

VIBRATIONS

NEWSLETTER OF COLORADO SERVICES FOR CHILDREN AND YOUTH WHO ARE DEAFBLIND, THEIR FAMILIES, AND SERVICE PROVIDERS

Spring 2011

Deafblindness: A Focus on Hearing Loss

One of the core principles of educating and supporting individuals who are deafblind is the understanding that dual sensory loss is not the sum of deafness + blindness, but the result of a compounding and exponential equation of the combined sensory loss. With that said, it is helpful to ensure that all team members of a child who is deafblind have an understanding of hearing and vision loss. This newsletter edition will focus upon hearing loss for this purpose. Our thanks to the many contributors of this edition – there is an amazing amount of expertise in Colorado on deaf education. Thanks to Dinah Beams, Sandy Bowen, Sara Kennedy, John Luckner, Ruth Mathers, Denise Davis Pedrie (along with Louise Gettman), Lisa Shigio, and Arlene Stredler Brown for their contributions.

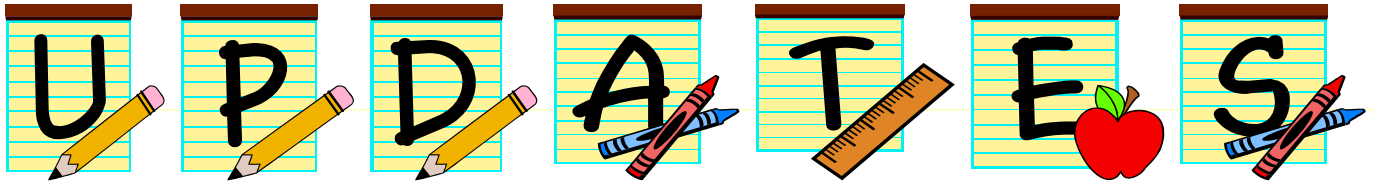
There are many changes in the identification and education of children who are deaf/hard of hearing, including those who are deafblind. With newborn hearing screening, the age of the child when identification of hearing loss occurs has markedly changed. There are improved hearing technologies and well-established early intervention services in Colorado. More children are receiving cochlear implants and receiving them at earlier ages. There is a state mentor program sponsored by the Department of Education that addresses the educational needs of these learners who benefit from new technologies. We have come a long way! There are also new things to learn and practice. We are learning more and more about the educational impact of a unilateral hearing loss, the diagnosis of auditory neuropathy / dyssynchrony, and services specific to children with cochlear implants.

In addition, 30-40 percent of learners who are deaf/hard of hearing have additional disabilities, including deafblindness. These children may have visual, physical, cognitive, and/or medical challenges. For these learners, the team will need to work together to ensure that everyone understands the implications of the child's hearing loss as it relates to the child's expressive/ receptive communication, ongoing vocabulary development, access to instructional information, and need for specialized listening devices. The teacher of the deaf and the audiologists are key team members on the educational team of all learners who have hearing loss.

Thanks again to our contributors – this edition is just a small taste test of all to savor in the field of deaf education as we work together to support our learners identified with combined vision and hearing loss.

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This Newsletter Edition: This edition is dedicated to the topic of the “hearing loss” component of deafblindness. We have guest columnists from all over Colorado in the field of deaf education who have shared their expertise with us, along with some great resources from across the country. A special thank you to Mary Ann Demchak and colleagues from the Nevada Dual Sensory Impairment Project for permission to share some of their fine work on this important topic.

Colorado Census of Children and Youth with Deafblindness: Thank you to all of you who participated in the annual count of Colorado children and youth, birth through 21 years of age, who have combined vision and hearing loss. If you have a new student to register, please be in touch with Tanni or Gina. Census forms, an explanation code sheet to the form, and a link to the national count information can be found on our CDE webpage specific to the project. See the link below for the project’s webpage.

Lending Library: Our library continues to grow with **many** new items. The *Library Inventory* and the *Request Form* are on the website. If there is a book or DVD that you believe would be a good addition to the library, please let us know! This is a statewide resource for YOU!

Technical Assistance (TA): Staff is available to provide free consultative assistance to families and school personnel both in the child’s home or school setting. The request form is available on the website and in this newsletter edition. Parents, project staff are available to come out to your home, if you would like assistance on home-related needs.

Project Website: We have been adding information to the website! Be sure to check out the new Fact Sheets that have been translated to Spanish and new Fact Sheets specific to medical conditions specific to deafblindness! To check out the website, please go to the front page at <http://www.cde.state.co.us/cdesped/SD-Deafblind.asp> - then check out the bullet links to other pages with a host of information.

2011 Summer Institute on Deafblindness and Significant Support Needs: Be sure to check out the information in this newsletter about the fantastic five-day training on June 6-10, 2011. The training will feature two speakers from the National Center on Literacy and Disabilities Studies. Enrollment will be limited and first priority will be to personnel working directly with students who are deafblind and/or with significant support needs.

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ASSESSMENTS FOR HEARING & FUNCTIONING OF THE EAR

By Jill Grattan & MaryAnn Demchak

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

Definitions

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

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

Image of Tympanometry



Category	Test name	What it tests	How the test is conducted	Age testing can be conducted
Physiological Testing	Tympanometry	<ul style="list-style-type: none"> Purpose is to evaluate the function of the middle ear and tympanic membrane⁴ Does not tell if child is hearing or not³ Results reveal how well the middle ear is functioning⁴ When combined with Acoustic Reflex Test (below), the results reveal how well the middle ear is functioning⁴ 	<ul style="list-style-type: none"> Non-invasive test Takes approximately two minutes to perform⁴ A probe is inserted into each of the patient's ears. Results are not dependent on a response from the patient; however, the patient should not move⁴ 	Can be performed on infants from 7 months of age through adults ⁶
	Acoustic Reflex Test	<ul style="list-style-type: none"> Purpose is to measure middle ear muscle in response to sounds⁶ The muscle in the middle ear contracts as a reflex in response to sounds When combined with tympanometry (above), the results reveal how well the middle ear is functioning⁴. 	<ul style="list-style-type: none"> A probe is inserted into each of the patient's ears. The results are not dependent on a response from the patient; however, the patient should not move⁴ 	Can be performed on infants from 7 months of age through adults ⁶
	Otoacoustic Emissions Testing (OAEs)	<ul style="list-style-type: none"> Test to determine how well the inner ear functions, specifically, the cochlea⁷. Otoacoustic emissions are sounds from vibrations produced by the outer hair cells of the cochlea (in the inner ear); these hair cells vibrate when the cochlea is stimulated by sound Test can, "partially estimate hearing sensitivity within a limited range ..."⁷ Individuals with a hearing loss greater than 25-30 dB will not produce these otoacoustic emissions 	<ul style="list-style-type: none"> A small plug is inserted into the patient's ear and a microphone in the plug records responses of the ear⁷. This test can be conducted while the patient is asleep, takes a few minutes⁷ 	Can be performed on newborns through adults ⁷



