifaceted and includes sensory abilities; social and communication skills; and developmental, motor, and self care abilities. Family members must be at the core of the process so that educators can fully understand the unique abilities and needs of students and set appropriate educational priorities. Government mandated assessments, by laws such as No Child Left Behind (NCLB) must also be addressed in the assessment process.

**Qualifications of Professionals Conducting Assessments**

Educational professionals who are directly involved in the many facets of educational assessment should have a strong understanding of how the disability of deafblindness affects opportunities to learn and communicate. At a minimum, each team should have a deafblind specialist to work in tandem with others who are conducting assessments. This person should possess the knowledge and skills necessary to interact with the student in ways that will lead to meaningful and accurate results and effective planning. The assessment process should empower families.

**Issue V. Educators should value family members as equal partners in educational planning for students who are deafblind.**

As the population of students with deafblindness has changed since the beginning days of the field (Education of All Handicapped Children Act, 1975) to Individuals with Disabilities Education Act of 2004 [IDEA]), so too has the family’s role as a member of the educational team.

The most competent professionals will welcome family members into the team and appreciate their information and perspective about the student. For the team serving a student with deafblindness, this partnership is essential if the student is to be given every opportunity to achieve his or her maximum potential as a member of his or her family and community. Information from family members provides the foundation for the team’s knowledge about the student. This may include such information as:

- the strengths of the child;
- the child’s medical, educational and experiential history;
- important people in the child’s life;
- the child’s personal preferences and dislikes;
- information about how they communicate with the child and how the child communicates with them;
- the child’s daily routine;
- the family’s hopes and educational priorities.
**Issue VI. Educators should be knowledgeable about appropriate service options and supports needed by students who are deafblind throughout their education and transitions.**

**Transitions**
For students who are deafblind, even the smallest of changes can be significant and confusing. Transition is not just about moving from one service or placement to another. Changes within a program and changes in teacher or environment or routine, can all be considered transitions. They all require thinking, planning, and support for what lies ahead.

The transitions that occur in the early stages of a child’s life will mean considerable changes for their families as well. Communication, relationships, and environment are critical to the student’s ability to learn, and are essential elements of family life. Those who provide transition supports should consider the effect of change on the family and, at the same time, respect that the family may be the most expert at understanding their child’s nature and abilities.

The school years present a number of significant transitions for students who are deafblind. Nothing will be more important than the presence of a coordinated plan that starts early, continues to evolve as the child grows, and furthers the development of communication and social skills. As the student moves from early teen years into adulthood, it is critical to maintain a well defined focus in achieving their individual post-school outcomes. It must be realized that youth who are deafblind are at serious risk for living an isolated life with limited social relationships, and ability to live independently. Unfortunately, research reveals that students who are deafblind have, in general, not been provided an education that leads to a successful adult life (Petroff, 2001, p. 1). It is critical that students with deafblindness be provided with deliberate and well coordinated plans for the transition to successful adult life to include postsecondary education, employment, as well as community and residential living.

Educators and families should work together throughout a student’s life to consider individual needs, to provide opportunities to learn and develop skills, and to identify and secure supports that will allow him/her to mature and lead a successful and enjoyable adult life.

It is important to remember that in the 2004 reauthorization of IDEA, it was reaffirmed that students with disabilities should have access to a full array or continuum of educational placement options (IDEA, 2004) to meet their individual educational needs.

**Choosing the Best School Program**
Choosing the appropriate program for an individual student is one of the most difficult decisions that parents and other team members face. The process most often involves weighing the many pluses and minuses of each potential program.
Placement choices should be based on the student’s needs, the values of the family and the quality of services available in each potential setting. A good informed decision depends on the knowledge of the team members. The team should define clearly what setting is truly least restrictive for the student.

While educational and placement decisions are made on an annual basis, it is important to remember how crucial consistency and continuity are in the life of the person who is deafblind. In thinking about what is the least restrictive placement, the team should evaluate the impact each placement might have on the ability of the child to achieve his potential for lifelong independence, community participation, social interaction, and personal happiness. (See chapter 4 on service planning and placement options.)

**Issue VII. Administrators, educators, and other team members should be knowledgeable about the legislation and state and federal resources that support the education of students who are deafblind.**

The federal government, through the Office of Special Education Programs (OSEP), has supported programs for children who are deafblind since the late 1960s. These programs connect a dispersed network of experts and service providers to ensure that this low incidence population receives services and information appropriate to its complex educational needs. These programs and personnel are crucial for supporting the education of students who are deafblind and in assisting districts and states in meeting the requirements of both IDEA and No Child Left Behind (NCLB).

Although the Code of Federal Regulations contains the current federal definition of deafblindness, addressed in IDEA, that is used to determine eligibility for services, a number of states have implemented their own definition of deafblindness (Killoran, 2007, p. 7).

The provision of quality educational services to low incidence populations depends largely on correctly identifying students. Unfortunately, many local education agencies fail to accurately identify as deafblind students with combined sensory losses. They may report them as only blind or deaf, multiply disabled, or developmentally delayed. As a result, many of these students are denied the expertise required to address their learning needs, and schools and districts miss opportunities to take advantage of available support for training, assessment, and program design. It is important for educators to know their state’s definition of deafblindness and to be aware of the resources of their federally funded state deafblind project.

Under NCLB all students are now expected to be educated in the general curriculum and to demonstrate knowledge of the curriculum through testing. (The Education Trust, 2003, p.3). Participation criteria and curriculum alignment varies from state to state. Depending on the
nature of their combined vision and hearing losses and the presence of additional disabilities, students with deafblindness may be candidates for accommodations to standard assessments or alternate assessments. This determination requires input from professionals who are knowledgeable about the education of students who are deafblind.

Currently OSEP funds a national program to support education for personnel serving infants and youth who are deafblind to ensure that the requirements of IDEA and NCLB are met. This program supports the following projects:

- **State/Multi State Deafblind Projects** Each state has a federally funded technical assistance project that provides assistance and training to local education agencies (LEAs), school districts, teachers, and other professionals working with students who are deafblind. These projects also provide support to families and are responsible for identifying students with deafblindness in their states. Personnel in these projects bring content expertise and best practices in deafblindness to the LEA, district, and classroom level. Their collaborative efforts build capacity and enhance local and state resources. A full list of state projects is available on the web at: http://www.nationaldb.org/PPStateDBProjects.php

- **National Consortium on Deaf-Blindness (NCDB)** This project combines the resources and expertise of three organizations, Teaching Research Institute at Western Oregon University, Hilton/Perkins Program at Perkins School for the Blind, and the Helen Keller National Center. The Consortium provides technical assistance on a national level; makes information relevant to deafblindness easily available through DB-LINK (www.nationaldb.org); and promotes personnel training to improve the skills and knowledge of those working with children who are deafblind. Activities include workshops, national conferences, webinars, consultation, information dissemination services, and product development. NCDB staff work with families, service providers, state deafblind projects, educational service personnel and federal agencies to ensure that children who are deafblind receive the assistance they need to achieve educational results consistent with the promises of NCLB and IDEA. The web site of NCDB can be accessed at http://www.nationaldb.org

Legally, it is the responsibility of the local education agency to provide the direct and consultative services that are required by the IEP. Services from these programs are meant to supplement those services.
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Chapter 2

Educational Personnel
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**Issue I.** Educational personnel should have the specialized knowledge and skills, and commitment to meet the educational and communication requirements of students who are deafblind, as stipulated in their individualized education programs (IEPs).

**Issue II.** Educational personnel should have the knowledge and skills to foster communication development including proficiency in the communication forms of students who are deafblind that will facilitate access to all aspects of the learning environment.

**Issue III.** Educational personnel should work collaboratively with professionals and other members of students’ communities.

**Issue IV.** Educational personnel should possess skills to promote full participation of students’ families.

**Issue V.** Educational personnel should be knowledgeable about teaching literacy and numeracy to students who are deafblind.

**Issue VI.** Specialized personnel should be accessed to provide direct and/or support services specified in the students’ IEPs.

**Issue VII.** Educational personnel should ensure appropriate participation of communication support personnel in all facets of the educational process for students who are deafblind.

**Issue VIII.** Educational personnel should be knowledgeable about assistive devices and technology appropriate for students who are deafblind.

**Issue IX.** Educational and related service personnel working with students who are deafblind should have a supportive network of and supervision by persons knowledgeable in the education of these students.
Introduction

The student who is deafblind is usually served by a large, diverse educational team. The term educational personnel refers to those persons providing services within an educational setting. Educational personnel include but are not limited to teachers (both specialized and general), interveners, paraprofessionals, therapists, and other related personnel who provide service. Programs serving students with deafblindness should have appropriately qualified team members and provide ongoing supervision, mentoring, and professional development.

To ensure that quality services are provided, at least one member of this team (a deafblind specialist) should have an in-depth knowledge and expertise in deafblindness adequate to assure equal access to the student who is deafblind to all aspects of the learning environment. Each state has a federally funded deafblind project that can assist local education authorities with training and technical assistance to support this designated team member. (See http://www.nationaldb.org/ppStateDBProjects.php.)

This chapter presents the issues that should be considered by educational personnel who serve students who are deafblind. The recommendations in this section are based on the standards and guidelines of two national projects, Perkins National Deafblind Training Project and the National Consortium on Deaf-blindness (NCDB) and the recommendations of consumers and professionals working with students who are deafblind throughout the United States.

According to the Bureau of Labor Statistics, “All 50 States and the District of Columbia require special education teachers to be licensed.” (Bureau of Labor Statistics, 2006-07). Many states require licensure and/or endorsements for teachers of students who are blind, deaf, or have severe developmental disabilities; however, very few states require licensure and/or endorsements specific to deafblindness. Several states have no disability-specific endorsement but rather offer a general special education endorsement. (See http://www.personnelcenter.org/licensure.cfm.)

The following issues have been identified related to personnel requirements for serving students with deafblindness.

Issues and Practices

Issue I. Educational personnel should have the specialized knowledge and skills, and commitment to meet the educational and communication requirements of
students who are deafblind, as stipulated in their individual educational programs (IEPs).

According to deafblindness census data from the last several years (Teaching Research, 2005), the vast majority of students who are deafblind have additional disabilities. These may include physical, developmental, and emotional disabilities. Students who are deafblind may receive educational services from a variety of professionals, such as special education teachers, regular education teachers, teachers of the visually impaired, and teachers of the deaf and hard of hearing. They may also receive related services from orientation and mobility specialists, speech and language therapists, physical therapists and/or occupational therapists. Specific areas of knowledge and skills and a strong sense of commitment are needed by all educators and related service personnel to interact effectively with students who are deafblind.

In order for students to develop their communication abilities, educational personnel should be proficient in a variety of communication forms specifically designed and selected to address combined vision and hearing losses. Team members who provide direct services should be able to use a variety of teaching strategies that are most beneficial to students who are deafblind. See Chapter 1 for common features of programs serving students with deafblindness.

The Perkins National Deafblind Training Project has developed a consensus document, Competencies for Teachers of Students Who Are Deafblind (McLetchie & Riggio, 1997) that identifies the knowledge and skills necessary for these teachers. (See Appendix A) Eight competency areas are delineated as follows:

- deafblindness,
- personal identity, relationships, and self-esteem,
- concept development,
- communication,
- hearing-vision,
- orientation and mobility,
- environment and materials,
- professional issues.

These competencies can be used to identify knowledge and skills needed by the deafblind specialist and individual team members. They are often used to develop appropriate inservice training and teacher preparation at the university level.
Issue II. Educational personnel should have the knowledge and skills to foster communication development including proficiency in the communication forms of students who are deafblind that will facilitate access to all aspects of the learning environment.

Students who are deafblind use a variety of communication forms depending on development, degrees of vision and hearing losses, and the presence of additional disabilities. Teachers must be able to assess, interpret, and respond to the presymbolic forms a student who is deafblind may communicate to increase their communication development, skills, and interaction. These forms include:

- body language (change in respiration or body tone, facial expressions, laughing, crying; see additional examples in Miles & Riggio, 1999, pp. 128-129);
- intentional use of signals (pushing an object away to stop an activity or pushing food away to indicate “no more”);
- natural gestures (pointing to an object or person within the visual field, guiding a teacher’s hand to reach a desired object, shaking head for “no”, nodding for “yes.”);
- object communication used receptively and expressively to represent people, emotions, activities, places, events and things;
- picture communication systems (drawings, tracings, commercial pictures, and photographs).

Educational personnel working with students who are deafblind also need to be knowledgeable about higher linguistic forms of communication, regardless of whether the student is using them or not, so they are able to model them for the students. These include:

- formal sign language systems, used visually and tattically;
- alphabet systems, used tattically and visually (fingerspelling, print on palm, alphabet block letters, braille on palm);
• tadoma method of speech reading;
• words in print or braille.

Teachers must be knowledgeable about cochlear implants and must ensure that their students are receiving ongoing speech therapy, support their speech goals, and use appropriate approaches to develop their communication abilities.

**Issue III. Educational personnel should work collaboratively with professionals and other members of students’ communities.**

The education of students who are deafblind may require professional expertise from a wide variety of specialists, including special educators, regular educators, paraprofessionals or interveners, teachers of visually impaired, teachers of deaf and hard of hearing, orientation and mobility specialists, augmentative/alternative communication specialists, physical therapists, occupational therapists, assistive technology specialists, speech/language pathologists, interpreters, job coaches, personal care assistants, nurses, etc. The members of a team should be selected based on the student’s strengths and needs. At a minimum, at least one team member should have a high level of knowledge and skills in deafblindness and the responsibility to educate other team members about the unique needs of the student who is deafblind and about appropriate assessment and intervention strategies.

Learners who are deafblind require true transdisciplinary planning by the team to minimize the confusion caused by limited access to the distant environment; to develop communication and social relationships; and to provide cohesive, meaningful, and motivating learning opportunities. Teamwork with a collaborative style of interaction has long been the standard for exemplary practice (Orelove, Sobsey, & Silberman, 2004, p. 3). Effective collaboration requires commitment from educational personnel and administrators. Specific skills and processes required for effective collaboration include:

• face-to-face interactions that build positive relationships while accomplishing important shared tasks;
• development of shared interdependence of goals, resources, and rewards for team successes;
• individual accountability of all team members;
• problem-solving and conflict resolution;
• interpersonal skills that build trust and maintain effective communication (Cloninger, 2004, p. 20).
Issue IV. Educational personnel should possess skills to promote full participation of students’ families.

While educational services provided by teams in partnership with parents and family members represent exemplary practice in special education, they are critical for the learner who is deafblind. Family members have a great deal of knowledge about the unique learning abilities and needs of their child. These abilities and needs are often not apparent to all members of the educational team. Often, the educational team is quite large and creates a challenge for families to actively participate. (Giangreco, Edelman, Nelson, Young & Kiefer-O’Donnell, 1999, p. 170).

The practices of educational personnel should be guided by principles of both family-centered and student-centered services. Some common educational planning tools and processes that employ a family-friendly approach are Personal Futures Planning (PFP) and Choosing Options and Accommodations for Children (COACH). Educational personnel should be aware of and employ collaborative teamwork skills and strategies. Without a collaborative team framework, parents and families can become disregarded, and ultimately disrespected. Therefore, the involvement of skilled, family-sensitive professionals is essential when planning to meet the complex educational needs of students who are deafblind. Families need help accessing resources such as parent organizations and library materials, and they need to be treated as equal team members. Personnel working with students who are deafblind should create a child centered environment where parents can:

- be confident that the information they possess about their child (e.g., communication, behavior, routines, vision and hearing abilities, likes and dislikes) will be used in the assessment process and in determining future goals and effective practices,
- communicate strengths, needs and concerns about their child’s education and about their needs for specialized supports (e.g., a nurse, paraprofessional/intervener),
- share their priorities for their child’s education.

Issue V. Educational personnel should be knowledgeable about teaching literacy and numeracy to students who are deafblind.

All students who are deafblind, regardless of the extent of their disability should be exposed to literacy, numeracy and other academic skills. These skills are strongly linked to the development of communication skills and students ability to successfully participate in the general curriculum. Those professionals providing direct educational services should be knowledgeable about the various approaches that can be used to help the student gain exposure to words and numbers, and they should encourage reading, writing and math skills development. Techniques will vary, depending on the amount of useful hearing, vision and development of the student. (See chapter
4, Issue III, for skills that personnel need to assess the literacy levels of students.)