Image of Tympanometry



Image of OAE testing

<i>Category</i>	<i>Test name</i>	<i>What it tests</i>	<i>How the test is conducted</i>	<i>Age testing can be conducted</i>
Physiological Tests	Auditory Brainstem Response (ABR)	<ul style="list-style-type: none"> Gives information about inner ear and brain pathways for hearing The purpose of this test is to measure the function of the brainstem in response to sounds⁵ 	<ul style="list-style-type: none"> Earphones are placed into the patient's ears and electrodes are placed onto the patient's head³ Clicking noises are sent through the earphones and the electrodes measure the brain's activity³ No response is needed from the person Takes a few minutes and can be conducted while the patient is sleeping³ 	Can be performed on newborns through adults ⁵

Images of ABR testing




<i>Category</i>	<i>Test name</i>	<i>What it tests</i>	<i>How the test is conducted</i>	<i>Age testing can be conducted</i>
Behavioral Tests	Behavioral Audiometry	<ul style="list-style-type: none"> This test is used for screening purposes³ 	<ul style="list-style-type: none"> Observing infant's behavior in response to certain sounds is observed³ 	Can be performed on infants through adults ³
	Pure-Tone Audiometry Or Pure-Tone Air Conduction Testing	<ul style="list-style-type: none"> Test measures hearing sensitivity, specifically, the softest sound an individual can hear at specific frequencies 50% of the time⁹ "This test assesses sensitivity when the signal is transmitted through the outer, middle, and inner ear, through the brain to the cortex"¹⁰ 	<ul style="list-style-type: none"> The patient may wear earphones or headphones or test may be conducted using speakers¹⁰ When earphones are worn, results for each ear are obtained If test is done using speakers, it is not possible to obtain ear-specific results The person is asked to make a response (e.g., raise hand) when he/she hears a sound³ 	Can be performed to assess children older than 4 years old ³
	Pure-Tone Bone Conduction Testing	<ul style="list-style-type: none"> The purpose of this test is to test hearing in the inner ear without utilizing the outer or middle ear^{10,1} Used if there is blockage in outer or middle ear 	<ul style="list-style-type: none"> A small vibrator is placed behind the ear or on the forehead of the patient¹. The signal gently vibrates the bones of the skull, and directly stimulates the inner ear¹ 	Can be performed on infants through adults ⁹



Image of Bone Conduction Testing



Image of Behavioral Audiometry Testing

<i>Category</i>	<i>Test name</i>	<i>What it tests</i>	<i>How the test is conducted</i>	<i>Age testing can be conducted</i>	
Behavioral Tests	Visual Reinforcement Audiometry (VRA)	<ul style="list-style-type: none"> Variation on the Pure-Tone Audiometry test (above)¹ "This test assesses sensitivity when the signal is transmitted through the outer, middle, and inner ear, through the brain to the cortex"¹⁰. 	<ul style="list-style-type: none"> Patients are tested wearing earphones or headphones or in a sound booth with speakers¹ The patient is taught to look at a visual object (e.g., flashing light, moving toy) when a sound is heard¹ 	Can be performed to assess children from 6 months to adult ³ . Typical ages: 6 months to 2 years old ¹	
		Conditioned Play Audiometry (image above)	<ul style="list-style-type: none"> Variation of the Pure-Tone Audiometry test (above)¹ "This test assesses sensitivity when the signal is transmitted through the outer, middle, and inner ear, through the brain to the cortex"¹⁰ 	<ul style="list-style-type: none"> Patients are tested wearing earphones or headphones or in a sound booth with speakers¹ The patient is taught to perform a task (e.g., drop a block into a box, stack a ring) each time a sound is heard¹ 	Can be performed to assess children from 2 years to adult ¹ . Typical ages: 2 to 5 years old ¹
	Speech Awareness Threshold (SAT) Or Speech Detection Threshold (SDT)	<ul style="list-style-type: none"> Indicates the lowest level at which speech can be detected at least 50% of the time⁸ 	<ul style="list-style-type: none"> Patient listens to a voice say words via earphones or loud speakers⁸ and indicates when speech is present⁸ 	Can be performed to assess children who are too young to repeat ⁸	
	Speech Reception Threshold or Speech Recognition Threshold (SRT)	<ul style="list-style-type: none"> Indicates the lowest level at which speech can be identified at least 50% of the time⁸ 	<ul style="list-style-type: none"> Patient listens to a voice say words via earphones or loud speakers² and repeats word he/she heard or indicates word recognition² 	Can be performed to assess older children and adults ²	

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- Google Images retrieved on December 23, 2010 from <http://images.google.com/> and National Center for Hearing Assessment and Management (NCHAM) on December 23, 2010 from <http://www.infanthearing.org/audiology/appendix.html#fige>



Tips for Home or School

Questions For Your Audiologist

By Jill Grattan, Nevada Dual Sensory Impairment Project



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

Screening Questions

1. What does the 'newborn hearing screening test' actually screen for?
 - 1a. Can my child pass this test and still be hearing impaired?
2. Tests related to hearing and functioning of the ear:
3. For each hearing test listed above, you might want to ask:
 - *Impedance testing* - Tympanogram; Acoustic Reflex Test
 - *Otoacoustic Emissions Testing (OAEs)*
 - *Auditory Brainstem Response (ABR)*
 - *Speech Audiometry* - Speech Awareness Threshold (SAT) or Speech Detection Threshold (SDT); Speech Reception Threshold or Speech Recognition Threshold (SRT)
 - *Behavioral Testing* - Behavioral Audiometry; Pure-Tone Audiometry or Pure-Tone Air Conduction Testing; Pure-Tone Bone Conduction Testing; Visual Reinforcement Audiometry (VRA); Conditioned Play Audiometry
- 3a. What does _____ actually test for?
- 3b. Can my child pass the _____ and still be hearing impaired?
- 3c. How old does my child need to be in order to be tested using _____?
- 3d. What are the procedures to test my child using _____?
- 3e. What is next step in testing my child's hearing and ear functioning?

Assistive Listening Device and Hearing Aid Questions

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

Competencies for the Early Intervention Specialist

By Arlene Stredler-Brown and Sandy Bowen

The topic of “highly qualified” continues to capture the attention of professionals, administrators, and parents for school-age children. But what does highly qualified imply for early interventionists working with infants and toddlers who are deaf or hard of hearing (D/HH)? This article will discuss the competencies professionals should have when working with families of infants and toddlers with hearing loss.

Professionals from different disciplines are currently delivering this early intervention (Stredler-Brown & Arehart, 2000). Based on a survey of nearly 200 professionals, results showed that the professional may have received training and/or certification from one of many different disciplines. This information is in Table 1.

76%: Speech/Language Pathologists
71%: Early Childhood Special Educators
48%: Educators of the D/HH
38%: Audiologists
26%: Other

Table 1: Training for professionals working with children who are deaf or hard of hearing

Stredler-Brown and Arehart (2000) noted that even with a college degree, one that is often at the masters’ level, there is no assurance that the professional, irrespective of the discipline that awarded the degree, has sufficient pre-service coursework and practicum experience. Based on this situation, an effort was started in 2008 to identify what it means to be “highly qualified” to work with children, birth to three years of age, with hearing loss (Sass-Lehrer, Stredler-Brown & Moeller, 2008). The authors solicited input from professionals in 17 different national organizations. There was **strong support** to identify the core knowledge and skills needed to work with infants and toddlers who are D/HH and their families. Over the past three years, position statements and consensus papers were systematically reviewed to identify core competencies, knowledge, and skills that a professional needs (Stredler-Brown, Moeller, & Sass-Lehrer, 2009). We are suggesting that these same skills are needed when the early interventionist is working with a child who has a dual sensory impairment.

These competencies are organized into nine discrete areas. In Table 2, you will see the nine topics and, in parentheses, the number of skills that are in each topical area.

- | |
|---|
| <ol style="list-style-type: none">1. Family-Centered Practice (14)2. Socially, Culturally & Linguistically Response Practice (6)3. Language Acquisition and Communication Development (20)4. Infant and Toddler Development (13)5. Screening, Assessment and Evaluation (19)6. Technology: Auditory, Visual, Tactile (8)7. Planning and Implementing Service (8)8. Collaboration and Interdisciplinary Practice (12)9. Professional and Ethical Behavior (10) |
|---|

Table 2: Nine competency areas for professionals working with infants and toddlers who are D/HH

To illustrate the depth and breadth of these competencies we offer examples from two competency areas. Competency 3 -Language Acquisition and Communication Development has 20 skills and/or knowledge statements. Skill 11 states, “Coach families in the use of strategies that promote a language-rich learning environment to facilitate language, thought and early literacy”. Interventionists who use and understand this skill are able to use assessment to guide the selection of strategies that will benefit the child. The interventionist is expected to teach the parents

how to use specific strategies within daily routines and in natural environments. When coaching parents, interventionists teach parents how to observe their child's behaviors and how to monitor the child's progress. Of paramount importance is the interventionist's ability to model and demonstrate the strategies for the parents and ensure that the parents feel comfortable and confident implementing the strategy with their child in everyday situations.

Competency 5 -Planning and Implementing Services contains 8 sub skills which outline the interventionist's ability to create and implement a lesson plan based on the IFSP; select appropriate curriculums, methods and resources; and address the family's needs. Skill number 6 recommends interventionists have the knowledge and skills to "plan and implement effective parent-child sessions in natural environments". Evidence of successfully implementing this skill can be seen in the written plan that guides the interventionist's home visit. There are three critical elements that should be included in the written plan to ensure use of a family-centered approach (Stredler-Brown, Moeller, Gallegos, Corwin, & Pittman, 2004). First, taking time to reconnect with the parents and review the progress of the child and the family since the last visit. Listening to parents' struggles and successes will allow the interventionist to build rapport, trust and mutual respect. The second section of the written plan, addresses the priorities of the parents and the IFSP goals. Interventionists should have pre-planned strategies for addressing known priorities, but should be open to new priorities identified by the parents. Finally, the plan should identify how the interventionist plans to teach the parent new strategies or new skills. This should include sufficient modeling and practice in so much that parents will be successful implementing the new strategies in their daily routines.

This article has described the competencies necessary for early interventionists working with infants and toddlers who are D/HH. But we suggest that these same competencies are appropriate for professionals working with infants and toddlers who are deafblind as well. The professional providing services to these families may have expertise working with children who are blind or have visual impairments; another interventionist has expertise in hearing loss. Practically speaking, for a child who is deafblind, we should expect the two professionals to bring their respective expertise to the family, the teachers or developmental specialist, and the child. To address issues of highly qualified, professionals who work with families of infants and toddlers who are D/HH or deafblind should review the nine competency areas and formulate a plan to achieve mastery in each area. Regardless of the area of expertise, for the interventionist to be considered "highly qualified" she should be able to demonstrate achievement of the competencies described herein.

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Thelma (Denise Davis-Pedrie) And Louise (Gettman). How We Manage To Team Without Driving Off A Cliff

Louise Gettman is a teacher of students who are visually impaired (TVI) who works with families of children birth to three with a variety of visual impairments. Denise Davis-Pedrie is a Colorado Hearing Resource Coordinator who works with families with children birth to three with hearing loss. Both are employees of the Colorado School for the Deaf and the Blind.

We have had the pleasure of teaming together to coordinate services for babies with dual sensory losses in the South Central region of Colorado for four years. Recently we shared with a parent that we were preparing to attend the CDE Summer Institute on Deafblindness in Denver (this is an annual training event sponsored by the Colorado Services for Children and Youth with Combined Vision and Hearing loss Project). She has a child with vision loss, hearing loss, multiple physical and medical needs. As we left her house, this mom said, "I'm glad, Thelma and Louise, that you're only going to Denver. I don't think you can drive off any cliffs and my son needs you two in his life right now".

Children with dual sensory issues often have very unique and diverse needs. Many of us have attended multiple staff development opportunities centered on supporting children with deafblindness, but then struggle with the implementation of these supports in isolated settings. Finding people who have the education, experience and the desire to work together can be the ultimate challenge.