**Literacy**

Students’ abilities to read and write will affect their ability to access the general curriculum and to build communication skills.

A child who is deafblind and who also may have additional disabilities usually has unique and limited experiences. Often such a child’s world extends no further than the reach of her hands; her concepts are therefore very basic and concrete. The teacher must think about how to gradually expand the child’s experiences and thereby assist them in building concepts about the world beyond themselves. Experiences become the vehicle for developing concepts, upon which language and literacy can be mapped.

The experience of a child who is deafblind differs so significantly from most children’s experience that standard reading programs are not usually effective in the beginning stages of literacy learning. Reading and writing need to be meaningfully connected to the hands-on exploration, experiences and interests of each child who is deafblind (Miles, 2005, p. 7).

With effective exposure and teaching, some students who are deafblind will be able to read at a basic level while others can become proficient braille and/or print readers. Regardless of the individual student’s challenges, he or she should have consistent exposure to literacy.

**Numeracy**

Skills in numeracy provide students with access to the general curriculum as well as life skills such as mobility, time and other abstract concepts. Concepts that are easily grasped visually are often more difficult to understand through touch.

Early experiences of using concrete objects for counting are important for all learners, including those who are deafblind. Students require many opportunities for learning these skills in natural environments (e.g., pairing shoes, buying items from a store or vending machine). These experiences are the foundation for numeracy. With effective teaching, some students who are deafblind can develop basic math and others can access and understand college-level math concepts.

There are a wide range of techniques for adapting the numeracy curriculum for students who are deafblind. These may range from the use of tangible symbols, manipulative objects and line drawings to the use of braille computerized math programs.

**Issue VI. Specialized personnel should be hired to provide direct and/or support services specified in students’ IEPs.**
The following personnel provide needed support for students who are deafblind.

**Deafblind Specialist**

Educational teams working with students who are deafblind should have input, in the form of direct service or consultation, from a deafblind specialist. This professional understands the unique effects of combined vision and hearing losses upon all learners who are deafblind (e.g., communication, challenges in accessing information, orientation and mobility) (McLetchie & Riggio, 1997, p. 6). He or she also possesses skills to build a relationship with the student with deafblindness, to communicate in ways that are most meaningful and natural for that student, and to facilitate the student’s acquisition of social, communication and developmental concepts and skills that will enhance opportunities for learning, building social relationships and independence.

A deafblind specialist can observe the student and assist the team in conducting a comprehensive and appropriate assessment for the purpose of developing and implementing goals and adaptations. The state deafblind projects provide links to such specialists, who can be hired or contracted through specialized schools or other programs in the state. Specialists trained in deafblindness have the unique combination of skills, knowledge, and experience that address the combined impact that vision and hearing loss has on all areas of human development.

**Teacher of Students with Visual Impairments**

Teachers of students with visual impairments (TVIs) are educators who have been specially trained to work with students who are blind or have low vision. They are not therapists, but rather hold teaching licenses issued in their special field. They are teachers who are trained to provide services to students from birth through age 21 with uncorrectable vision pathologies and/or to children who function as blind, including students with multiple disabilities. (Pugh & Erin, 1999, p. 165).

As described by Pugh and Erin, a teacher of students with visual impairments may:

- conduct functional vision assessments;
- make referrals for clinical low vision testing;
- assess and assist in the use of optical (e.g., low vision devices) and non-optical devices (e.g., reading stands);
- determine appropriate visual materials based on size, color and contrast of objects or pictures for communication board, picture/print labels, and reading materials);
- acquire materials from the American Printing House for the Blind (APH);
- make visual modifications to written materials;
• assess and modify the visual environment;

• provide braille instruction.

**Orientation and Mobility Specialist**

Orientation and Mobility instruction provides students who are deafblind with a set of foundational skills to use residual visual, auditory and other sensory information to understand his or her environment. (DB-LINK, 2004, p. 1).

The Orientation and Mobility (O&M) specialist working with a student who is deafblind should have the skills necessary to communicate with the student in his/her primary mode of communication. This may require the use of sign language, alternate communication forms, and/or the development of touch cues or object cues. Orientation and Mobility specialists receive training designed specifically to equip them to teach and assess independent travel skills. Students who are deafblind are entitled to an Orientation and Mobility assessment and an Orientation and Mobility specialist. Assessment should occur on a regular basis because needs change with growth, development, and transitions. The Orientation and Mobility specialist may:

• provide training related to body awareness;

• help the student learn about his/her environment and develop the language to talk about it;

• help the student develop safe travel skills, within the classroom, school building, and/or community;

• develop accommodations that enable the student to interact with the public (e.g., presenting a communication card to a bus driver).

TVIs and O&M specialists may not have the ability to communicate effectively with students who cannot learn from verbal instruction. These professionals may require additional training or support from a deafblind specialist to make their services useful to the student.

**Teacher of the Deaf and Hard of Hearing**

Students who are deafblind may require direct or consultative services from a teacher of the Deaf who has knowledge and skills related to deafblindness. This specialist may be able to assess and assist in the use of appropriate:

• communication methods for the student,

• assistive listening devices,

• literacy issues related to hearing loss.
Similarly, teachers of the Deaf and Hard of Hearing are well trained in visual communication strategies, but many have no experience or training in working with individuals with visual impairment. These professionals may require additional training or support from a deafblind specialist to make their services useful to the student.

**Issue VII. Educational personnel should ensure appropriate participation of communication support personnel in all facets of the educational process for students who are deafblind.**

**Interveners**

For many individuals who are deafblind, an intervener is needed to provide ongoing access to information and support for communication which connects them to the world. By definition, an intervener is a one-to-one service provider who has training and specialized skills in deafblindness (Alsop et al., 2007). The use of an intervener may be appropriate for students who require that another person provide continual, careful sensory access and interpretation to support conceptual development and understanding. Intervener training programs provide the knowledge and skills needed by persons specifically supporting students who are deafblind. All guidelines above presented for paraprofessionals apply to interveners as well. (Alsop, Blaha, & Kloos, 2000, p. 12)

Linda Alsop (2002) defines the role of the intervener to:

- facilitate access to environmental information usually gained through vision and hearing, but which is unavailable or incomplete to the individual who is deafblind;
- facilitate the development and/or use of receptive and expressive communication skills by the individual who is deafblind;
- develop and maintain a trusting, interactive relationship to promote social and emotional well-being (Alsop et al., 2000, p. 49).

Interveners must have training and specialized skills specific to deafblindness. (See Appendix C- Recommendations on the Training of Interveners for Students who are Deafblind)

**Paraprofessionals**

Students who are deafblind, by nature of their disabilities, require some level of support for their communication, sensory access, and delivery of direct instruction. Some will also require direct personal care, assistance with movement, medical or health care. Paraprofessionals, also known as instructional aides or assistants, are often required to provide support to the student during part or all of the school day.
The number of paraprofessionals working with students who are deafblind is increasing (Alsop, 2006, p.8) and this means that more careful attention to their roles and training is needed. Often paraprofessionals are the least-trained members of the educational team but have primary responsibilities for direct instruction of the student who is deafblind. For this reason, training of paraprofessionals that is tailored to the needs of the individual student should be available to all staff and is the responsibility of the local education agency (LEA).

Giangreco, Edelman, MacFarland, and Luiselli (1997, p. 7) demonstrate that the practice of using the paraprofessional to plan and conduct program activities is common. Recent research, however, underscores the inappropriateness of relying on the paraprofessional to do the job of the trained teacher or specialist and highlights the importance of having the instruction planned and implemented by an appropriately trained professional. (Giangreco et al., 1997, p. 16; Hudson, 1997).

Paraprofessionals should be trained by qualified professionals to understand and meet their responsibilities to the student who is deafblind. Paraprofessionals should be supervised and evaluated regularly by the qualified teachers who have primary responsibility for the education of the student. The following practices are recommended:

- Paraprofessionals should be trained in deafblindness and the unique needs of the students prior to being assigned and they should receive ongoing training to develop knowledge and skills further as the student grows and learns.

- Modeling, coaching, and monitoring by professionals skilled in deafblindness are essential for effective utilization of paraprofessional supports.

- Paraprofessionals should have clear job descriptions and accountability, based on clear lines of authority with the supervising educator as instructional leader.

- Paraprofessionals should have written information and instructions about procedures for care and instruction, protocols, data collection, and record keeping. (Riggio & McLetchie, 2001, p. 17).

**Interpreters**

Some students who are deafblind use sign language as their primary language and may require the services of a specially trained interpreter (National Association of State Directors of Special Education, 2006, p. 88). Interpreter services should be tailored to the student’s specific needs. The interpreter may provide contextual information by signing what is missing because of the student’s visual loss. Some students require tactile interpretation which requires specialized training in interpreting for people who are deafblind.
Chapter 2 | Educational Personnel

Issue VIII. Educational personnel should be knowledgeable about assistive devices and technology appropriate for students who are deafblind.

There are a variety of assistive devices that may enhance learning and improve quality of life for students with deafblindness (e.g., hearing aids, low vision devices, and augmentative and alternative communication devices). Teachers need to learn how to use these devices and teach students how to use them for access to the school curriculum and to communicate with family, peers, and others at home and in the community.

Personnel also need to be knowledgeable about the full range of devices for people with hearing and/or vision loss. These include, but are not limited to, vibrotactile devices, which are valuable for students who are deafblind and unable to detect environmental sounds. These devices and vibrating alert systems translate sounds from sources such as doorbells, alarm clocks, telephones, and smoke detectors into vibrations.

Examples of additional devices include the telebraille, which is used to spell out braille and print messages for telephone and face-to-face communication, and the braillephone which can be interfaced with a computer that has braille output to provide access to most Microsoft Windows screen-reading software (Silberman, Bruce, & Nelson, 2004, p. 514).

Many devices that provide access to print, speech, or braille have been developed for individuals with visual impairments. These include braillewriters, closed-circuit television (CCTV), screen-reading software with voice output, braille translation software, braille embossers, and screen enlarging software.

Personnel working with students who are deafblind should also become familiar with the assistive technology devices available from the field of deafness. One device that might be of value to some students who are deafblind is a text telephone (TT), also called a teletypewriter or TTY, with a large print display. If a hearing person does not have a TT, an operator, voice or video, relay system can be used (Silberman et al., 2004, p. 495). Other devices for students who have some useful vision include lights that flash for the doorbell or smoke alarm.

In addition to the assistive technology devices specific to individuals with hearing or vision loss, personnel should work closely with occupational and physical therapists, and assistive technology specialists to ensure that they are familiar with and can support the student’s access to the full range of assistive technology devices, from the simple to the sophisticated.
Issue IX. Educational and related service personnel working with students who are deafblind should have a supportive network of and supervision by persons knowledgeable in the education of these students.

Educational personnel should have opportunities to learn and develop through a support network of and with supervision by persons knowledgeable in the education of students who are deafblind. Because a local school district may have only one student who is deafblind, it may be necessary to bring in out-of-district support for educational personnel.

State deafblind projects have resources and specialists who can consult with team/education personnel to offer support and guidance. For a list of state projects, see the web site at http://www.nationaldb.org/ ppStateDBProjects.php.

Professors from personnel preparation programs and/or professionals from other districts or specialized schools who have extensive expertise in deafblindness may also be available for consultation and support. These consultants can provide technical assistance to the educational administrators for the purpose of conducting meaningful job performance reviews for personnel.

Personnel serving students with deafblindness need to have access to a full-range of support and mentoring. This includes an ongoing systematic program of technical assistance and professional development and coaching and mentoring to incorporate new knowledge and skills into their practice.

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Chapter 3
Assessment
Chapter 3 Assessment

**Issue I.** Assessors/evaluators should have knowledge of the impact of deafblindness on learning and have the expertise to select, administer and interpret a variety of assessment approaches and data.

**Issue II.** Assessors/evaluators should understand and use a variety of communication forms. They should have the ability to interpret and respond to students’ forms, reasons and meanings of communication.

**Issue III.** Assessment and evaluation of students who are deafblind should be a collaborative, comprehensive, and ongoing process that includes authentic assessments.

**Issue IV.** Assessments and evaluations should occur across a variety of natural environments (home, community, school) to determine students’ functional abilities (communication, self-care, vision and hearing, orientation and mobility).

**Issue V.** Evaluation of literacy and numeracy abilities should be included in the assessment process.

**Issue VI.** Assessors/evaluators should actively involve families in the assessment process, and give consideration to family cultures and values.

**Issue VII.** Assessment/evaluation should lead to ongoing planning and implementation of the individualized education program.
Chapter 3 | Assessment

Introduction

Assessments/evaluations serve many purposes within the educational system. They are required to determine eligibility for services, to measure academic achievement, to develop the individualized education program (IEP) and to assess progress in meeting the goals of the plan.

The assessment of students who are deafblind is challenging. There are no standardized tests specifically designed for deafblindness. The reason is that there is no typical student who is deafblind who can serve as the norm upon which to base assessment or evaluation tools. Often, students have varying degrees of sensory losses and additional cognitive, physical and emotional challenges. Each of these factors and their combined impact must be carefully considered, and the student should be assessed in a holistic way.

Typical assessments of students with other disabilities use pictures, verbal instruction, visual imitation, and auditory recall. These assessments are seldom appropriate for students who are deafblind. A student who cannot see, or see well, and who does not understand what to expect is unlikely to perform well on a test (Miles & Riggio, 1999, p. 96).

Assessments of students who are deafblind should combine and synthesize information about communication, vision and hearing, cognitive and motor abilities, and family priorities. This requires unique and creative skills on the part of the assessment team members. They must understand the impact that deafblindness has on students’ development; they must understand and be able to use the communication forms that are appropriate for students who are deafblind; and they must be willing to work as cohesive teams on which members share information that will result in a fair appraisal of students’ abilities, challenges, and priorities for instruction.

It is essential that assessments of students who are deafblind be comprehensive and ongoing, with adequate input from team members and most importantly, from families.

Issues and Practices

Issue I. Assessors/evaluators should have knowledge of the impact of deafblindness on learning and have the expertise to select, administer, and interpret a variety of assessment approaches and data.

Combined vision and hearing losses, regardless of degree, impact access to information and people. Assessors should understand the impact of combined losses on individual students. These combined sensory impairments remain the primary disability for students, even when
additional disabilities exist. Students who are deafblind are often misdiagnosed and placed in inappropriate programs because assessors who do not have knowledge of deafblindness focus on more obvious disabilities, such as physical or cognitive impairments.

Professionals should select the appropriate assessment strategies for individual students, understanding that they range from those who have multiple disabilities to those who are functioning at grade level. The assessor must have sufficient knowledge of the diversity of students who are deafblind, as well as of the diversity of assessment options, to ensure that a comprehensive assessment is done. For example, a student functioning at grade level can participate in standardized testing, while a student with significant multiple disabilities will require many different strategies. A student who is deafblind may have complex medical needs, and the assessor should understand the impact of his/her physical needs and his/her attention span issues on the assessment process.

**Issue II. Assessors/evaluators should understand and use a variety of communication forms. They should have the ability to interpret and respond to students’ forms, reasons and meanings of communication.**

Evaluating the communication abilities of students who are deafblind is the core of the assessment process. Students who are deafblind have different abilities, varying degrees of vision and hearing losses, diverse social experiences, different learning styles, and/or additional disabilities.

The majority of people who are deafblind have tremendous difficulty learning to be effective communicators. Their access to people is often limited, so they are cut off from what people are saying, doing, and feeling, and from what is happening around them. Although most students have some remaining vision and hearing, their access to people and information may be confused and distorted.

The ability to communicate allows people to connect with others and to establish meaningful relationships. Communication is the gateway to accessing educational curricula. Developing students’ receptive and expressive communication abilities is the key to enhancing their quality of life. It is essential that anyone who assesses communication become a competent partner with the student who is deafblind. The assessor should establish a trusting relationship and incorporate an interactive, conversational approach.