Research shows a variety of characteristics of a high performance team. Denny Kercher of D.O. Kercher Enterprises has explored team dynamics and has identified 5 components of a high performance team:

- Common vision, focus and direction
- Accountability as a unit
- Team leadership
- Interdependency of membership
- Commitment to cooperation

Our successful teaming does contain some of the above components. We know what we want to accomplish and we both have a philosophy that is grounded in family centered services, supporting the parents and validating the parent's feelings concerning what is best for their child. Educating the parents about the impact of a vision and hearing loss, as well as listening to the parents is an ongoing goal and our common vision.

How have we developed our strong team? By accident and by necessity!

Attending several State Deafblind Project sponsored conferences on deafblindness helped us establish a foundation and understanding of the unique programming necessary for meeting the needs of these children and their families. We attended one of the Summer Institute's seminars on a sensory-based approach to assessing communication needs called "Every Move Counts." We immediately realized we needed this information to guide us in determining the intervention course with one of our babies. It would take both of us to complete this assessment which established our system of collaboration by necessity.

We determined that co-visits would be beneficial in working within the family's schedule of 25 therapy and doctor appointments a month. Our co-visits have turned out to be a great experience because we began tag-teaming; one of us will share information and support a dialog with the parents, while the other is modeling and assessing our planned strategies with the child (*Sometimes, in this case, it is necessary to engage the twin sibling in interactions while the other person works with the child or the parent. Four hands are much better than just two!*)

We come from the perspective that every child has capabilities. In our experience, not all service providers working with these children have that perspective. Others sometimes tend to focus solely on the physical development of the child, where we incorporate a broader perspective to determine and support the child's

sensory strengths. Our families see us as the providers with expertise in vision and hearing, but not as separate providers attached to the individual disability.

How did we evolve to a point where we both have a commitment to cooperation? We have a strong respect for each other's education, experience and approach. That mutual respect is the key to our ability to develop strategies quickly and in the best interest of the child in the family unit. We recognize the strengths each of us have within our field of expertise as well as the ability we have as a team to support the development of the whole child. We do not see these children as deaf and blind, but as children with unique dual sensory issues. We both take a leadership role depending on the individual session goals and we value what each of us bring to the team as a leader and/or a member.



Time is usually a huge barrier to effective teaming. Luckily, we share office space at the Colorado School for the Deaf and the Blind, which affords us valuable opportunities to schedule, plan, and brainstorm so that we are always prepared. It also provides us an opportunity to laugh as we self evaluate each session.

Our teaming commitment to the family continues through the transition to Preschool process. We provide our data regarding progress to the new team as well as lend support to the parent as much as possible through the evaluation and writing of the Individualized Education Program (IEP). We both appreciate the unique benefit of our teaming experience, as well as our opportunity to develop a strong relationship with the family in their home environment. It is important to us that the new team understand how to implement a program that will enable these children to continue to progress and that the parents be knowledgeable and empowered to advocate for their child throughout their educational experience.

[Check Out Our Updated Webpage!](#)

The Selected Topics page is getting rave reviews

<http://www.cde.state.co.us/cdesped/SD-Deafblind.asp>

A screenshot of the Colorado Department of Education website. The header includes 'The Colorado Department of Education' and 'The Exceptional Student Leadership Unit'. The main content area is titled 'Deafblindness/Deafblind*' and lists several resources: 'Annual Student Census', 'Deafblind - Selected Topics (handouts, publications, weblinks) (English and Español)', 'Family-Specific Resources', and 'Newsletters and Resources'. There is also a section for 'What is Deafblindness?' with a partial definition visible.

Colorado's Communication Plan – What is it? Should your Child have One?

Ruth Mathers, Principal Consultant – Deaf Education, Colorado Department of Education

The year 1996 was an important one for Colorado students who have hearing loss. In May of that year, Colorado State Law 96-1041 was enacted. Today the law is referred to as Colorado's Deaf Child Bill of Rights (DCBR). The DCBR is not exclusive to children whose only disability is hearing impairment. The law also includes students for whom hearing loss is a secondary disability or who have simultaneous visual impairments.

The DCBR is unique among education law in its focus on students with hearing loss. This state law requires IEP teams to reflect on and have significant discussions around five important areas addressing how a student functions in the educational environment, and identify any needed elements that would assist the student to be more successful in an education setting. The essence of this discussion is recorded in a legal document as a required component of the IEP. The document is known as, **The Communication Plan**. A well-developed Communication Plan establishes a meaningful correlation between the Plan and the IEP goals. The evidence of a strong connection between the two is often indicated in the **Action Plan** associated with each question of the Plan. The Action Plan puts "legs" to the discussion – putting a plan in place to address a concern about the student's communication environment and identifying the person responsible for implementing the Action Plan.

The intent of the Communication Plan is to inform team members about the student as they explore "the whole story" surrounding his/her communication. In 2008, the Colorado Department of Education (CDE) revised the Communication Plan form to encourage IEP teams to broaden their discussion about the student's primary language and retitled the document to clarify that students with deafblindness should also have a completed Communication Plan as part of their annual IEP. The new Colorado Communication Plan can be found on the Colorado Department of Education's website at:

http://www.cde.state.co.us/cdesped/download/pdf/IEP_Forms/CommunicationPlan.doc

A goal of the student's Individual Education Plan and the accompanying Communication Plan is to provide a legal document that presents a comprehensive picture of the student. The information placed on these forms should be capable of passing the "stranger test." In other words, if a family moves to a different district, or there is a new team member (teacher, interpreter, therapist, etc.), the IEP and the Communication Plan should provide sufficient information for the professional who is unfamiliar with the student so that appropriate services can continue. Specifically, the Communication Plan should present a clear picture of the student's communication abilities and needs in the following areas:

Component #1(a): The student's **primary language** is described through:

- a *receptive* language checklist (Language that is spoken, signed, or written by others and received by the individual).
- an *expressive* language checklist (Communication from the individual through speaking, writing, signing, gestures, objects, or behaviors to be received by others).
- a narrative of additional information about a student's primary language with a clear identification of the primary language and a consensus by the entire IEP team about the language that will be used for instruction with the student (e.g., English, American Sign Language, Spanish, combination of several languages, no formal primary language, etc.). The IEP will determine if the student's rate of language development is appropriate.
- an Action Plan indicating steps for implementation and the person responsible for implementation
- *For a student who is deafblind* ~ All team members should be aware of systems in place for the student's receptive and expressive language and have an awareness of how communication can occur

throughout the day. A description of the student's language systems should be documented in the Communication Plan.