The assessment process should include communication and interaction between students and others, such as family members, peers, and teachers. This interactive, conversational approach is necessary not only to determine the students’ current functioning abilities but also to challenge and motivate them to perform at higher levels (Miles & Riggio, 1999, p. 96; Nelson, van Dijk,
Students should have opportunities to initiate, and the assessors should follow students’ interests or topics of conversation (Miles & Riggio, 1999, p. 97, Nafstad & Rodbroe, 1999, p. 49, McLetchie & Riggio, 1997, p. 11). In addition, assessors should observe the people and partners with whom students prefers to interact. These partners may be family members or peers, and should not be limited to the adults on students’ teams.

Assessing communication is a dynamic, interactive process, which can involve multiple strategies and instruments. The major characteristics of all communication are fourfold: the forms students and partners use for expressive and receptive communication, the reasons or functions of communication; the content or meaning of communication; and the context of communication (McLetchie & Riggio, 1997, p. 15, Nelson et al., 2002, p. 102).

**Issue III. Assessment and evaluation of students who are deafblind should be a collaborative, comprehensive, and ongoing process that includes authentic assessments.**

Formal assessments are “standardized, norm-referenced tests, which are designed to compare the performance of one individual to that of a normative group” (Choate & Evans, 1992, p. 7). Currently, there are no formal assessments that are standardized for students with deafblindness. While some standardized assessments can be used in part when evaluating students who are deafblind, these tests are not designed or normed for these students, and great caution should be taken when interpreting their results.

Professionals should have expertise in the administration of an array of assessment approaches that are appropriate for students who are deafblind. Informal approaches to psychological evaluation of students who are deafblind in natural contexts and situations are most often the most appropriate methods to use (Mar & Goehl, 2002, p. 4). Informal assessment refers to a situation in which there can be some variation in the way the test is administered and there can be some subjectivity in the way the test performance is interpreted. Structured, informal assessments include observation, curriculum-based assessments, interviews, portfolio assessments, and person-centered assessments among other types (Sacks & Silberman, 1998, p. 92). Well-planned, informal assessments are invaluable to understanding the strengths and needs of students who are deafblind.

Ecological assessments are informal assessments used to look at the strengths and needs of students to determine which adaptations, supports, or accommodations are required for them to be successful in varying environments. (Haring & Romer, 1995, p. 289; Orelove, Sobsey, &

Under the current educational reform legislation, the No Child Left Behind Act (2001), statewide assessments are mandated for all students. Most often, alternate assessments are used to meet this mandate for students who are unable to participate in a general state assessment, with or without accommodations. In general there are three approaches to alternate assessments:

- **Portfolios:** Student portfolios are a purposeful and systematic collection of student work that is evaluated and measured against predetermined scoring criteria. Portfolios have multiple pieces of evidence, collected over time, and content is determined by teachers and/or the state.

- **Performance Events:** These assessments are direct measures of a skill, usually in a one-on-one situation. These can range from highly structured one-on-one assessments similar to traditional pencil and paper tests to a more flexible approach that can be adapted to student needs.

- **Checklists:** This method relies on teachers to remember and record whether students are able to carry out certain activities. Reported scores are usually based on the number of skills students are able to successfully perform. (National Alternate Assessment Center, 2006)

Many states use portfolio assessment as their method of alternate assessment for students with disabilities (Thompson & Thurow, 2001, p. 16). Although portfolio assessments may not be perfectly reliable, they may be the most appropriate for students who are deafblind. They provide the evaluator with a comprehensive and personal appraisal of students’ abilities. (DeCaluwe, McLetchie, Peters, Luiselli, & Mason, 2004, p. 3).

**Issue IV. Assessments and evaluations should occur across a variety of natural environments (home, community, school) to determine students’ functional abilities (communication, self-care, vision and hearing, orientation and mobility).**

For students who are deafblind, new places and people can be frightening and confusing. Observing and interacting with students in real-life settings provide a great deal of functional information. Students who are deafblind rely on context to understand what is expected of them. Asking students who are deafblind to perform a skill in settings other than real life removes the contextual cues they rely on to make sense of the task. Artificial environments such as testing rooms may not give accurate information, especially when students have complex disabilities (Nelson et al., 2002, p. 97).

Clinical assessments often address discrete areas of functioning (e.g., ophthalmological, audiological, orthopedic, low vision, physical health) and are often conducted in a specialized
environment designed for that purpose. Clinical assessments may be very helpful in determining specific needs for therapy or for the prescription of medical treatment or aids and devices.

A functional assessment is different from a clinical assessment in that the assessor considers how the student functions with familiar people in familiar environments. Functional assessment occurs for a longer period of time over several sessions. Although clinical assessments are also necessary, functional assessments look at ways in which students are able to use communication, vision, hearing, problem solving, and motor abilities in everyday situations, within everyday environments —familiar people, places, and things, and their interactions (Mar, 2002; Orelove et al., 2004, p. 505). It is necessary to have ongoing communication interactions during functional activities with people.

Functional assessments are both student-centered and family-centered. The assessors select activities and environments in which students can demonstrate their competence to the best of their abilities. They focus on the students’ present and future needs. Functional assessment should focus on the following areas of student learning:

- communication,
- functional vision,
- functional hearing,
- academics,
- social competence,
- daily living skills,
- leisure and recreation,
- technology,
- motor skills,
- orientation and mobility,
- vocational skills and interests.

Functional assessments provide a true picture of the student’s capabilities and are the foundation from which to determine educational priorities and to design instruction.

**Issue V. Evaluation of literacy and numeracy abilities should be included in the assessment process.**
Emergent Literacy and Literacy

Reading and writing are symbolic systems that allow people to receive and send information. Reading is based on language, and language is based on concepts developed from interaction with people and the environment. Part of that interaction is spoken language to share ideas about the environment and to name objects. (Miles, 2005, p. 2; Huebner, Prickett, Welch, & Joffee, 1995, p. 296). Written forms of communication are learned only after much exposure to the environment and to language that attaches meaning to environmental concepts.

All students with deafblindness must be exposed to a literacy-rich environment and must have their literacy abilities assessed. Students who are deafblind may be able to see regular-sized print with magnification, large print or read braille, and become capable readers.

When thinking about literacy as it relates to students who are deafblind, it is important to expand conventional definitions of reading and writing to include emergent literacy experiences (Miles, 2005, p. 2). When evaluating the literacy skills of students who are deafblind, things other than student’s abilities to read print or braille may be observed. For example, the student with deafblindness who uses a calendar box schedule system reads his/her schedule for the day by touching each object symbol in a left-to-right sequence. This is an emerging literacy skill that allows him/her to gather information and anticipate the events of the day. The student’s ability to recognize these objects as symbols of activities demonstrates early literacy skills. The student’s ability to sequence items from left to right demonstrates another early literacy skill that can be evaluated using an object or picture calendar system.

Assessors must consider the amount of exposure that students have had to words in print or braille that are accessible. Likewise, they must consider the amount of exposure the student has had to language that is accessible. For example, labeling objects and pictures with printed words and braille gives a student access to different levels of symbols, from concrete to abstract, that develop literacy. The assessor should observe the student’s current level of ability, while at the same time exposing him/her to higher levels as necessary to encourage development and to evaluate the student’s ability to move to increasingly symbolic forms.

The following questions address some of the basic skills that should be considered when assessing the early literacy skills of the student who is deafblind.

- How does the student demonstrate interest in and awareness of the environment?
- How does the student demonstrate recognition of familiar things in the environment?
- Is the student able to learn the names of objects in the environment?
- Is the student able to name actions in the environment?
- Does the student comment on activities that occur?
• Does the student recognize an object as a symbol of an activity?
• Does the student recognize a picture or partial object as a symbol of an activity?
• What exposure does the student have to written language (print or braille)?
• What exposure does the student have to story-time, experience books, or journal activities?
• Does the student have opportunities to write or draw in various ways?
• Does the student have and use a daily calendar? A weekly calendar? A monthly calendar? A yearly calendar?

Numeracy
Early experiences of using concrete objects for counting are important for all learners, including those who are deafblind. Students require many opportunities to learn these skills in everyday environments (e.g., pairing shoes, buying items from a store or vending machine). These experiences are the foundations for numeracy. With effective teaching, some students who are deafblind can develop basic math, and others can access and understand college-level math concepts.

Issue VI. Assessors/evaluators should actively involve families in the assessment process and give consideration to family cultures and values.

Federal law requires the inclusion of family in all aspects of the assessment and program-planning process. Assessors must encourage active involvement by family members of students who are deafblind. They are the source of meaningful information about their child that will become valuable resources to assessment teams. For example, family members identify and give meaning to the idiosyncratic, nonlinguistic communication used by their children.

The approach of person-centered planning encourages parents and caregivers to be key players in all aspects of assessing and planning programs for students who are deafblind. It provides a structure to obtain important information about children as individuals and about family values and culture (Mount, 1992, p. 2). Assessment and evaluation should always be accomplished through a partnership of parents and professionals. Families and caregivers should have direct access to deafblind specialists on teams. (See chapter 1.)

Issue VII. Assessment/evaluation should lead to ongoing planning and implementation of the individualized education program.

Often, students who are deafblind are identified as “multiply disabled” or “severely disabled”
on the IEP. It is critical that IEPs clearly identify students as deafblind to highlight the need for specialized practices that will meet their unique educational needs (Reiman & Johnson, 1992, p. 68).

The student is the most important member of the team and should be involved to the maximum extent possible in decision making. Professionals should interpret the information from multiple assessments and collaborate with the students’ teams to use assessment results and recommendations when developing an individualized education program. An assessment plan, competently implemented, will lead to developing quality services for the student.

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Chapter 4
Services and Placement Options
Chapter 4 Services and Placement Options

**Issue I.** The educational team must fully include the family and student in developing the Individualized Education Program (IEP) and Individualized Transition Plan (ITP).

**Issue II.** The educational team should consider how the student’s combined vision and hearing losses may create a need for one-on-one support to access and participate in the life of the school.

**Issue III.** The educational team should consider the challenges, unique to the student who is deafblind to ensure appropriate educational services and placement decisions.

**Issue IV.** The educational team should ensure that goals and objectives addressing the development of communication and social relationships are included in the IEP and ITP, to meet the individual needs of the student who is deafblind.

**Issue V.** The educational team should ensure that services address the expanded curriculum areas to meet the unique needs of the student who is deafblind.

**Issue VI.** Educators should ensure the availability and use of assistive technology for students who are deafblind.

**Issue VII.** Educators must ensure that transition planning for the student who is deafblind is collaborative and involves all appropriate adult service agencies.
**Chapter 4 | Services and Placement Options**

## Introduction

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 requires that an array of services and placement options be available to students with disabilities. The goal of placement in the least restrictive environment (LRE) will only be realized when the student has full access to the curriculum and educational environment in his/her communication forms, has authentic interactions with both peers and professional personnel, and achieves high educational performance standards (National Association of State Directors of Special Education [NASDSE], 2006, p. 51). The services provided for students who are deafblind must be well coordinated and implemented in a collaborative manner to meet the identified needs of the student.

## Issues and Practices

### Issue I. The educational team must fully include the family and student in developing the Individualized Education Program (IEP) and Individualized Transition Plan (ITP).

IDEA (2004) mandates parental involvement in the ongoing planning of their child’s educational services. Deafblindness has a dramatic impact on the student’s social and communicative connections and on his/her ability to develop as a person. Parents’ vital input provides the team with essential information that often cannot be determined through formal assessment or testing and is essential in developing individualized educational services. Family members interact with a student who is deafblind in natural environments. They recognize and respond to his/her likes, dislikes, and communication which are often idiosyncratic.

The following considerations and strategies are recommended in developing the IEP/ITP and planning services with family and student input:

- Give parents information about best practices in the education of students who are deafblind and about deafblind resources prior to participation in the educational team process.
- Whenever possible, include the student as an active member of the team.
- Determine the priorities of the student and parents as the important first step in the development of the IEP/ITP.
- Set timelines within the IEP/ITP for personnel development that will ensure program implementation, modification, and access to learning for the student.
• Define specific roles and qualifications of specialized and related service personnel, such as the deafblind specialist, orientation and mobility specialist, intervener, paraprofessional and interpreter. (See chapter 2.)

• Define in the IEP/ITP a communication rich environment that will enable the student who is deafblind to have access to the curriculum and to fully participate in the life of the school.

**Issue II. The educational team should consider how the student’s combined vision and hearing losses may create a need for one-on-one support to access and participate in the life of the school.**

The key to understanding how to provide access to the general curriculum for students who are deafblind comes out of the team’s understanding of the impact of combined vision and hearing losses on incidental learning, communication, social relationships and access to the curriculum. The following considerations should be taken into account to identify appropriate adaptations for the student who is deafblind that will promote learning in school, home, and community environments:

• When developing the IEP/ITP, the team must consider the student’s need for one-on-one support (e.g., for an intervener, paraprofessional or interpreter) to ensure access to people and the learning environment.

• Curriculum access is affected by the student’s experiential history, communication abilities, visual and auditory functioning, age, preferences, learning style, additional disabilities, and prior education.

• The student should be able to use augmentative and alternative communication systems, including sign language, to interact in the classroom and other school environments.

**Issue III. The educational team should consider the challenges, unique to the student who is deafblind to ensure appropriate educational services and placement decisions.**

The team should understand the impact of combined vision and hearing losses on incidental learning and communication and social relationships. For each student the impact of combined vision and hearing losses is different. For example, the presence of additional disabilities create highly complex challenges. Students who are deafblind have unique communication abilities and needs and the team’s awareness of these should drive decisions about placement and the planning of services. Just as students who are deaf or hard of hearing require a communication
plan within the IEP so too do students who are deafblind. The individualized communication plan is the foundation for an IEP that is appropriate for a student who is deafblind (NASDSE, 2006).

The communicative abilities of a student are a prime consideration in determining the placement where his/her abilities can be maximized. The team should evaluate which settings provide competent personnel and peers who will provide opportunities for the student to build communicative, social, and educational competence.

Deafblindness also challenges the student’s ability to learn about the physical environment and to move safely within that environment; therefore, training in orientation and mobility (O&M) is important. The O&M specialist must use alternative methods other than those used with students who are only blind. For example, students who are deafblind may not be able to use sound to localize and orient themselves in unfamiliar environments. They may need to use communication cards in print and braille to request assistance for crossing streets.

Students, who have additional physical disabilities, may also require the specialized services of a physical and/or occupational therapist. Students with complex health issues may require medical intervention on an ongoing basis.

The team should evaluate the range of specialized services and supports outlined in the student’s IEP and find the placements where these supports can be delivered in the most coordinated manner.

**Issue IV. The educational team should ensure that goals and objectives addressing the development of communication and social relationships are included in the IEP and ITP to meet the individual needs of the student who is deafblind.**

Students who are deafblind are isolated from both people and things and frequently need one-on-one communication support. The building of communication and social relationships require direct teaching and opportunities for genuine social interactions.

Under IDEA, students with deafblindness are entitled to extracurricular and nonacademic school activities, as well as the special materials, devices, and support services needed to participate in all areas of school life. Basic strategies for achieving communication and social goals and objectives include:

- providing training to school personnel on the effect of deafblindness on the development of social skills and personal relationships,
- providing training to school personnel and peers on students’ communication
system to facilitate social connections,

• providing all necessary accommodations and/or adaptations required to enable participation by students in extracurricular activities,

• allocating sufficient time for activities to ensure the inclusion of the student who is deafblind in school and extracurricular activities,

• developing a peer and/or mentorship program to foster improvement of students self-esteem and personal expectations,

• providing appropriate instruction on social-sexual education to help students understand various kinds of relationships and the behavior that is appropriate within those relationships.

### Issue V. The educational team should ensure that services address expanded curriculum areas to meet the unique needs of the student who is deafblind.

It is essential when planning services and placements to provide an expanded curriculum for a student who is deafblind. An expanded curriculum may include: communication and social skills, orientation and mobility skills, compensatory skills such as use of communication devices or Braille; independent living skills, recreation and leisure skills, visual and auditory efficiency skills, vocational education, and strategies for self determination (Hatlen, 1996).