- o *Receptive Language Example:* An object calendar used as a tactile schedule in the classroom is a good example of an opportunity to emphasize a student's participation in purposeful receptive and expressive language. The student is given objects in sequence and he/she recognizes what occurs next in the schedule.
- o *Expressive Language Example:* Given activity choices through a presentation of representation objects, the child communicates to the adult what he/she wants to do next.
Similar examples of receptive and expressive language can be documented on the Communication Plan under 1(a) to inform all team members of the student's language level.

Component #1(b): The student's **primary communication mode** is described through:

- a receptive language mode checklist (the manner in which an individual receives information from others).
- an expressive language mode checklist (the manner in which an individual communicates information to others).
- a narrative providing information about the primary communication mode of the student. As with the primary language, the IEP team must identify and be in consensus regarding the student's communication mode. Consideration should be given to changing communication needs as the child ages and enters into a variety of environments (e.g., cafeteria, gym, home, computer class, "centers," etc.).
- a narrative that would explain why a student might require multiple modes of communication.
For a student who is deafblind ≈ It should not be the expectation of team members working with a child with deafblindness that his/her receptive mode of communication is a match to the expressive mode of communication. It is possible that a student might prefer to listen to gather information but will gesture or use formal signs to express himself. Or the student may understand sign language to receive information but has the ability to voice for herself. A description of the communication process between the student and other people should be clearly described in the Communication Plan. In the case of a student whose initial disability was deafness and he/she learned to communicate in sign and then later the student started experiencing significant vision loss, then it would be appropriate to document on the Communication Plan that sign language is the primary communication mode but the student requires the signer to present all communication in his limited visual field and/or acuity boundaries, or through a tactile mode.

Component #1(c): The supports necessary to **increase the communication proficiency of parents and family members with the student.**

- The communication proficiency of parents was not addressed in the DCBR. However, it is addressed in the Individuals with Disabilities Education Act (IDEA) (§300.34(8)(i)). The CDE pulled this critical element from the federal statutes and included it in the revised Communication Plan to stimulate discussion among the IEP team regarding the communication needs of the family.
- As mandated by IDEA, districts will assist parents to acquire the necessary skills that will allow them to reinforce the efforts of the school staff and further promote their child's progress.
For a student who is deafblind ≈ Whatever the mode of communication used by a child with deafblindness, it is critical to the child's language development for family members to communicate regularly and consistently with him/her. School districts will help families to obtain the skills that support their child's communication mode. A plan of action for how these services will be delivered to the family should be outlined in the Communication Plan. Family members may also need to be taught about the use of communication devices such as head pointers, FM systems, visual scanners, and communication boards. A plan for supporting the families regarding high-tech and low-tech devices should also be noted on the Communication Plan.

Component #2: Describing the availability of **peer groups** with the same communication mode or language and exposure to **deaf/hard of hearing adult role models**.

- In recognition of the importance of communication peers and deaf/hard of hearing adult role models to the development of self-esteem and communication for this population of students, the DCBR requires the IEP team to develop a plan that will ensure that the student has positive exposure to peers and role models.
- An Action Plan should be documented that explains how authentic peer relationships will be supported and encouraged. Additionally, the Action Plan will describe how adult role models of the student's communication mode will be included in his/her school experience.
For a student who is deafblind ~ This particular area of the Communication Plan provides an excellent opportunity for the IEP team to participate in some creative planning around how to involve age peers with the student who is deafblind. Peers can be sighted and hearing – as long as they understand the child's communication modalities and can communicate with him/her. The team will need to make a plan for the typical student(s) to understand the parameters of the sight loss and/or vision loss and be competent at implementing communication accommodations. The typical student, who has a good grasp of the boundaries and accommodations needed for the student with deafblindness, will be an effective peer communicator. A plan for creating a cadre of peer communicators should be documented in the Action Plan section.

Adult role models can be most helpful to the family's understanding of the disability. Whether this individual has a single sensory impairment or a combined sensory loss, his/her shared experiences will inform and support the student and the family. Good resources for districts and families to contact about adult role models are:

Colorado Center for the Blind
2233 West Shepperd Avenue, Littleton, Colorado 80120
Phone: 303-778-1130, Website: www.cocenter.org, Email: ccb@cocenter.org

Colorado State School for the Deaf and for the Blind
33 North Institute Street, Colorado Springs, Colorado 80903
Phone: 719-578-2100, Website: www.CSDB.ORG

Component #3: Educating parents about **educational options** for the student.

There are varying interpretations of the DCBR's requirements regarding the extent of educational options about which an administrative unit (i.e., a district, Board of Cooperative Educational Services [BOCES], or the Charter School Institute) is obligated to inform a family of a student with hearing loss. To clarify this issue, the CDE is currently examining the language of the law as well as its intent. Guidelines addressing this component of the Communication Plan will be published by the CDE in the near future. In the meantime, the CDE is suggesting that administrative units are responsible to discuss, as part of the IEP process, the educational placements within the administrative unit that are available and appropriate for the student, and any other educational placements outside the administrative unit, to the extent that such discussion is necessary and appropriate to determine a placement that provides a Free and Appropriate Public Education (FAPE).

Component #4: **Proficiency of staff** providing services to the student.

- Although all of the special education providers must be fully qualified according to CDE licensing, the DCBR also specifies that the staff must be proficient in the student's mode of communication. This applies to teachers of the deaf, educational interpreters, para educators, and audiologists.
- General education teachers and other special education staff who are working with the student should receive trainings to allow them to appropriately support the child's learning style and communication mode.

- *For a student who is deafblind* ≈ In the case of a signing student with hearing impairment plus loss of visual acuity and/or field of vision, the IEP team would confirm the skill of the practitioner regarding sign interpreting (including the potential need for tactile sign) to address the vision loss.

Component #5: Communication accessibility in all school environments.

- This element of the Communication Plan provides a good opportunity for the IEP team to scrutinize a student's entire school day. It helps to remind the team that the school day is not only about the communication that occurs in the classroom, but it also addresses access to communication in other typical locations or situations in which a student would be while at school. Some of examples of potential school environments for a student are:

- on the playground
- in the hallway
- on the bus
- on a field trip
- during a video/movie
- in the restroom
- at an assembly
- during school announcements
- at an extracurricular activity
- during a fire drill or an actual emergency
- during communication with a peer
- in a situation unique to the school
- in a situation unique to the student

The Communication Plan should identify situations where access to communication might be problematic and the Action Plan should describe how access will be achieved. This is an appropriate opportunity to document any assistive communication devices and technologies which are needed to provide access for the student, when and where they should be used, and who will be responsible for managing the equipment.

The unique population of students that have both hearing and vision impairment is not specifically addressed in Colorado's Deaf Child Bill of Rights. The Colorado Department of Education recommends to IEP teams that any time a student with a hearing loss is receiving a school-based service as a result of a hearing loss, a Communication Plan should be part of the IEP process. In the case of students with a simultaneous vision and hearing impairment, all modes of communication appropriate to the student must be discussed at the time of the development of the Communication Plan. Examples of school-based services and communication supports for the deafblind population might include:

- speech-language services imposed by the hearing loss
- audiology services
- FM use
- language tutoring/resource services
- interpreting services across educational environments
- Braille
- large print or magnification device
- illumination considerations
- other communication tools:
- objects
- tactile symbols

- tangible symbols
- teacher for visual impairment services
- orientation and mobility services

The Communication Plan is not a magic wand. Its purpose is not to provide leverage to a parent/caregiver in order to bend a district to the family's will. Rather, it is a constructive tool for the entire IEP team to use to engage in a meaningful discussion about a student's strengths and concerns and to solicit information from a family about their child and about the family's latest thinking about the child's educational programming. Used correctly and collaboratively, the Colorado Communication Plan helps the team to acquire a more comprehensive, and qualitative view of a child's experience in school, which is reflected in the creation of an effective communication-driven education program for students who have hearing loss.

If you have questions about the Deaf Child Bill of Rights or the Communication Plan, please contact:

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303.866.6909, mathers_r@cde.state.co.us

If you have questions specific to deafblindness, please contact:

Tanni L. Anthony,
Project Director of CO Deafblind Grant
Colorado Department of Education, Exceptional Student Leadership Unit
1560 Broadway, Suite 1175, Denver, CO 80202
303.866.6681, anthony_t@cde.state.co.us

or

Gina Quintana,
Project Coordinator of the CO Deafblind Grant
Colorado Department of Education, Exceptional Student Leadership Unit
1560 Broadway Suite 1175, Denver, Colorado 80202
303.866.6605, quintana_g@cde.state.co.us

Resources

Deaf Child Bill of Rights, 96-1041 (General Assembly of the State of Colorado, March 18, 1996).

DesGeorges, J. (2005). *DCBR Revisited: The Deaf Child Bill of Rights Six Years Later*. Retrieved March 22, 2011, from Colorado Families for Hands & Voices: http://www.handsandvoices.org/articles/education/law/dcbr_revisited.html

Individuals with Disabilities Education Act, 34 C.F.R. §300.34(8)(i) (Department of Education, Rules and Regulations 2004).

Exceptional Student Leadership Unit. (2008, January 16). *Colorado Communication Plan for Student who is Deaf/Hard of Hearing or DeafBlind*. Retrieved March 22, 2011.

Exceptional Student Leadership Unit. (2004, August). *Fast Facts - Communication Plans for Deaf and hard of hearing Students*. Retrieved March 22, 2011, from Colorado Department of Education.

Communication Choices and Challenges for “Deaf Plus”

Dinah Beams, M.A., CED

Program Coordinator, Colorado Home Intervention Program, Colorado School for the Deaf and the Blind

What are the Unique Challenges Associated with “Deaf Plus”?

Approximately 40% of children identified as deaf or hard of hearing have other conditions which are considered educationally relevant (Gallaudet Research Institute, 2008). Some researchers have recently suggested that this figure is actually higher than this reported 40%. The term “deaf plus” is a reference to the child’s hearing status combined with additional conditions. These conditions are many and varied, including vision loss, autism spectrum disorders, motor issues, and cognitive impairments. According to the 2008 Gallaudet report, 4 % of the school-age children who were deaf and hard of hearing were reported to also have educationally significant vision loss, with 1.6% identified as Deafblind.

The presence of hearing loss may make it more difficult to tease out other issues. Conversely, the other conditions may mask the hearing loss, particularly if these are also associated with speech or language delays. Infants and toddlers with multiple issues are more likely to have vision or hearing loss than their typically developing peers. Some conditions are more easily identified than others. It is possible for an issue to be impacting a child’s progress and learning even if it has not been diagnosed yet. This is often true of less severe issues, which are frequently diagnosed later as the child develops.

It is important to understand how a child’s hearing loss interfaces with his other challenges in order to determine the best approach for facilitating communication and language skill development. A child may demonstrate significant splinter skills or gaps that impact development and learning. Often a parent is the person who best understands the child’s unique needs. Indeed in the case of some of the less common syndromes, the parent may be the individual on the team who has to assume the responsibility for educating the professionals about his child’s unique needs.

Assessment is often a challenge. Assessment instruments commonly used may not be appropriate or may not be sensitive enough to highlight the child’s areas of strength or measure his success. Appropriate assessments are important for determining appropriate goals and expectations, as well as reviewing the effectiveness of strategies that have been implemented. Audiological assessment may be a challenge if the child’s vision or motor skills impact his ability to perform the required task.

Supporting Communication Development



All children communicate; it is the responsibility of professionals and parents to figure out how a child is communicating and build on these strengths. If formal language is not yet present, determine how the child is currently communicating, which early communicative skills are present, and build on these skills.

One method of communication may not meet a child’s needs. Often a blending of approaches and methods is required. A child may rely on audition for receptive language, but require sign language or an assistive communication device for expressive language. The development of communication takes time and patience. Don’t be afraid to try different avenues.

Set appropriate goals and expectations. We need to be realistic, based on what we know of a child’s strengths and needs, while at the same time being careful not to set expectations too low and limiting the child. Children can, and often do, surprise us!

Remember that there is no one path that leads to success, but rather many or different paths may lead us to the outcome we are seeking. Honor the uniqueness of each child, focusing on each child’s strengths and supporting the whole child.

Parent to Parent Support: Just in Time Lifelines

Sara Kennedy, Assistant Director, CO Families for Hands & Voices

How could I help my child keep hearing aids on?

Can I talk to a parent whose child uses cochlear implants?

How do I find a sign language class?

What affect will having a sibling with special needs have on my other kids?

Can't I just be my child's parent and not his therapist?

There seems to be no end to the questions parents have about our kids, especially in those early years when we are learning a whole new language (all those acronyms!) while adjusting to life with a new baby or young toddler. While I so appreciated the time and information of our interventionists, medical providers, and teachers, I was also hungry to see how other families made this work. Could life return to a “new normal?” The practical information from where to buy batteries to saying our “goodnights” and THEN turning off the lights was invaluable, and the wordless comfort I felt seeing a family just go to the park or see a dad casually put a hearing aid back on was tangible.