Expanded curriculum content is often best taught through natural interactions in real-life environments which will enable students who are deafblind to access and participate in home and community life. For example, recreation and leisure skills and interests are vital in achieving a good quality of life at school, home, and in the community. Students who are deafblind typically have a limited repertoire of recreation and leisure skills because the losses of vision and hearing diminish the possibilities for development in this area. When developing the IEP, important elements of the expanded core curriculum are:

• embedding expanded curriculum goals and objectives,

• including adaptations and accommodations necessary to enable students who are deafblind to access and participate in home and community life,

• including extended school days and summer programs that may be necessary to address the needs of the student who is deafblind,

• indicating appropriate extent and type of one-on-one support for students to access activities that will lead to acquisition of knowledge and skills in expanded core curriculum areas.
Issue VI. Educators should ensure the availability and use of assistive technology for students who are deafblind.

Both IDEA and No Child Left Behind (NCLB) emphasize including individuals with disabilities within standards-based curricula and assessments. For students who are deafblind, assistive technology in the form of both high and low tech devices will be key in fostering their equal access to learning.

Technological advances in braille production, along with the National Instructional Materials Accessibility Standard (NIMAS) legislation of 2004, should allow students who are deafblind and braille users to receive classroom texts and materials at the same time as their sighted peers. The following points should be considered in meeting the assistive technology needs of students who are deafblind. (See chapter 2 on personnel).

- Either an academic or functional Learning Media Assessment should be included in an assistive technology evaluation that is administered by a team that includes the family and a professional knowledgeable about deafblindness.
- An assistive technology evaluation should address the alternative and augmentative communication needs of students who are deafblind.
- Assistive technology needs should be stated in IEPs and students should be provided with the technology that enables equal access to and participation in learning activities with sighted-hearing peers.
- Implementing the use of assistive technology should include training for students who are deafblind, for educational staff, and for students’ families.
- Students who are deafblind should be allowed to take home technological devices that enable them to communicate with others, complete school assignments, and to access the environment.

The technology used by students who are deafblind should be determined by an assistive technology evaluation conducted by a competent professional with knowledge and skills in communication and technology for students who are deafblind. Prescribed devices may range from sophisticated electronic braille and computer access devices to low-tech communication boards and books. Assistive listening devices and low vision devices should also be considered (e.g., FM units or auditory loop systems, closed circuit TV, special scopes).
Issue VII. Educators must ensure that transition planning for students who are deafblind is collaborative and involves all appropriate adult service agencies.

IDEA 2004 requires that transition services be afforded to all students with disabilities. It defines these services as “a coordinated set of activities that is a result-oriented process that is focused on improving the academic and functional achievement of students with a disability to facilitate the student’s movement from school to post-school activities” (IDEA, 2004). The intent of the law is to assist students with disabilities to lead successful and productive lives as adults. Independent living and vocational skills are important components of the IEP throughout the student’s school years.

Research shows that many young adults who are deafblind leave school with little chance for employment, and most struggle to obtain the services and supports needed to live in the community (Petroff, 2001, p. 1). Often, there is no one adult service agency that assumes responsibility for this population. For example, a blindness agency may feel that transitioning students who are deafblind and have additional cognitive disabilities should be served by the agency in charge of serving young adults with developmental disabilities. Addressing this problem is not easy, but change can begin with appropriate transition planning that maintains a strong focus on students’ unique needs (Mount, 1992). The following strategies are recommended to accomplish effective transition to adult life for students who are deafblind:

- Use person-centered planning (Mount, 1992) and other appropriate tools for assessment to plan for adult services. These tools assist educators, students, and families in identifying strengths, preferences, and specific skills needed in adult life.
- Teach independent living skills (e.g., orientation and mobility, the use of transportation services, use of special devices) in the settings where they will be used.
- Provide students who are deafblind with a variety of work opportunities in their schools and communities to identify their interests, capabilities and possibilities.
- Start to plan early for transition to adult services. Identify key members of the transition team as well as timelines for implementing the transition plan.
- Determine the supports students will need as adults living and working in the community (e.g., communication support service providers, interpreters, augmentative communication systems).
- Establish interagency agreements with adult service providers who can and should be involved with students who are deafblind as they enter adult life.

The Americans with Disabilities Act (ADA, 1990) requires that college students receive appropriate support to participate in the curricula. This includes students with deafblindness.
References


Chapter 5

Supportive Structure and Administration
Chapter 5 Supportive Structure and Administration

**Issue I.** State education agencies (SEAs) should have designated personnel to ensure that the provisions and policies related to students who are deafblind are implemented.

**Issue II.** State and local education agencies (SEAs and LEAs) should ensure that every student who is deafblind is served by a well-coordinated educational team with the specialized knowledge and skills to fulfill its responsibilities for developing and meeting the requirements of the Individualized Education Program (IEP) and Individualized Transition Plan (ITP).

**Issue III.** State and local education agencies (SEAs and LEAs) should develop strategies to recruit and retain personnel who have the knowledge and skills to work with students who are deafblind.

**Issue IV.** State and local education agencies (SEAs and LEAs) should identify and use specialized resources to meet the needs of students who are deafblind and their families.

**Issue V.** State and local education agencies should ensure that students receive ongoing and appropriate assessments that will enable educational teams to develop and implement individualized education programs.

**Issue VI.** State and local education agencies (SEAs and LEAs) should implement planning strategies for the important transitions that students who are deafblind will experience throughout their education.

**Issue VII.** State and local education agencies (SEAs and LEAs) must ensure the availability of a full array of appropriate services that meet the unique needs of students who are deafblind.

**Issue VIII.** State and local education agencies (SEAs and LEAs) should ensure that students who are deafblind receive instructional materials, adequate resources, and appropriate reading media on schedule with their sighted-hearing peers.

**Issue IX.** State and local education agencies (SEAs and LEAs) should ensure that instruction for students who are deafblind will extend beyond the boundaries of the school and the school day.
Introduction

Deafblindness is a low-incidence disability; therefore, it is important that state and local administrators work collaboratively and creatively with existing resources and develop new resources when necessary to expand state capacity and to assure that students have quality IEPs/ITPs developed by teams that have expertise in deafblindness. A common challenge is that state and local educational administrators are often unaware that some of their special education students are deafblind because those students, especially when they have multiple disabilities, are counted under different categories of disabilities.

Issues and Practices

Issue I. State education agencies (SEAs) should have designated personnel to ensure that the provisions and policies related to students who are deafblind are implemented.

States have the responsibility to oversee and monitor educational services provided to students who are deafblind. Every state should have a mechanism to ensure that quality educational services are indeed provided and that monitoring does occur. Each state should have at least one designated person whose primary responsibilities are oversight and statewide coordination of educational services for students who are deafblind and their families. This person should have expertise in the education of students who are deafblind.

Most states also have a federally funded deafblind project, usually administered through a state or private agency. These are technical assistance projects that are intended to support and not supplant states’ responsibilities to monitor and oversee deafblind services. These projects can provide invaluable information and support for educators and administrators.

In many states, especially those with extensive rural areas, special and creative efforts are necessary to ensure that students with deafblindness and their families receive specialized services that will meet their unique needs, including a full array of placement options and appropriate support services. Some rural localities lack expertise because of low student numbers and critical personnel shortages. SEAs should assist local education agencies by providing support to develop cooperative services among districts, hiring regional deafblind specialists, and by encouraging other forms of intrastate regionalization or whatever model of service that will maximize resources.
Issue II. State and local education agencies (SEAs and LEAs) should ensure that every student who is deafblind is served by a well-coordinated educational team with the specialized knowledge and skills to fulfill its responsibilities for developing and meeting the requirements of the Individualized Education Program (IEP) or Individualized Transition Plan (ITP).

No Child Left Behind clearly states that every child should be served by a qualified teacher (NCLB, 2001). As stated consistently throughout this document, every team serving a student who is deafblind must include a qualified deafblind specialist as well as personnel with competencies necessary to provide adequate services. Educational outcomes for students who are deafblind are directly linked to the qualifications and competence of the individuals working with them. Personnel working with this population require specialized knowledge and skills. (See Appendix A-Competencies for Teachers of Learners Who Are Deafblind)

Personnel Preparation/Training of Teachers
Teacher training should be done within recognized programs. Most states do not have university training programs for the education of students who are deafblind. However, states must still ensure that appropriate pre-service training options are in place for teachers and other personnel who will be working with them. In more highly populated states, the number of students who are deafblind is high enough to justify the establishment of training programs. In states with lower numbers of identified students, neighboring states can collaborate to establish regional personnel preparation programs. The National Consortium on Deaf-Blindness maintains an up-to-date listing of such programs (http://nationaldb.org/peoplePrograms.php).

Existing university programs in the fields of severe disabilities, vision impairments, and/or deafness can play a vital role in the future in responding to the need to train more teachers in deafblindness. They should be encouraged to develop teacher training programs in deafblindness to best utilize existing resources.

Every state education agency should have a system for endorsing or certifying personnel who have competencies to work with students who are deafblind. States should also ensure that their certification or endorsement requirements are reciprocal with other states so that they can recruit freely from a national pool.

Inservice Training
SEAs should work closely with federally funded state deafblind projects to provide inservice training. Each state project is mandated to maintain a census of all students in their state who are deafblind. These etiological and demographic census data are useful for identifying training needs. Every state should have an organized program of inservice training to bring needed skills to educational team members (including teachers, family members, clinicians, and paraprofessionals)
who are responsible for the care and education of students who are deafblind. Personnel working with students who are deafblind need specialized knowledge and skills to achieve the objectives of social and academic inclusion into school, home and community life.

The breadth of knowledge and skills required by educators who work with students who are deafblind is extensive. Therefore, training programs preparing educators to adequately implement students’ IEP should be comprehensive. Educational administrators and direct service providers should present all aspects of instruction that foster development of appropriate, individualized programs as well as of collaborative planning strategies. (See chapter 4 on program planning.) In addition, administrators should also incorporate training in the issues and practices in deafblindness into state Comprehensive Systems of Personnel Development (CSPD) plans and professional development opportunities at the local level.

**Issue III. State and local education agencies (SEAs and LEAs) should develop strategies to recruit and retain personnel who have the knowledge and skills to work with students who are deafblind.**

State and local education agencies (SEAs and LEAs) should employ personnel trained in the education of the deafblind to ensure that the students’ needs are addressed in accordance with the law. SEAs are therefore obligated to facilitate the recruitment effort for their local agencies. Schools have an obligation to recruit and employ trained personnel and their efforts to recruit new staff should specifically target professionals and paraprofessionals who have training and experience in deafblind education. Administrators should provide incentives to retain qualified personnel (e.g., support and encourage participation in specialized training activities) as well as encouragement to existing personnel to pursue further training specific to the educational needs of students who are deafblind. Administrators should recruit at conferences, in newsletters, and at professional organization events in which teachers and other specialized personnel participate. In addition, the National Consortium on Deaf-Blindness (NCDB) web site should be accessed to enhance recruitment efforts.

**Issue IV. State and local education agencies (SEAs and LEAs) should identify and use specialized resources to meet the needs of students who are deafblind and their families.**

Meeting the complex needs of students who are deafblind requires the coordination of many agencies throughout the state. Students will need appropriate educational settings and families will need access to a variety of resources throughout their children’s educational years and transition to adult services.
Since deafblindness is an extremely low-incidence disability and the number of highly qualified personnel in this area of special education is limited, SEAs should seek collaboration with agencies offering specialized services. The state deafblind projects are one source of assistance that can provide consultation, inservice training, and support for developing appropriate early intervention, educational, and transitional services for students who are deafblind. However, these projects should not be considered the sole source of support for students who are deafblind and their families.

Other resources in the state should be identified and established by the SEA and made available to local teams and families through statewide interagency agreements. The majority of students who are deafblind, about 91 percent, have additional disabilities (Killoran, 2007) and may require the support of multiple agencies (e.g., departments of mental retardation, developmental disabilities, public health, blindness agencies, and deaf and hard-of-hearing agencies).

Specialized schools for the deaf and/or blind can be valuable resources in meeting the needs of learners who are deafblind and their families. Most states have one or both of these types of schools as a placement option and/or as a resource center for assessment and training. Specialized schools often have outreach programs that can assist the local school district in building its capacity to meet the needs of students who are deafblind and their families.

**Issue V. State and local education agencies (SEAs and LEAs) should ensure that students receive ongoing and appropriate assessments that will enable educational teams to develop and implement individualized education programs.**

A comprehensive assessment is mandated by the Individuals with Disabilities Education Act for all students who have IEPs. (IDEA 2004 [34 CFR §300.320 (a)(2)(ii)]) A student who is deafblind should be assessed by professionals who are knowledgeable about and highly skilled in the field of deafblindness. At a minimum, one person on the assessment team should be competent and able to help other team members interpret the impact of combined vision and hearing losses on their assessment and results (Miles & Riggio, 1999, p. 281). If a district does not have qualified personnel to assess a student who is deafblind, it is the responsibility of administrators to seek outside resources.

**Issue VI. State and local education agencies (SEAs and LEAs) should implement planning strategies for the important transitions that students who are deafblind will experience throughout their education.**

Traditionally, within the educational service system, formal transition planning occurs during
transitions from early intervention to preschool, preschool to school age, and school to adult services. Students who are deafblind lack the information typically obtained through use of vision and hearing, or this information is distorted. Because of the inherent difficulties in communication, transitional planning for students who are deafblind should occur every time there is a change of staff, placement, class, or living environment. The SEAs and LEAs should have competent personnel on the teams to assist in transitions in order to minimize regression and ensure consistency and continuity of programs.

The SEA and LEA need to know who is coming to their district. Through close cooperation with the state deafblind projects, these agencies can become aware of students on the deafblind census (National Consortium on Deaf-Blindness) and make adequate plans for their entrance into a program.

**Transition to Secondary School**

As students who are deafblind grow older, the transition issues often become increasingly complex. The transition from elementary to middle school or high school is a major change for students who are deafblind. In many cases, students will have different teachers and classroom settings for each subject; thus, a larger group of teachers will require assistance, resources, and training to help these students. One educator usually serves as case coordinator. A teacher with competence in deafblindness should assume this role or share the responsibility with the building-based special educator to share expertise among team members.

Federal law mandates that at age 14 a discussion of a student’s life after high school should take place (IDEA, 2004 §. 614(d)(1)(A)(i)(viii)). Preparing for the future should be an ongoing part of program planning for students who are deafblind.

**Transition to Adult Life**

Career and vocational education and exploration should be included in the individualized education program beginning not later than the first IEP to be in effect when the child is 16, and updated annually thereafter. Preparation for adult life may include career awareness activities, instruction on job-seeking skills, work experiences at school and in the community, attendance at career seminars or conferences, college preparation, exposure to various career settings, and contact with deafblind adults who are positive role models.

SEAs, LEAs, and adult service agencies should collaborate with students who are deafblind and their families to develop and implement appropriate transition plans. Effective transition into appropriate adult services will require careful and creative planning to ensure that students’ capabilities are recognized (Mount, 1992, p. 2).
Issue VII. State and local educational agencies (SEAs and LEAs) must ensure the availability of a full array of appropriate services that meet the unique needs of students who are deafblind.

The decision of whether a student should be served in a typical classroom, in a special day class in the neighborhood school, or in a state operated or private specialized school should be made independent of funding. To comply with federal law, decisions should be driven by need rather than cost. In making an array of placement and service options available, the state education agency should also establish a system of financial support that reflects a placement-neutral funding approach. In the spirit of offering a free, appropriate public education for all, states should make these added costs tolerable for local communities.

Issue VIII. State and local education agencies (SEAs and LEAs) should ensure that students who are deafblind receive instructional materials, adequate resources, and appropriate reading media on schedule with their sighted-hearing peers.

The timely availability of appropriate instructional materials is a basic educational right that should be included in the individualized education program. A student who is deafblind must begin the school year with the materials and texts required for participating in the regular curriculum with his/her peers (National Instructional Materials Accessibility Standard [NIMAS]). When materials arrive late, the student will not truly be included in the class and learning will be delayed. The school administrator/LEA is responsible for ensuring that materials are provided in a timely manner.

Many states have an instructional resource center for materials appropriate for students who are blind or visually impaired. Students who are deafblind are entitled to access these materials if they are determined to be legally blind. Through these centers, schools can access or borrow texts, materials, equipment, and other adaptive devices, including materials from the American Printing House for the Blind (APH) through its quota system (See web site www.aph.org).