At Hands & Voices, we have both a living, growing network of other parents who can reach out to new parents (or even not-so-new parents with new questions) and a considerable store of resources in print and on our national website, www.handsandvoices.org. Our quarterly newspaper, the *Communicator*, is free to any interested parent, and features a regular article on the topic of children who are “Deaf Plus” by a parent or a professional. The Book of Choice is a newer resource that guides a family through all the deaf/hard of hearing terminology and issues that are in the forefront of the field, from understanding and choosing communication methods, understanding audiograms, learning about cochlear implants, to positive stories from other families as well as deaf or hard of hearing adults. The Book of Choice is available to new families requesting a parent guide visit this year and for purchase on the website at <http://www.handsandvoices.org/resources/products.htm> It is also available in Spanish.

In Colorado, parents may have a home visit or a phone call/SKYPE visit with another experienced parent at any time in their journey with a child. We assist parents with preparing for IFSP and IEP meetings and understanding the Deaf Child's Bill of Rights/Communication Plan that can help give a child access to meaningful communication during their school day. We also have Colorado specific resources in the Parent Funding Toolkit to assist families in paying for amplification devices and other services for a child whose insurance excludes those needs. The Colorado Resource Guide is currently under revision but will be up alongside the Parent Funding Toolkit soon. Visit us, find your region's parent guide, and see these and other resources at www.cohandsandvoices.org. Also, parents can join our informational, regional listservs by sending in their email address to Janet@handsandvoices.org. Parents are always welcome to call the office at 303-492-6283 or the

parent guides listed on the CO website. We also refer to our colleagues at other helpful parent support agencies, such as Peak Parent and Parent 2 Parent.

In the words of Lawrence Siegel, *“The need and right to communicate is the most fundamental of human rights. To deny it is to harm the human spirit; to foster communication is to reveal all the possibilities of life.* Parents, given good information and support, are in the best position to foster that communication however it occurs and see that spirit --and all those possibilities-- shine.



Colorado Families for Hands & Voices

Parent Funding Toolkit

Former Governor Ritter and young Evan Strickfadden surrounded by parents and supporters as the Governor signs the Hearing Aids for Children bill into law.



Six Questions to Guide the Transition Process for Students who are Deaf or Hard of Hearing or Deafblind

John L. Luckner, Ed.D.
University of Northern Colorado

One of the primary objectives of attending school is for individuals to develop the attitudes, knowledge and skills necessary to become healthy adults who have fulfilling relationships, meaningful careers and contribute to society. Our contemporary global, technological world requires adults to juggle multiple aspects of life including:

- Daily living
- Physical and emotional health
- Relationships and social interactions
- Employment/further education
- Transportation
- Finances and money management
- Leisure
- Community participation

The better that families and professionals collaborate to prepare students for life after they complete their formal education, the more likely students will be ready to address the numerous demands of adult life, as well as strive for personal and professional fulfillment. Following are six questions, along with brief explanations, that can serve as reminders of the essential issues and processes that should be addressed before students leave school.

- 1. Are we facilitating the development of personal autonomy and providing students with exposure to information about careers?** Students need to develop an awareness of their interests, hobbies, aptitudes, and preferences as well as the ability to act responsibly, motivate themselves, learn independently and self-advocate. Simultaneously, they should be provided with information about the different types of jobs and careers currently available.
- 2. Are we gathering information from students and family members about students' future aspirations?** Both formal assessment instruments as well as informal conversations can help focus attention on important quality of life issues such as: (a) when students want to graduate from high school; (b) the type of work or postsecondary education they want to pursue; (c) where they want to live; (d) what they want to do with their free time; (e) who their friends will be; and (f) how they will get around town.
- 3. Do we have a vision of what is most important for students' future and what actions need to be undertaken?** The information gathered through the assessment processes discussed above provides the data for creating a general framework that helps the development of a plan that will enable students to successfully achieve their personal and professional goals.
- 4. Are the knowledge, skills and transition goals being integrated into the Individual Education Program (IEP)?** By the age of 14 or 16, depending on the state, students' IEPs must contain transition related information about their: (a) present level of academic and functional performance; (b) measurable post-secondary goals that address education or training, employment, and, as needed, independent living; (c) goals and objectives related to the development of transition knowledge and skills; (d) planned course of study aligning the instruction, community-based experiences, life skills, and functional vocational evalua-

tion if appropriate; and (e) related and community-based services including supportive services needed to develop knowledge and skills as well as any agencies that will provide transition services.

5. **Are we implementing the IEP by coordinating efforts across individuals, organizations, agencies and settings?** Communication and collaboration among students, families, and professionals is essential for implementation of the IEP including the specifically tailored transition goals and services. School personnel should establish linkages with community service agencies by developing interagency agreements or memorandums of understanding in an effort to provide comprehensive and seamless services for students as they transition from one phase of their lives to the next. The interagency agreements should identify the roles and responsibilities of each agency involved with each student.
6. **Are we evaluating progress and updating the IEP annually?** Students' progress can be examined and evaluated using a variety of methods including: (a) monitoring and charting progress, (b) focused assessments, (c) portfolios, and (d) specific documents such as attendance reports and supervisor evaluations. Additionally, team members may want to reflect upon how well transition content is being acquired and the effectiveness of services and coordination efforts.

Conclusion:

Professionals working with students who are deaf or hard of hearing or deafblind need to work in collaboration with students and families as well as with other professionals to make sure that transition planning is one of the focal points of the IEP. Planning for each phase of the educational process needs to be guided by students' current level of functioning, aspirations for the future, and the identification and provision of a personally meaningful education along with needed supports. Additionally, it is essential to not lose sight of the end target – that is, preparation for life after leaving or graduating from high school and the development of the appropriate attitudes, knowledge, and skills to successfully meet the demands of adult living.

The Role of the TOD on the Educational Team of a Learner who is Deafblind

Educational teams for students who are deafblind frequently include representatives from many different disciplines. It may be confusing to families to make sense of what exactly these specialists do and what knowledge and skills each brings to educational teams.

The California Deaf-Blind Services (CDBS) is developing a series of online videos that highlight the following eight specialty areas commonly represented on educational teams for students who have both hearing and vision problems. To view the three-part video series that features a teacher of students who are deaf/hard of hearing, please go to the following link: <http://www.cadbs.org/videos/whos-who-d-hh/>



California Deaf-Blind Services

serves individuals who have hearing and vision problems, with or without additional disabilities.