Issue IX. State and local education agencies (SEAs and LEAs) should ensure that instruction for students who are deafblind will extend beyond the boundaries of the school and the school day.

Students who are deafblind have great difficulty acquiring knowledge and concepts of the world that surrounds them. They must learn concepts and skills in natural settings (Heubner, Prickett, Welch, & Joffee, 1995, p. 27; Alsop, 2002, p. 1) and require instruction that must extend
beyond the school building, the school day, and the school year. The SEA and LEA should allow and encourage participation of students in experiences in the community in addition to the school environment.

Students require training in orientation and mobility to learn safe travel in the neighborhoods of home and school and in his/her home environment. As students progress, orientation and mobility classes will take more of their time, and so should be offered during both daylight and evening hours. Some students who are deafblind have severe night blindness, and they need opportunities to learn skills when it is dark.

Many students who are deafblind will require year-round services to meet their educational needs and minimize regression. IEP teams should determine if students need extended school year programs.

References


Appendix A

Competencies for Teachers of Learners who are Deafblind

Perkins National Deafblind Training Project

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Appendix

Common Core of Knowledge and Skills Essential for All Beginning Special Education Teachers
Introduction

The statements of knowledge and skills contained in the following Competencies for Teachers of Learners Who Are Deafblind are based on the central assumption that learners who are deafblind require highly specialized and personalized teaching approaches. The authors acknowledge and accept the Common Core of Competencies endorsed by the Council for Exceptional Children (Appendix). However, teachers of learners who are deafblind must have additional specialized competencies in order to provide their students with quality educational opportunities. Although children who are deafblind have the same basic needs as all children, they have complex and unique challenges. The uniqueness of deafblindness is supported by the federal definition of deafblindness. The Individuals with Disabilities Education Act, PL 101-476, defines infants, toddlers, children and youth who are deafblind as

...having auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated in special education programs solely for children and youth with hearing impairments, visual impairments, or severe disabilities, without supplementary assistance to address their educational needs due to these dual concurrent disabilities (PL USC, Chapter 33, Section 1422 [2])

It is important to note that the majority of learners who are deafblind have some residual use of either or both of the distance senses—vision and hearing. Other learners may have no usable vision or hearing. Some may have additional challenges, including physical, cognitive, and emotional disabilities. Although learners who are deafblind are a heterogeneous population, they all share communication challenges and the potential isolating effects of combined vision and hearing losses.

Deafblindness is not the sum total of a vision loss plus a hearing loss. The combination of these sensory losses, to whatever degree, or in combination with additional disabilities, creates highly unique challenges. Vision and hearing interrelate to connect people with the world and are the primary avenues through which most people learn. Vision and hearing act as the prime motivators of social interactions.

At the heart of the following knowledge and skills statements are infants, children and youth who are deafblind and their families. At the core of the teacher competencies is the teacher’s ability to build a strong, trusting, personal relationship with the learner. Based upon a trusting relationship, teachers can use their specialized competencies in deafblindness to assist the learner in developing his or her own personal and social competence.
Some knowledge and skills statements, if read only at face value, could apply to teaching all children. However, knowledge and skill in these areas are especially critical in teaching learners who are deafblind. Learners who are deafblind do not learn incidentally. They must be carefully and thoughtfully taught what other children learn informally through overhearing, observing, and naturally interacting with others.

The following knowledge and skill statements are not specific to ages or educational placement. They are not prioritized according to their relative importance. Some knowledge statements have no associated skills, while others have several. These factors have no relationship to the importance of the knowledge statement.

The term learner, whether it is specifically stated or not, implies the learner who is deafblind. Each learner requires a highly individualized approach depending upon his or her strengths and needs.

The Competencies are the outcome of a collaborative process involving a committee which included the staff of this project, university level faculty, and a state coordinator of deafblind services. All were recognized experts in the field. This final set of competencies was revised based upon an extensive field review process. The full range of these competencies can be used as a blueprint for course development and field experiences by university personnel preparation programs in deafblindness. Although not all teachers will serve the diverse population of infants, children and youth who are deafblind, it is critical that they have the large picture of the needs of people who are deafblind. Therefore, qualified teachers must have basic competency in all of the areas addressed in the knowledge and skill statements. Subsets of the competencies may be used in in-service training to meet the needs of an individual child or groups of infants, children and youth who are deafblind.

The authors assume that teachers are effective team collaborators and that the learning opportunities teachers provide to infants, children and youth who are deafblind are of high quality and respect the dignity of the learner and his or her family.
Deafblindness

1 Knowledge:
The critical roles of vision and hearing in all learning (e.g. communication, concept development, motor development, movement).

2 Knowledge:
The complex and unique effects of combined vision and hearing losses upon all learners who are deafblind (e.g. communication, challenges in accessing information, orientation and mobility).

3 Knowledge:
The diversity within the population of learners who are deafblind (e.g. differing etiologies, varying ages of onset of deafblindness, varying degrees of vision and hearing losses, additional disabilities).

4 Knowledge:
The potential isolating effects of combined hearing and vision losses upon the learner who is deafblind.

5 Knowledge:
The potential impact of the combined effects of hearing and vision losses upon the learner's opportunities for incidental learning (e.g. learning without being formally taught [learning through observing, overhearing, playing, interacting with others]).

6 Knowledge:
The potential emotional implications of combined hearing and vision losses upon the learner who is deafblind (e.g. depression associated with progressive vision loss, loneliness).

7 Knowledge:
The potential impact of combined hearing and vision losses upon the learner's personal relationships with others (e.g. interactions with family members, establishing social relationships).

8 Knowledge:
The potential and complex effects of additional disabilities upon learners who are deafblind (e.g., physical disabilities, medical conditions and cognitive challenges).

9 Knowledge:
The potential effects of the age of onset, degrees and/or progression of hearing and vision losses upon learners who are deafblind (e.g., communication, language acquisition,
orientation and mobility and emotional well-being).

10 Knowledge:
The major etiologies of deafblindness (e.g., viral infections, CHARGE Association, prematurity, Usher Syndrome) and the possible implications of etiologies in teaching the learner who is deafblind.

10.1 Skill:
• Access resources of etiologies.

Personal Identity, Relationships and Self-Esteem

11 Knowledge:
The potential impact of deafblindness upon attachment/bonding between learners who are deafblind and their primary caregivers.

11.1 Skill:
• Assess and explain the effects of combined vision and hearing losses upon relationships between the learner and primary caregiver.

11.2 Skill:
• Establish a trusting relationship with the learner who is deafblind by providing nurturance and consistency in people, interactions, and routines.

11.3 Skill:
• Use touch to accommodate for lack of or distortion of visual and auditory information (e.g., use touch to substitute for mutual eye gaze).

12 Knowledge:
The development of body image in learners who are Deafblind.

12.1 Skill:
• Move together (co-actively) with the learner in daily routines to establish body awareness and awareness of another person (e.g., walking together, dressing, eating, exercising).

12.2 Skill:
• Use touch to make the learner aware of his/her body and another’s throughout functional and play activities (e.g., clapping games, letting the learner touch his/her arm and another’s before putting a shirt on).
12.3 Skill:
• Provide opportunities for the learner to learn the functions of body parts (e.g., touching learner’s ear when there is a loud noise, letting the learner feel another person’s face while chewing).

12.4 Skill:
• Provide opportunities for the learner's increased proprioceptive (feedback through muscles and body position) and kinesthetic (feedback through body movement) awareness during daily routines and planned activities (e.g., carrying light and heavy articles, exercising).

13 Knowledge:
Development of the learner's personal identity and relationships to another person or a group (e.g., son, daughter, classmate).

13.1 Skill:
• Use personalized visual, auditory and tactile forms to identify the person who is initiating the interaction with the learner (e.g., mother speaks to baby while letting him/her feel her face to identify herself; the teacher lets the child feel his/her bracelet and uses a name sign while saying his/her name).

13.2 Skill:
• Provide opportunities for the learner to recognize himself/herself and others by name (e.g., touch cue, object cue, picture, name sign, spoken name).

13.3 Skill:
• Provide opportunities for the learner to learn about family relationships and relationships to others (e.g., use family pictures to identify family members, use an object cue to a friend).

13.4 Skill
• Provide opportunities for the learner to understand the role of him/herself and others in the contexts of specific groups (e.g., participating in household tasks with other family members, sharing classroom jobs with classmates, going out to eat to celebrate an event with friends).

14 Knowledge:
Development of positive self-esteem in the learner who is deafblind.

14.1 Skill:
• Provide opportunities for the learner to develop confidence by making choices
(e.g., choosing from a selection of shirts with different patterns and textures, choosing friends).

14.2 Skill:
• Provide the learner with opportunities for self-advocacy (e.g., walking from the bus to the classroom independently, asking for assistance, choosing an interpreter, choosing a job/career).

14.3 Skill:
• Provide opportunities for the learner to learn from naturally occurring successes and failures.

14.4 Skill:
• Provide opportunities for the learner to meet and establish relationships with other people who are deafblind (e.g., attending summer camp with others who are deafblind, attending deafblind social groups, using computers to interact with other people who are deafblind).

Concept Development

15 Knowledge:
The potential impact of the combined effects of vision and hearing losses upon the development of concrete and abstract concepts.

15.1 Skill:
• Provide opportunities for the learner to develop basic concepts through participation in meaningful and motivating real life experiences (e.g., learning about animals through experiences with real animals, shopping for and preparing food).

15.2 Skill:
• Provide opportunities for the learner to actively explore and experience common objects that learners with vision and hearing learn about incidentally (e.g., eating and cooking utensils, cupboard doors, portable phones, light switches).

15.3 Skill:
• Tactually model for the learner the functional use of objects (e.g., put learner’s hands over teacher’s hands to learn how to eat from a spoon, turn on faucets, the entire process of washing clothes).
15.4 Skill:
• Provide opportunities for the learner to understand and express abstract concepts (e.g., calendar systems to learn about time, objects or pictures that represent feelings).

Communication

16 Knowledge:
The development of communication partnerships between learners who are deafblind and others.

16.1 Skill:
• Establish a secure, respectful, trusting relationship with the learner.

16.2 Skill:
• Assess and adapt to learner’s pace/timing of communication (e.g., consider physical limitations, vision and hearing losses, processing time, motor planning, medical conditions).

16.3 Skill:
• create opportunities for turn-taking (e.g., taking turns playing with a toy, cutting vegetables, playing games, conversing).

16.4 Skill:
• Create opportunities for the learner to initiate conversations with or without words around topics of interest (e.g., learner taps table and teacher taps table in the same pattern; learner signs a child’s name and teacher and learner have a conversation about a friend).

16.5 Skill:
• Exchange information about the learner’s communication style/abilities with others to ensure consistency of interpretation and use of the learner’s communication repertoire.

16.6 Skill:
• Teach significant peers and adults to communicate effectively with the learner who is deafblind (e.g., through modeling and use of specific modes of communication such as tactile cues, objects, or sign language).

17 Knowledge:
Visual, auditory, and tactile adaptations that enhance social/communicative interactions between the learner who is deafblind and others.

17.1 Skill:
• Use appropriate distance between the learner and the communication partner (e.g.,
modifications to accommodate for visual field losses, acuity, and hearing impairment).

17.2 Skill:
• Determine optimal position of the learner in relation to others that will enhance participation in group activities (e.g., distance to read signs visually and/or tactually, to hear conversations, and possible need for the learner to make and maintain physical contact with people).

17.3 Skill:
• Maintain interaction at eye level of learner who is deafblind or make adjustment to accommodate for specific visual conditions (e.g., maintain interaction below learner's eye level to accommodate for an upper field loss).

17.4 Skill:
• Use touch cues to initiate and terminate interactions (e.g., touching shoulder or back of hand to initiate contact).

17.5 Skill:
• Interpret for the learner information about other interactions and events taking place around him/her (e.g., identify who is talking the topics of conversations, who has entered or left the room).

17.6 Skill:
• Assess how choice of color, textures, and patterns of clothing enhance or detract from social interaction (e.g., avoid busy patterns, wear colors that contrast with hands for signing, wear colors that learner may prefer to motivate attention).

17.7 Skill:
• Reduce or eliminate unnecessary visual, auditory and tactile clutter (e.g., background chatter, radios, TV’s, and disorganized materials and equipment) that may detract from the learner's ability to interact effectively with people.

18 Knowledge:
Non-linguistic forms/modes of communication used by learners who are Deafblind.

18.1 Skill:
• Assess non-linguistic forms of communication (e.g., changes in respiration or body tone, facial expressions, laughing, crying).

18.2 Skill:
• Assess and interpret as intentional or non-intentional behaviors (e.g., learner randomly
Appendix A

touches yogurt among several food items, teacher implies a choice and gives yogurt to the child).

18.3 Skill:
• Assess and interpret the meaning of the learner’s use of objects (e.g., gets coat to indicate desire to go outside, puts brush on hair).

18.4 Skill:
• Develop object communication systems (e.g., object calendars, object boards, pouches with objects) for the learner to use receptively and expressively.

18.5 Skill:
• Provide objects for the learner to anticipate activities, adjust to change within activities, and to terminate activities (e.g., use objects that are associated with activities).

18.6 Skill:
• Assess and interpret the meaning of the learner’s intentional use of signals to communicate (e.g., pushing objects away to indicate a desire to stop an activity, reaching or touching an object to indicate a desire for the object, pushing or another person to a desired place or object).

18.7 Skill:
• Assess and interpret the meaning of the learner’s natural gestures to communicate (e.g., guiding the hand of a communication partner to reach a desired object, pointing to a person within the visual field).

19 Knowledge:
Linguistic forms/modes of communication used by learners who are deafblind.

19.1 Skill:
• Use formal sign language systems, both visually and tactualy.

19.2 Skill:
• Use alphabet systems, both tactualy and visually (e.g., fingerspelling, print on palm, alphabet block letters, braille on palm).

19.3 Skill:
• Use the Tadoma method of speech reading (e.g., the learner feels the vibrations of the speaker’s lips, face, throat to understand speech).
19.4 Skill:
• Respond to the learner's non-linguistic forms of communication while fostering opportunities to move to linguistic levels (e.g., accept pushing toy away and model the "finished" sign).

19.5 Skill:
• Develop strategies to encourage the learner to use multiple non-linguistic and linguistic modes/forms of communication depending upon the environment and communication partner(s) (e.g., learner may use sign language as a preferred mode of communication but may use a picture communication book or write notes to communicate with people who do not know sign language).

20 Knowledge:
The possible communicative functions of behaviors of learners who are deafblind (e.g., gaining attention, requesting, rejecting, commenting, asking questions, greeting).

20.1 Skill:
• Assess and respond to the communicative functions of positive and challenging behaviors/forms (e.g., light gazing may indicate that the learner rejects the activity; this prompts the teacher to shift to a more motivating activity, and the light gazing stops).

21 Knowledge:
The development of vocabulary (content) in learners who are deafblind, based upon their forms and functions of communication.

21.1 Skill:
• Select and prioritize receptive and expressive vocabulary that is meaningful and motivating to the learner (e.g., utilize ecological inventories, and assess learner’s preferences).

21.2 Skill:
• Model the use of vocabulary words that are meaningful and motivating to the learner.

21.3 Skill:
• Provide vocabulary for the learner to understand and express abstract concepts (e.g., utilize pictures or gestures to symbolize happiness, loneliness, fear, dreams, clouds and stars).

21.4 Skill:
• Provide opportunities to use and expand vocabulary through frequent and natural conversations (e.g., the learner and another person both initiate and respond to one another during a conversation about a favorite person).
21.5 Skill:
• Organize vocabulary into syntax (e.g., ASL, English)

22 Knowledge:
Development of literacy in learners who are deafblind.

22.1 Skill:
• Incorporate literacy as part of the everyday activities according to the learner’s experiences and interests (e.g., label objects, places, people and events with print or braille [use experience story books, journals]).

22.2 Skill:
• Modify existing reading materials to adjust for the learner’s language level and reading media (e.g., make language used in a news story less complex, use large print).

23 Knowledge:
Informal and formal communication assessment procedures that are appropriate for learners who are deafblind.

23.1 Skill:
• Assess contexts (physical environments, people, things and events) in which the learner who is deafblind communicates.

23.2 Skill:
• Assess the communication opportunities and demands in specific contexts (e.g., home environment, doctor’s office, stores and restaurants).

23.3 Skill:
• Select, adapt and/or create tools and procedures appropriate for the communication assessment of the learner who is deafblind (e.g., checklists [Callier Azusa Scale] and observation protocols, interviews).

23.4 Skill:
• Gather and maintain descriptive records/portfolios of the learner’s communication repertoire (e.g., unintentional, non-linguistic and linguistic) across all settings to assess strengths, challenges, progress.

23.5 Skill:
• Exchange on-going communication assessment findings with others (e.g., family and other team members) to develop effective strategies that will enhance the learner’s communication abilities.
24 Knowledge:
Communication devices and technology that are appropriate for learners who are deafblind.

24.1 Skill:
- Design and make non-technological communication devices that are appropriate to the learner’s needs (e.g., object calendar systems, object displays, picture books or boards, print or braille alphabet boards).

24.2 Skill:
- Select and/or adapt assistive technological devices as tools for communication (e.g., vibrating switches that activate closed loop tapes with messages, TDD with braille output for telephone communication).

24.3 Skill:
- Provide opportunities for the learner to use augmentative communication devices in a variety of environments and with a variety of communication partners (e.g., picture books to order at a restaurant, computer with voice output in a classroom).

24.4 Skill:
- Access resources for alternative and augmentative communication assessment and communication devices (e.g., speech and language therapists, communication disorders clinics, vendors of communication devices).

25 Knowledge:
The need for learners who are deafblind to have communication embedded/incorporated in all activities and settings (e.g., home, school, community).

25.1 Skill:
- Assess activities for their communication opportunities and implement appropriate strategies (e.g., wait for the learner to request a drink rather than refilling glass immediately, place preferred object out of reach; leave an object out of a calendar box, do work tasks in a turn-taking manner).

25.2 Skill:
- Provide opportunities and means for the learner to communicate within and about activities, places (e.g., use of objects, calendars, diaries, experience books, signs, speech in conversations).

25.3 Skill:
- Use naturally occurring events for the learner to use and practice communication skills.
26 **Knowledge:**
Effective use of communication support personnel (e.g., speech/language therapists, interpreters, intervenors, paraprofessionals) to assure that the learner, who is Deafblind, has optimal access to opportunities for receptive and expressive communication.

26.1 Skill:
- Identify the responsibilities and the roles of the communication support personnel according to the needs of the learner and environments (e.g., a learner who communicates with objects may not need an ASL interpreter; a learner who is educated in a signing environment may need an individual interpreter for participation in the community).

27 **Knowledge:**
Communication and language theories, approaches and research that are applicable to teaching learners who are deafblind (e.g., from linguistics, general education, special education, education of the deaf and hard of hearing, education of the blind and visually impaired and education of learners who are

27.1 Skill:
- Access and evaluate current related research and practices in communication for their possible relevance in teaching the learner.

### Hearing-Vision

28 **Knowledge:**
The structure and function of auditory and visual systems and how they interrelate in the learning process.

29 **Knowledge:**
Impairments in the structure and the function of the auditory and visual systems.

29.1 Skill:
- Assess and explain educational implications of visual and auditory impairments upon the learner.

30 **Knowledge:**
Clinical, functional and legal definitions of deafblindness, blindness/visual impairment, deafness/hearing loss.

30.1 Skill:
- Use of definitions of deafblindness, blindness/visual impairment, and deafness/hearing impairment (e.g., eligibility criteria) to access services, materials and assistance for the learner.
31 Knowledge:
Functional and clinical assessments of vision and hearing.

31.1 Skill:
- Identify, adapt, or develop strategies to assess the learner's functional use of vision and hearing.

31.2 Skill:
- Assess how the learner processes auditory and visual information (e.g., assess preferred learning modalities, assess processing time in different modalities).

32 Knowledge
Clinical assessments of vision and hearing that are used by learners who are deafblind (e.g., evoked potentials, preferential looking, behavioral audiometry, electro-retinography).

32.1 Skill:
- Interpret for other team members clinical and functional information regarding the learner's vision and hearing (e.g., vision and hearing losses, processing, visual field losses, and ocular-motor information).

32.2 Skill:
- Recommend appropriate positions to optimize visual functioning (e.g., learner in an adapted chair, learner's location in a room, and light sources).

32.3 Skill:
- Recommend appropriate positions to optimize auditory functioning (e.g., head in midline, better ear toward sound source).

32.4 Skill:
- Implement strategies to accommodate for and to improve the learner's visual and auditory functioning based upon assessment results (e.g., use appropriate color/size decrease background noise).

32.5 Skill:
- Recommend the learner for additional visual and auditory evaluations/assessments when necessary.

33 Knowledge:
Assistive listening (e.g., hearing aids, FM systems), low vision (e.g., magnifiers) and vibro-tactile devices (e.g., vibrating alarm) that enhance auditory and visual functioning.
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33.1 Skill:
- Recommend appropriate referrals to low vision and hearing specialists in collaboration with other team members to assess the need for assistive devices.

33.2 Skill:
- Operate and maintain hearing aids, systems and vibro-tactile devices (based upon the recommendations of the audiologist and other team members).

33.3 Skill:
- Assess situations and environments in which the learner can benefit from use of FM systems (based upon the recommendations of the audiologist and other team members).

33.4 Skill:
- Check and maintain glasses, contact lenses, and low vision devices (based upon the recommendations from the eye care specialist and other team members).

33.5 Skill:
- Teach the learner (based upon the recommendations from the eye care specialists and other team members) to use appropriate optical aids (e.g., magnifier, CCTV) and non-optical low vision devices (e.g., felt-tip pen, reading stand, lamp, etc.) for near and distant tasks.

Orientation and Mobility

34 Knowledge:
The influence of vision and hearing in motor development.

35 Knowledge:
The basic principles of orientation and mobility for learners who are deafblind.

35.1 Skill:
- Assess, describe and explain the effects of vision and hearing losses upon the learner’s movements (e.g., reaching, crawling, and walking).

35.2 Skill:
- Collaborate with Orientation and Mobility specialists and other appropriate specialists (e.g., occupational therapist, physical therapists) in adapting strategies to encourage the learner to move safely and independently.
35.3 Skill:
• Assist the learner in organizing information about space and objects within space (e.g., consistent placement of furniture and toys in a bedroom).

35.4 Skill:
• Model ways for the learner to move in and through space (using vision, auditory cues, and tactile cues).

35.5 Skill:
• Provide opportunities for the learner to move outward in progressively larger spaces (e.g., house, neighborhood, community).

35.6 Skill
• Adapt orientation and mobility techniques according to the learner’s communication skills and ability to use residual hearing and vision (e.g., instructions given tactually, replacing auditory cues with tactual cues).

35.7 Skill
• Provide opportunities for the learner who is deafblind and has physical disabilities to learn orientation and mobility skills (e.g., teaching the learner in a wheelchair to trail a wall).

35.8 Skill:
• Assess the proprioceptive and kinesthetic variables in the environment (e.g., resistance, weight, angle of a surface).

35.9 Skill:
• Teach the learner to attend to kinesthetic and proprioceptive variables to inform him/her about how his/her body relates to the environment (e.g., change body positioning to walk or down a hill).

36 Knowledge:
Technology to enhance orientation and mobility skills (e.g., electronic travel aids).

Environment and Materials

37 Knowledge:
Visual, auditory, tactile, and olfactory information in various environments that influence learning.
37.1 Skill:
- Assess the visual variables in the environment that influence the learner's effective use of vision (e.g., color, contrast, size, distance, timing, clutter, lighting, glare).

37.2 Skill:
- Make appropriate visual adaptations to accommodate for specific visual impairments (e.g., reduce lighting for learners with colobomas, increased lighting in dark areas for learners with Retinitis Pigmentosa).

37.3 Skill:
- Assess variables within specific environments that influence the learner's use of hearing (e.g., curtains, carpeting, tile floors, concrete walls, ceilings, noise room air conditioners, radios, and chairs moving in a classroom, loud talking, and public address systems in classrooms).

37.4 Skill:
- Make appropriate adaptations to enhance the learner's auditory functioning in a variety of physical environments (e.g., background noise reduction, volume modification, and adjustment of room acoustics [addition of carpet, draperies etc.]).

37.5 Skill:
- Assess the tactile variables within the environment (e.g., temperature, vibration, texture, shape, size and density).

37.6 Skill:
- Use contrasting tactile cues or adaptations to assist the learner in gaining information about the environment (e.g., texture cues, landmarks, varied textures used on walls and floors, braille labels).

37.7 Skill:
- Draw the attention of the learner to the sources of naturally occurring vibrations and smells in the environment (e.g., washing machine, vacuum, blender, wheelchair being pushed across different surfaces, swimming pool, lunch room).

38 Knowledge:
Technological devices and appliances for independent living.

38.1 Skill:
- Access sources of devices and appliances that will enhance the learner's ability to live as independently as possible.
38.2 Skill:
- Use and adapt appropriate devices and appliances (e.g., strobe alarms, vibrating alert systems for smoke, doorbells, voice etc.).

39 Knowledge:
Visual, auditory and tactile characteristics of materials needed by learners who are deafblind.

39.1 Skill:
- Based upon clinical and functional assessments, use and create materials that will maximize the learner's use of vision, hearing and touch in specific situations (e.g., bold lined drawings, tape recordings, tactual maps and object calendars, print size, spacing, colored markers, fluorescent or brightly colored tape, beeper balls) to meet the learner's visual, auditory and tactile needs.

Professional Issues

40 Knowledge:
The history of the practices, people and events that have impacted or impact the lives of people who are deafblind and their possible relevance to current educational practices.

41 Knowledge:
Resources that provide technical assistance at the local, state, and national levels related to the field of deafblindness.

42 Knowledge:
Resources of support services (e.g., interpreters, counselors, intervenors) for learners who are deafblind and their families.

43 Knowledge:
Curricula specific to or adapted for learners who are deafblind (e.g., daily living skills, vocational, early intervention).

44 Knowledge:
Specialized roles of educators of learners who are deafblind.

44.1 Skill:
- Consult and collaborate with others who provide care, education, and adult services to people who are deafblind.

44.2 Skill:
- Provide information and education to team members (including families) about the
uniqueness of the disability of deafblindness.

44.3 Skill:
• Provide training to caregivers, school personnel and peers that will improve the quality of their interactions/relationships with the learner who is deafblind.

44.4 Skill:
• Advocate for learners who are deafblind and their families to obtain quality services ranging from early intervention to transition to adult services.

Appendix


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Common Core of Knowledge and Skills Essential for All Beginning Special Education Teachers

Guidelines

CC: Common Core
1. Philosophical, Historical and Legal Foundations of Special Education

Knowledge:
K1 Models, theories, and philosophies that provide the basis for special education practice.

K2 Variations in beliefs, traditions, and values across cultures within society and the effect of the relationship among child, family and schooling.

K3 Issues in definition and identification procedures for individuals with exceptional needs including individuals from culturally and/or linguistically diverse

K4 Assurances and due process rights related to assessment, eligibility, and placement.
K5 Rights and responsibilities of parents, students, teachers and other professionals, and schools as they relate to individuals with learning needs.

**Skills:**
S1 Articulate personal philosophy of special education including its relationship to/with regular education.
S2 Conduct instructional and other professional activities with the requirements of law, rules and regulations, and local district policies and procedures.

**CC: Common Core**
2. Characteristics of Learners

**Knowledge:**
K1 Similarities and differences among the cognitive, physical, cultural, social, and emotional needs of individuals with and without exceptional learning needs.
K2 Differential characteristics of individuals with exceptionalities, including levels of severity and multiple exceptionalities.
K3 Characteristics of normal, delayed, and disordered communication patterns of individuals with exceptional learning needs.
K4 Effects an exceptional condition(s) may have on an individual’s life.
K5 Characteristics and effects of the cultural and environmental of the child and the family including cultural and linguistic diversity, socioeconomic level, abuse/neglect, and substance abuse.
K6 Effects of various medications on the educational, cognitive, physical, social, and emotional behavior of individuals with exceptionalities.
K7 Educational implications of characteristics of various exceptionalities.

**Skills:**
S1 Access information on various cognitive, communication, physical, cultural, social and emotional conditions of individuals with exceptional learning needs.

**CC: Common Core**
3. Assessment, Diagnosis and Evaluation
Knowledge:
K1 Basic terminology used in assessment.
K2 Ethical concerns related to assessment.
K3 Legal provisions, regulations, and guidelines regarding assessment of individuals.
K4 Typical procedures used for screening, prereferral, referral, and classification.
K5 Appropriate application and interpretation of scores, including grade score versus standard score, percentile ranks, age/grade equivalents, and stanines.
K6 Appropriate use and limitations of each type of assessment instrument.
K7 Incorporation of strategies that consider the influence of diversity on assessment, eligibility, programming, and placement of individuals with exceptional needs.
K8 The relationship between assessment and placement decisions.
K9 Methods for monitoring progress of individuals with exceptional learning needs.

Skills:
S1 Collaborate with families and other professionals involved in the assessment of individuals with exceptional learning needs.
S2 Create and maintain records.
S3 Gather background information regarding academic, medical, and family history.
S4 Use various types of assessment procedures appropriately.
S5 Interpret information from formal and informal assessment instruments and procedures.
S6 Report assessment results to individuals with exceptional learning needs, parents, administrators, and other professionals using appropriate communication skills.
S7 Use performance data and information from teachers, other professionals, individuals with exceptionalities, and parents to make or suggest appropriate modification in learning environments.
S8 Develop individualized assessment strategies for instruction.
S9 Use assessment information in making instructional decisions and planning individual programs that result in appropriate placement and intervention for all individuals with exceptional learning needs, including those from culturally and/or linguistically diverse backgrounds.

S10 Evaluate the results of instruction.

S11 Evaluate supports needed for integration into various program placements.

CC: **Common Core**

4. Instructional Content and Practice

**Knowledge:**

K1 Differing learning styles of individuals with exceptional learning needs and how to adapt teaching to these styles.

K2 Demands of various learning environments such as individualized instruction in general education classes.

K3 Curricula for the development of motor, cognitive, academic, social, language, affective and functional life skills for individuals with exceptional learning needs.

K4 Instructional and methods, techniques, and curriculum materials.

K5 Techniques for modifying instructional methods and materials.

K6 Life skills instruction relevant to independent, community, and personal living and employment.

K7 Cultural perspectives influencing the relationship among families, schools, and communities as related to effective instruction for individuals with exceptional learning needs.

**Skills:**

S1 Interpret and use assessment data for instructional planning.

S2 Develop and/or select instructional content, materials, resources, and strategies that respond to cultural, linguistic, and gender differences.

S3 Develop comprehensive, longitudinal individualized programs.
S4 Choose and use appropriate technologies to accomplish instructional objectives and to integrate them appropriately into the instructional process.

S5 Prepare appropriate lesson plans.

S6 Involve the individual and family in setting instructional goals and charting progress.

S7 Conduct and use task analysis.

S8 Select, adapt, and use instructional strategies and materials according to characteristics of the learner.

S9 Sequence, implement, and evaluate individual learning objectives.

S10 Integrate affective, social, and career/vocational skills with academic curricula.

S11 Use strategies for facilitating maintenance and generalization of skills across learning environments.

S12 Use instructional time properly.

S13 Teach individuals with exceptional learning needs to use thinking, problem-solving, and other cognitive strategies to meet their individual needs.

S14 Choose and implement instructional techniques and strategies that promote successful transitions for individuals with exceptional learning needs.

S15 Establish and maintain rapport with learners.

S16 Use verbal and nonverbal communication techniques.

S17 Conduct self-evaluation of instruction.

CC: **Common Core**
5. Planning and Managing the Teaching and Learning Environment

**Knowledge:**
K1 Basic classroom management theories, methods, and techniques for individuals with exceptional learning needs.

K2 Research-based best practices for effective management of teaching and learning.
K3 Ways in which technology can assist with planning and managing the teaching and learning environment.

Skills:
S1 Create a safe, positive, and supportive learning environment in which diversities are valued.
S2 Use strategies and techniques for facilitating the functional integration of individuals with exceptional learning needs in various settings.
S3 Prepare and organize materials to implement daily lesson plans.
S4 Incorporate evaluation, planning, and management procedures that match learner needs with the instructional environment.
S5 Design a learning environment that encourages active participation by learners in a variety of individual and group learning activities.
S6 Design, structure, and manage daily routines, effectively including transition time for students, other staff, and the instructional setting.
S7 Direct the activities of a classroom paraprofessional, aide, volunteer, or peer tutor.
S8 Create an environment that encourages self-advocacy and increased independence.

CC:  Common Core
6. Managing Student Behavior and Social Interaction Skills

Knowledge:
K1 Applicable laws, rules and regulations, and procedural safeguards regarding the planning and implementation of management of behaviors of individuals with exceptional learning needs.
K2 Ethical considerations inherent in classroom behavior management.
K3 Teacher attitudes and behaviors that positively or negatively influence behavior of individuals with exceptional learning needs.
K4 Social skills needed for educational and functional living environments and effective instruction in the development of social skills.
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K5 Strategies for crisis prevention/intervention.

K6 Strategies for preparing individuals to live harmoniously and productively in a multiclass, multiethnic, multicultural, and multinational world.

Skills:
S1 Demonstrate a variety of effective behavior management techniques appropriate the needs of individuals with exceptional learning needs.

S2 Implement the least intensive intervention consistent with the needs of the individuals with exceptionalities,

S3 Modify the learning environment (schedule and physical arrangement) to manage inappropriate behaviors.

S4 Identify realistic expectations for personal and social behavior in various settings.

S5 Integrate social skills into the curriculum.

S6 Use effective teaching procedures in social skills instruction.

S7 Demonstrate procedures to increase the individual's self-awareness, self-control, self-reliance, and self-esteem.

S8 Prepare individuals with exceptional learning needs to exhibit self-enhancing behavior in response to societal attitudes and actions.

CC: Common Core
7. Communication and Collaborative Partnerships

Knowledge:
K1 Factors that promote effective communication and collaboration with individuals, parents, and school and community personnel in a culturally responsive program.

K2 Typical concerns of parents of individuals with exceptional learning needs and appropriate strategies to help parents deal with these concerns.

K3 Development of individual student programs working in collaboration with team

K4 Roles of individuals with exceptionalities, parents, teachers, and other school and community personnel in planning an Individualized program.
K5 Ethical practices for confidential communication to others about individuals with exceptional needs

Skills:
S1 Use collaborative strategies in working with individuals with exceptional learning needs, parents, and school and community personnel in various learning environments.
S2 Communicate and consult with individuals, parents, teachers, and other school and community personnel
S3 Foster respectful and beneficial relationships between families and professionals.
S4 Encourage and assist families to become more active participants in the educational team.
S5 Plan and conduct collaborative conferences with families or primary caregivers.
S6 Collaborate with regular classroom teachers and other school and community personnel in integrating individuals with exceptional learning needs into various learning environments.
S7 Communicate with regular teachers, administrators, and other school personnel about characteristics and needs of individuals with specific exceptional learning needs.

CC: Common Core
8. Professionalism and Ethical Practices

Knowledge:
K1 Personal cultural biases and differences that affect one's teaching.
K2 Importance of the teacher serving as a model for individual with exceptional learning needs.

Skills:
S1 Demonstrate commitment to developing the highest educational and quality-of-life potential of individuals with exceptional learning needs.
S2 Demonstrate positive regard for the culture, religion, gender, and sexual orientation of individual students.
S3 Promote and maintain a high level of competence and integrity in the practice of the profession.
Appendix A

S4 Exercise objective professional judgment in the practice of the profession.
S5 Demonstrate proficiency in oral and written communication.
S6 Engage in professional activities that may benefit individuals with exceptional learning needs, their families, and/or colleagues.
S7 Comply with local, state, provincial, and federal monitoring and evaluation requirements.
S8 Use copyrighted educational materials in an ethical manner.
S9 Practice within the CEC Code of Ethics and other standards and policies of the profession.

For further information about Competencies for Teachers of Learners Who Are Deafblind, please contact:

The Hilton/Perkins Program
Perkins School for the Blind
175 North Beacon Street
Watertown, MA 02172

Phone: (617) 972-7220
Fax: (617) 923-8076
Appendix B

Excerpt from:

The NTAC Outcomes and Performance Indicators: A System for Documenting Outcomes for Children and Youth with Deaf-Blindness, their Families, and the Service Providers and Systems that Serve Them
Outcomes and Performance Indicators

The NTAC Outcomes and Performance Indicators for Children and Youth who are Deaf-Blind were developed as a means of summarizing technical assistance planning, implementation, evaluation, and outcome data. Outcomes and performance indicators (OPIs) have been developed across four domains: Service Providers, Families, Systems and Children. The specific purpose of the NTAC Outcomes and Performance Indicators instrument is three-fold:

- To provide an internal uniform coding system for outcomes and performance indicators identified during the development and implementation of long-range technical assistance plans and agreements.
- To provide an instrument and process, which can be used to consistently aggregate outcome data during planning, implementation and evaluation.
- To provide an instrument and process, which can be used to consistently use and report data.

Sample OPIs taken from The NCDB Outcomes and Performance Indicators: Literacy (2008)

**Child OPIs**

C.09: The child’s/youth’s literacy skills have increased.

NOTE: Pre-emergent literacy skills can be found in other Child OPIs which are included in italics.
Listening performance indicators (Receptive communication skills)

C.01.b: Uses auditory skills, such as localization to presented sounds, discrimination and/or auditory comprehension

C.01.e: Uses other sensory skills, such as smell, taste or movement to gather information

C.02.b: Attends and/or responds to instructional stimuli

C.03.a: Uses anticipation skills

C.09.a: Demonstrates attention to objects; stories or music (spoken, recorded or signed); and/or communication partner...
Service Provider OPIs

SP.12: The service provider’s use of strategies to promote literacy in reading/writing has increased.

NOTE: For encouraging use of residual hearing and pre-linguistic communication development, go to SP.07 (Communication).

SP.12.a: Engages in interactive storybook reading in which both service provider and student interact with the text (print, Braille, sign, tactile representation, object, picture, symbol, etc.)

SP.12.b: Uses the student’s preferred cues to draw attention to the text and shape the response to and/or interaction with the text.

SP.12.c: Increases duration of active engagement with literacy activity

SP.12.d: Models the behaviors of reading and writing using the students’ preferred communication such as the use of symbols (e.g., objects, pictures, tactile representations) or words (i.e., sign, print, Braille)

SP.12.e: Provides multiple opportunities for student to interact with text

SP.12.f: Provides natural opportunities for emergent literacy learning throughout the classroom and throughout the day...

Family OPIs

F.12: Family member’s use of strategies to promote their child’s literacy skills has increased.

NOTE: For encouraging communication, social interaction and awareness of child’s environment go to F.06 (Communication) and F.10 (Learning and Development)

F.12.a: Participates in activities that promote communication and awareness of sounds, symbols, letters, and words (throughout the home and in the community).

F.12.b: Participates in activities that promote awareness of print, Braille, signs and symbols (books, labels, magazines, menus); models reading and writing behaviors; provides opportunities throughout the home and in the community.
F.12.c: “Reads” to child using spoken language, sign, tactile sign or a combination of communication methods; encourages interaction with the text.

F.12.d: Encourages exploration of books adapted to individual child needs (e.g. tactile, Braille, high contrast, interactive, includes symbols).

F.12.e: Provides multiple opportunities to interact with favorite books, stories, rhythm and music games...

Although the instrument can be used either as a print or electronic copy, the electronic version of the OPIs allow for the selection of the specific outcomes and performance indicators to be measured. For the most up-to-date, complete version of the OPIs see http://nationaldb.org/TAOutcomes.php
Appendix C

Recommendations on the Training of Interveners for Students who are Deafblind

Linda Alsop
Jim Durkel
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Cindi Robinson
Preface

The National Intervener Task Force, formed in January of 2002, is an informal network comprised of a variety of individuals representing state/multi-state deafblind projects, higher education institutions, agencies, and parents. The focus of the Task Force has been to develop a consistent understanding of issues and services related to the training and use of interveners in educational settings and early intervention settings. During the October 2002 Task Force meeting, participants requested that a small representative group be formed to summarize recommended intervener training practices and to review competencies recommended for intervener training. In response to this request, the SKI-HI Institute at Utah State University hosted a two-day meeting in February 2003 to review and recommend effective practices for the conceptualization and development of intervener training programs. Simultaneous to the Intervener Task Force activities, the SKI-HI Institute was also engaged in a variety of activities related to the identification of competencies for interveners. These activities included the development of multiple draft competency listings, field reviews, and revisions. In the fall of 2003, at the request of the SKI-HI Institute, staff, with the National Technical Assistance Consortium for Children and Youth, who are Deaf-Blind (NTAC), facilitated an external review of the proposed intervener competencies. The results of this review were used in the selection of the final intervener competencies. In the spring of 2004, the SKI-HI Institute and NTAC also facilitated the development of a national Community of Practice Focused on Interveners and Paraprofessionals Working with Children and Youth who are Deafblind. (Note: By definition, an intervener is a paraprofessional who has training and specialized skills in deafblindness.) Based on the needs and activities previously identified and initiated by the National Intervener Task Force and others, the identification of recommended practices related to the training and use of interveners and paraprofessionals was targeted as the initial focus of activities proposed to the Community.

These include:

- Refining and recommending competencies and training content for interveners and paraprofessionals working with students who are deafblind.
- Recommending degrees of mastery, or levels of learning, for intervener training activities.
- Developing a recommended crosswalk between the identified mastery levels and the identified training practices/pedagogy needed to reach the identified mastery levels.
- Summarizing characteristics of existing training models.
- Integrating training activities into larger state professional development infrastructures (i.e. No Child Left Behind (NCLB) and IDEA comprehensive systems of personnel development (CSPD).
Appendix C

- Providing examples of documenting training and acquisition of competencies.
- Identifying recommended standards of practice related to the use of interveners and paraprofessionals in educational settings.

This paper represents the authors’ initial attempts at addressing some of the training issues and needs identified through the Intervener Task Force activities, and subsequently by the Community of Practice. It is not intended to be an exhaustive response, nor all-inclusive. It is intended to provide information and resources that can guide in the planning and development of intervener training programs. Other issues such as the identification of standards of practice related to the use of interveners and paraprofessionals will be addressed in subsequent documents.

This paper provides:

- A common understanding of the definition and role of an intervener
- A comprehensive list of recommended intervener competencies and mastery levels necessary to become an intervener
- A portfolio process for the documentation of intervener competencies
- A discussion of recommended training practices
- A checklist of considerations for developing an intervener training system

It is hoped that this information will be useful and support the ongoing efforts related to the use of interveners and paraprofessionals with students and youth who are deafblind.
Acknowledgments

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Beliefs

As the initial development and thinking behind this document evolved, it became apparent that many of the training practices and activities identified and included are not specific to a single content or category of disability. However, it also became apparent that the authors’ thinking related to these practices was influenced by their underlying beliefs and values related to the training of interveners. These beliefs and values came from both the authors varied experiences in the training of interveners and the research on effective training practices. As a result, the following common beliefs were identified. These served as the context in which the training practices and activities were recommended.

1. Training should be available to support the needs of interveners regardless of when they start their job duties.

2. There is a need to simultaneously address issues interveners have with the students they currently serve, as well as to train interveners to have a broader grounding in deafblindness.

3. Training must be systematic. There are essential competencies that should be addressed first. There may be a variety of curricular sequences to the training, but training should be offered so that, over time, critical competencies are addressed.

4. Training must be made available and offered in multiple formats. No single instructional model for intervener training will meet all needs, and the model developed will be influenced by the fiscal and non-fiscal resources available in each state.

5. Effective training must include follow-up support to assure implementation of new skills.

6. There is value to having interveners interact with other interveners. Training should allow for at least occasional interactions, either by face-to-face, phone conferencing, or some type of distance technology (i.e. listserv, email, and videoconferencing).

7. Interveners work as part of the IEP team. It is important that training also be available for teachers, parents and other professionals who supervise and work with interveners.
Definition and Role of an Intervener

An intervener is defined as an individual who:

- Works consistently one-on-one with a student who is deafblind.
- Who has training and specialized skills related to deafblindness (Alsop, Blaha, and Kloos, 2000).

The specialized training needed to be an effective intervener should address a wide range of topics needed to understand the characteristics of deafblindness, appropriate strategies for teaching students who are deafblind (Robinson, Dykes, Grondin, Barnard, Bixler, Alsop, Wolf, Gervasoni, and Lauger, 2000), as well as the specific needs of the student (Striefel, Killoran, and Quintero, 1991).

The role of the intervener is to:

- Facilitate access to environmental information usually gained through vision and hearing, but which is unavailable or incomplete to the individual who is deafblind.
- Facilitate the development and/or use of receptive and expressive communication skills by the individual who is deafblind.
- Develop and maintain a trusting, interactive relationship that can promote social and emotional well-being (Alsop, et al, 2000).

Implications of Title 1 and IDEA Reauthorization on Intervener Training Programs

Inherent in the definition and role of the intervener, is the need to identify and delineate the training requirements, or competencies, needed to be an intervener. The need for increased training and development of standards for paraprofessionals has also been recognized in recent years by IDEA and Title 1, as amended by “No Child Left Behind” which has had a major impact on the training and use of paraprofessionals for the delivery of instructional support in both general and special education settings. Although, Title 1 acknowledges, “properly trained paraprofessionals can play important roles in improving student achievement” and that they “augment and reinforce teacher’s efforts”, it also acknowledges that many paraprofessionals lack the education and training to be effective in their roles (Title 1 Paraprofessional Nonregulatory Guidance, 2004, pg. 6). As a result, Title 1 has established minimum educational requirements for paraprofessionals and has charged each state to develop and adopt standards for training, which will lead to these minimum standards. As states initiate their paraprofessional standards process, many are grappling with adoption of competencies required for all paraprofessionals
while simultaneously addressing those competencies needed by individuals who are providing services to students with more challenging needs, such as students with autism or deafblindness. Other states are looking at minimal competencies to meet the Title 1 qualifications with further training and support provided related to more specialized skills. Regardless of a state’s individual approach, a framework of identified competencies for interveners will assist in guiding their thinking and in their respective adoption process.

Developers of training programs for interveners and paraprofessionals working with students who are deafblind are faced with the task of integrating their activities into the larger paraprofessional state initiatives and training activities. This is now a multiple task process going far beyond just the simple identification of competencies and provision of training. Specific strategies must also be addressed to systematically integrate intervener training into larger scale state reforms.

The Identification and Adoption of Intervener Competencies

Although many paraprofessionals are highly trained and experienced, those who have minimal or no training in deafblindness may not be considered interveners. Not only do interveners need skills specific to the students with whom they work, but they must also have an overall understanding of deafblindness and the intervention process itself. Consequently, one of the foremost tasks involved is the identification of competencies and skills needed to be an adequately and appropriately trained intervener. The SKI-HI Institute at Utah State University has developed Competencies for Training Interveners to Work with Children/Students with Deafblindness, which is a comprehensive set of competencies for training interveners (see Appendix A). These competencies cover eight broad areas of content which include:

1. Demonstrating knowledge of deafblindness and its impact on learning and development.

2. Demonstrating knowledge of the process of intervention and the role of the intervener, and having the ability to facilitate that process.

3. Demonstrating knowledge of communication including methods, adaptations, the use of assistive technology, and having the ability to facilitate the development and use of communication skills.

4. Demonstrating knowledge of the impact of deafblindness on psychological, social, and emotional development, and having the ability to facilitate social and emotional well-being.

5. Demonstrating knowledge of sensory systems and issues, covering all five senses, and having the ability to facilitate the effective use of the senses.
6. Demonstrating knowledge of motor, movement, and orientation and mobility strategies that are appropriate for children/students who are deafblind, and having the ability to facilitate orientation and mobility skills.

7. Demonstrating knowledge of the impact of additional disabilities on the child/student who is deafblind, and having the ability to provide appropriate support.

8. Demonstrating professionalism and ethical practices.

These training competencies can be used to:

- Guide curriculum development and the evaluation of intervener training activities
- Guide the evaluation of the acquisition of an intervener’s knowledge and skills
- Guide the selection of competencies for specific paraprofessionals during the state’s development and adoption activities under Title 1 and IDEA

In order to evaluate an intervener’s acquisition of knowledge and skills, the Intervener Portfolio Assessment (see Appendix B) has been developed based on the aforementioned competencies for Training Interveners to Work with Children/Students with Deafblindness (see Appendix A). The portfolio document is intended to be one vehicle that can be used to provide the documentation that many states now require in their personnel standards for paraprofessionals.

**Levels of Learning for Staff Development and Training**

When developing and delivering an effective intervener training program, it is critical to identify the ultimate level of learning desired for participants in order to determine the training strategies or pedagogy that should be used. Butler (2001) describes the desired outcome, or level of learning, of typical staff development as one of the following:

- Information Transfer where participants receive information about new skills and approaches.
- Skill Acquisitions where participants are taught a specific way to implement a skill.
- Behavior Change where new information and skills are taught with the expectation that learners will apply the new skills and change their behavior.

Of these, the Behavior Change Staff Development model results in the highest level of learning and implementation of new skills by participants (Butler, 2001; Korinek, Schmid, McAdams, 1985).
Levels of learning have also been characterized as:

- Awareness training that results in the participant’s increased realization of the importance of the new information and an increased familiarity with, and understanding of, content.

- Knowledge and Skills training that results in the participant’s understanding of the content, being able to speak knowledgeably about the content, and being able to use the skills. However, more experience, guided and independent practice, and feedback are needed for independent implementation.

- Implementation training that results in the participant’s successfully and independently applying the skill in a variety of settings (Killoran, 2002; Killoran, Templeman, Peters, and Udell, 2001; Showers and Joyce, 1980).

In conceptualizing and developing intervener training programs, the resulting desired level of learning must be considered in the initial decision-making process, in order to identify the training strategies and to design the activities needed to be most effective.

**Recommended Training Practices**

Although a wide variety of staff development training models exist, their effectiveness for lasting change is highly dependent upon the training practices they employ. Many researchers have studied and identified the instructional practices that influence the effectiveness of training, and their results have been consistent across the past two-plus decades (Butler, 2001; Giangreco, Edelman, and Broer, 2001; Templeman and Peters, 1998; Joyce and Showers, 1980). Training practices that result in participants attaining an implementation or behavior change level of mastery include:

1. Presentation of content or theory.

2. Modeling of the presented content.

3. Guided practice including:
   - corrective feedback
   - re-teaching
   - reinforcement

4. Independent practice including:
   - corrective feedback
• re-teaching
• reinforcement

5. Ongoing follow-up and assessment including:
• corrective feedback
• re-teaching
• reinforcement

Matching Levels of Learning with the Training Practices

The decision of which of the effective training practices to include in an intervener training activity is dependent upon the level of learning that has been identified as the outcome for the specific training. Although there is the need for conducting training at both the awareness and the knowledge and skills levels of learning, most intervener training should be aimed at the implementation of new skills. In order to assure implementation of new skills, intervener training models should be based on:

• Behavior change outcomes where new information and skills are taught with the expectation that learners will apply the new skills and change their individual behaviors.
• Implementation training that results in the participants successfully and independently applying the skills in a variety of settings.

The relationship between effective practices required for each of the levels of learning is presented in Figure 1.

Training Practice Level of Learning Awareness Knowledge and Skill Implementation

1. Presentation of content or theory

2. Modeling of the presented content
   • Uses Only Training Practices 1 and 2
   • Uses Training Practices 1 through 4
   • Uses All Training Practices 1 through 5
3. Guided practice, including:
   - corrective feedback
   - re-teaching
   - reinforcement

4. Independent practice, including:
   - corrective feedback
   - re-teaching
   - reinforcement

5. Ongoing follow-up and assessment, including:
   - corrective feedback
   - re-teaching
   - reinforcement

Figure 1: Matching Levels of Learning with the Training Practices

There are a variety of ways to train interveners ranging from one-on-one training, to ongoing group inservice, to community college classes. In most states, inservice training is being provided by the state/multi-state deafblind project. Some states are also exploring the provision of interveners training through community college programs, consistent with NCLB. However, regardless of the how the training is provided, it should include the afore-mentioned characteristics to reach the identified outcomes or learning levels.

**Intervener Training Programs**

The success of an effective training program lies not only in the setting or methodology of how the training is delivered, but also in the training practices that are used. Thus, no single “ideal” model for training interveners is recommended by the authors. Indeed there are a number of training options, ranging from one-to-one instruction to classroom/group instruction. (A more detailed discussion of training issues that are specific to interveners training programs will be included in a subsequent document). Each state will need to develop its own training model, based on its needs and resources. In addition, the design of training model activities is dependent upon a variety of considerations, which include among others:
Each of these areas must be considered and addressed when determining the type and appropriateness of the training activity to be developed. A more detailed checklist of these considerations is included in Considerations for Developing an Intervener Training System found in Appendix C.

Summary

The development and implementation of an interverner training program is a complex process, which must address both individual training issues and systems integration activities. Recent federal legislation related to adequately and appropriately trained paraprofessionals impacts the identification of interverner training competencies and necessitates their alignment with larger state paraprofessional initiatives. Effective training also requires the allocation of fiscal and non-fiscal resources that allow for the follow-up training and support needed by interveners to independently implement new knowledge and skills. This would include sufficient staff to provide on-site follow-up consultation and technical assistance. This paper addresses some of the issues to be considered in the systematic development of an interverner training program, and includes documents that can facilitate that development.

- The Competencies for Training Interveners to Work with Children/Students with Deafblindness includes recommended knowledge and skills for interveners, and can guide in the development of training curriculum and in evaluation activities. (Appendix A)
- The Intervener Portfolio Assessment provides a tool for documenting the acquisition and demonstration of those interverner competencies. (Appendix B)
- In Considerations for Developing an Intervener Training System, a checklist for conceptualizing a comprehensive, integrated system is provided. (Appendix C)

These documents are all intended to work together, and can provide information, insights,
and resources that can guide in the development of effective intervener training programs. The authors are available for questions or further clarifications.

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References


Appendix D

Competencies for Training Interveners to Work with Children/Students with Deafblindness

SKI-HI Institute
Linda Alsop
An intervener is defined as an individual who has training and specialized skills related to deafblindness and works consistently one-on-one with a child/student who is deafblind. The following are the recommended competencies necessary for interveners who work one-on-one with children and students who are deafblind. They are the result of numerous consultations with practitioners, specialists and researchers in the field of deafblindness. Each competency has been assigned to a level of mastery that reflects either knowledge or the application of skills. The competency levels of mastery are defined as follows:

- KNOWLEDGE - The intervener demonstrates knowledge about the content. For those competencies that are not skill based, Knowledge is the desired mastery level.
- IMPLEMENTATION - The intervener demonstrates the ability to successfully and independently apply the skill in a variety of settings.

These competencies are organized under eight Standards. They are grouped as either Core Competencies or Child-Specific Competencies. Core Competencies represent the recommended knowledge base in deafblindness, while the Child-Specific Competencies are those that reflect the application of skills that are specific to a child/student who is deafblind.

**Standard 1: Demonstrate knowledge of deafblindness and its impact on learning and development**

**Core Competencies**
Interveners should have knowledge of:

1.1 The definition of deafblindness

1.2 The impact of combined vision and hearing loss on learning (including incidental learning), interaction, and overall development

1.3 The difference between congenital and acquired deafblindness

1.4 The difference between concept development and skill development, and the impact of deafblindness on each

1.5 The implications related to: the age of onset of vision and hearing loss, the types and degrees of loss, and the presence of additional disabilities

**Child-Specific Competencies**
Interveners should have knowledge of:
Appendix D

1.6 The child’s/student’s specific etiology and related characteristics

1.7 The child’s/student’s strengths and needs

1.8 The child’s/student’s likes and dislikes

1.9 The impact of combined vision and hearing loss on the child’s/student’s learning style, abilities, and communication

1.10 How to facilitate the child’s/student’s understanding and development of concepts

**Standard 2: Demonstrate knowledge of the process of intervention and the role of the intervener, and have the ability to facilitate that process**

**Core Competencies**
Interveners should have knowledge of:

2.1 The process of intervention for children/students who are deafblind

2.2 The role of the intervener in the process of intervention

2.3 The differences between interveners, paraprofessional, interpreters, aides, caregivers, special education assistants, etc.

**Child-Specific Competencies**
Interveners should have the ability to:

2.4 Provide one-on-one intervention, which facilitates consistent access to visual, auditory, and tactile information

2.5 Use routines and functional activities as learning opportunities for the child/student

2.6 Facilitate direct learning experiences for the child/student

2.7 Use techniques to increase anticipation, motivation, communication, and confirmation

2.8 Facilitate the child’s/student’s interactions with people and the environment

2.9 Facilitate interdependence for the child/student, rather than dependence (do with - not for)
2.10 Vary the level and intensity of input and the pacing of activities to meet the child’s/student’s needs

2.11 Adapt materials and activities to the child’s/student’s needs, as directed by the IFSP/IEP team

2.12 Use strategies that provide the child/student with opportunities to solve problems and to make decisions and choices

2.13 Implement intervention strategies appropriate for the child/student (e.g., daily care, self-help, transition, community, job training) as directed by the IFSP/IEP team

Standard 3: Demonstrate knowledge of communication including methods, adaptations, and the use of assistive technology, and have the ability to facilitate the development and use of communication skills

Core Competencies
Interveners should have knowledge of:

3.1 Basic communication development

3.2 The impact of deafblindness on communication and interaction

3.3 The role of the intervener in facilitating the development and use of receptive and expressive communication

3.4 Modes/forms of communication and devices used by children/students who are Deafblind (e.g., cues, sign language, tactile communication, object symbols, etc.)

3.5 The use of calendar systems to support the development of time concepts, enhance communication, and promote emotional well-being

3.6 How to facilitate language and literacy development

Child-Specific Competencies
Interveners should have the ability to:

3.7 Observe and identify the communicative behaviors of the child/student

3.8 Interpret the communicative intents of the child/student
Appendix D

3.9 Implement methods and strategies for conveying information that is understandable to the child/student

3.10 Respond appropriately to the child’s/student’s attempts at communication

3.11 Use communication techniques appropriate for the child/student who is deafblind (e.g., environmental cues, touch cues, object cues, calendar systems, adaptive sign language, tactile signing, alternative and augmentative communication systems, braille) as designed by the IFSP/IEP team

3.12 Incorporate/embed language and communication into all routines and activities

3.13 Use strategies for eliciting expressive communication from the child/student

3.14 Use strategies to promote turn-taking with the child/student

3.15 Use strategies to enhance and expand communication (e.g., increase vocabulary, topics for conversations, and communicative skills)

3.16 Facilitate the child’s/student’s interactions with others

3.17 Share observations of the child’s/student’s communication skills with other team members

Standard 4: Demonstrate knowledge of the impact of deafblindness on psychological, social, and emotional development and have the ability to facilitate social and emotional well-being

Core Competencies
Interveners should have knowledge of:

4.1 The impact of deafblindness on bonding, attachment, and social interaction

4.2 The role of the intervener in facilitating social and emotional development

4.3 The impact of deafblindness on psychological development and on the development of self-identity

4.4 The effects of deafblindness related to isolation, stress, vulnerability, grieving, and interdependence
4.5 The impact of deafblindness on aspects of sexuality (e.g., gender identity, modesty, appropriate touch, wellness checks)

**Child-Specific Competencies**
Interveners should have the ability to:

4.6 Establish a trusting relationship with the child/student who is deafblind

4.7 Provide an atmosphere of acceptance, safety, and security that is reliable and consistent for the child/student

4.8 Promote positive self-esteem and well-being in the child/student

4.9 Respond appropriately to the child’s/student’s behavior

4.10 Provide the child/student with opportunities for self-determination (e.g., independent thinking, choices, problem solving, decision making) as directed by the IFSP/IEP team

4.11 Promote social interactions and the development of meaningful relationships with an ever-expanding number of people

**Standard 5: Demonstrate knowledge of sensory systems and issues, covering all five senses and the ability to facilitate the effective use of the senses**

**Core Competencies**
Interveners should have knowledge of:

5.1 The role of touch in learning and interaction

5.2 Basic anatomy and functions of the eyes and ears

5.3 Strategies that promote visual and auditory development

5.4 The impact of deafblindness on sensory integration

5.5 The role of the other senses (taste, smell, proprioception, etc.)

**Child-Specific Competencies**
Interveners should have knowledge of:
5.6 The student’s audiological (hearing) and ophthalmological (vision) abilities

5.7 The child’s/student’s eye and ear conditions and disorders

Interveners should have the ability to:

5.8 Use and maintain amplification, cochlear implants, and assistive listening devices as appropriate

5.9 Use and maintain glasses, low vision devices, and prostheses as appropriate

5.10 Maximize the use of residual vision and hearing

5.11 Make adaptations for auditory needs (noise, positioning, etc.) as directed by the IFSP/IEP team

5.12 Make adaptations for visual needs (contrast, lighting, positioning, etc.) as directed by the IFSP/IEP team

5.13 Use touch to supplement auditory and visual input and to convey information to the child/student

5.14 Facilitate the child’s/student’s use of touch for learning and interaction

5.15 Facilitate the use of the child’s/student’s other senses to supplement auditory, visual, and tactile information (e.g., smell, taste, movement) as directed by the IFSP/IEP team

5.16 Utilize strategies to promote sensory integration as directed by the IFSP/IEP team

Standard 6: Demonstrate knowledge of motor, movement, and orientation and mobility (O&M) strategies that are appropriate for children/students who are deafblind, and have the ability to facilitate orientation and mobility skills

Core Competencies
Interveners should have knowledge of:

6.1 The impact of deafblindness on motor development, independent movement, positioning in space, and exploration of the environment
6.2 The impact of deafblindness on body awareness and on the sense of how the body relates to the environment

**Child-Specific Competencies**
Interveners should have the ability to:

6.3 Utilize strategies that promote independent and safe movement and active exploration of the environment

6.4 Implement positioning and handling to promote learning, independent movement, and physical well-being as directed by the OT/PT/O&M specialists

6.5 Promote the use of sighted guide, trailing, and protective techniques as directed by the O&M specialist

6.6 Implement strategies to promote travel routes, and the utilizing of environmental cues and landmarks as appropriate to the child/student and as directed by an O&M specialist

6.7 Implement the use of appropriate mobility devices as directed by the O&M specialist

6.8 Utilize strategies that support the development of body awareness, spatial relationships and related concepts as directed by the IFSP/IEP team

**Standard 7: Demonstrate knowledge of the impact of additional disabilities on the child/student who is deafblind and have the ability to provide appropriate support**

**Core Competencies**
Interveners should have knowledge of:

7.1 The impact of additional disabilities (including medical factors) on children/students with deafblindness

7.2 Brain development and the neurological implications of combined vision and hearing loss (e.g., brain plasticity, physiological and emotional stress, biobehavioral states)

**Child-Specific Competencies**
Interveners should have knowledge of:

7.3 The student’s additional disabilities, if present
7.4 The complex effects of additional disabilities on the child’s/student’s learning and interaction

Interveners should have the ability to:

7.5 Make adaptations appropriate for cognitive and physical needs of the child/student as directed by the IFSP/IEP team

7.6 Make adaptations appropriate for the medical needs of the child/student as directed by the IFSP/IEP team

7.7 Utilize appropriate health and safety practices

**Standard 8: Demonstrate professionalism and ethical practices**

**Core Competencies**
Interveners should have knowledge of:

8.1 The roles and responsibilities of interveners working in classrooms and other settings

8.2 The roles and supervisory responsibilities of each team member and classroom consultant

Interveners should have the ability to:

8.3 Adhere to the identified code of ethics including confidentiality

8.4 Utilize appropriate teaming skills in working with the IFSP/IEP team

8.5 Communicate and problem-solve with the IFSP/IEP team about the child’s/student’s needs as appropriate

8.6 Collect data and track child progress as directed by the IFSP/IEP team

8.7 Pursue information and resources as needed and appropriate

8.8 Interact appropriately with families as needed

8.9 Pursue ongoing professional development activities
References


Intervener Competencies in Utah (Draft).


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