Auditory Neuropathy / Auditory Dyssynchrony

By Lisa Shigio, CSDB Audiologist

What is Auditory Neuropathy (AN) or Auditory Dyssynchrony(AS)? Auditory neuropathy or auditory dyssynchrony is a relatively new diagnosis used to describe people with auditory disorders due to dysfunction of the synapse of the inner hair cells and auditory nerve, and/or the auditory nerve itself. Damaged inner hair cells may not be able to send their neurotransmitter through the synapse to the auditory nerve effectively. Secondly, the synapse may not be allowing the neurotransmitter to pass through to the nerve properly. Lastly, an inadequate myelin sheath can lead to “dyssynchronous” or random firing of the auditory nerve, which makes sounds distorted and difficult for the listener to distinguish.

Per a report from the Children Hospital – the Bill Daniels Center (2008), the range of functional hearing abilities in individuals with AN / AD is varied. The report further details that some people experience little or no difficulty hearing and understanding despite abnormal auditory test results while others report they can hear, but not understand – this is especially a problem in environments with background noise. Other people share that they experience fluctuating hearing abilities – good days and bad days for being able to hear. Other individuals appear to be functionally deaf. For very young children, there may be a considerable impact on language development.

Background Information about the Human Ear: In order to understand Auditory Neuropathy (AN) or Auditory Dyssynchrony (AD), one must first have some background information about the ear. The human ear is divided into three parts: the outer, middle and inner ear. Understanding the function of the inner ear is most helpful when discussing AN/AD. The inner ear consists of the cochlea, the semicircular canals and the auditory nerve. The semicircular canals are responsible for balance and will not be discussed in this article. The cochlea is a snail-shaped tunnel embedded in the temporal bone of the skull. In this fluid-filled tunnel, there are thousands of microscopic hair cells that are formed in rows. The rows are divided into inner and outer hair cells. Healthy hair cells are “standing up” in the cochlea and will vibrate in response to sounds.

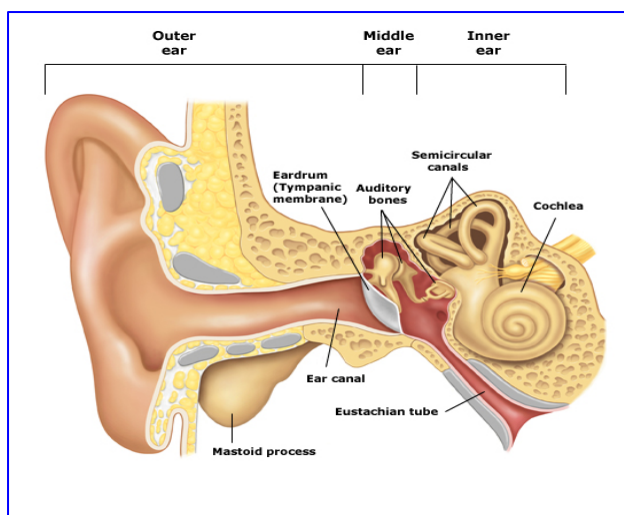


Illustration of the Ear: From www.djtechtools.com

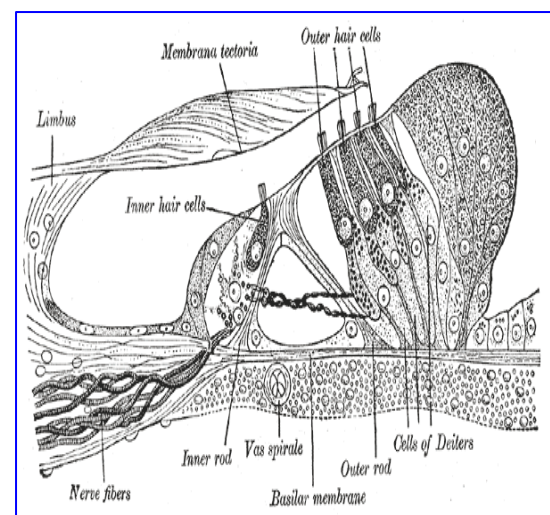


Illustration of inner ear hair cells

The hair cell vibration sends a signal (a neurotransmitter) to the auditory nerve through a synapse (a small gap between bottom of the hair cell and the nerve). Then the neurotransmitter is sent to the brain via the auditory nerve. The auditory nerve is surrounded by a myelin sheath (a fatty covering that protects the nerve), which helps the nerve send the signal to the brain properly. Most people with permanent hearing loss have damage to the cochlear hair cells (called a sensorineural hearing loss). For those with AN/AD, the damage is more difficult to pinpoint.

What are Causes of AN/AD? Possible causes of AN/AD are low oxygen levels at birth, severe jaundice, infections such as mumps, immune disorders, or neurological disorders such as Charcot-Marie-Tooth syndrome or Friedrich's Ataxia. Some forms of non-syndromic AN/AD are thought to be genetic in nature.

How is AN/AD Diagnosed? AN/AD is identified using a thorough audiological test battery. For more information on what to do if you suspect AN/AD, consult an audiologist. To find an audiologist in your area, go to <http://www.asha.org/proserv/>

The audiogram of an individual with AN/AD could range from normal to profound. People who show some hearing on the audiogram, however, tend to have difficult repeating words that they would be expected to understand. Although they can "hear" the words, the words may not be clear to the listener.

What Devices / Strategies Help People with AN/AD? Some people with AN/AD benefit from hearing aids, but many do not. The reason is that for many, simply making the words louder does not help with clarity. Some people can have conversations in quiet rooms but have difficulty in a background of noise. These people often benefit from using FM systems because the speaker's voice is amplified over the background noise. Some individuals benefit from cochlear implants because the implant bypasses the damaged inner hair cells or the inner hair cell/auditory nerve synapse. For those whose auditory nerve is not functioning properly, sometimes a cochlear implant helps the nerve fire in a more "synchronous" or less random way. Not everyone who gets a cochlear implant receives benefit from it, however. Unfortunately, there is no test prior to implantation to determine which individuals with AN/AD will benefit from a cochlear implant and who will not.

When communicating with someone with AN/AD, adding visual cues (such as lipreading or using sign language) is often beneficial. In small children, it may be possible to drop the visual cues later when a solid language base has been developed. It will be important for a teacher of students who are deaf (ToD) to be involved with the student's educational program.

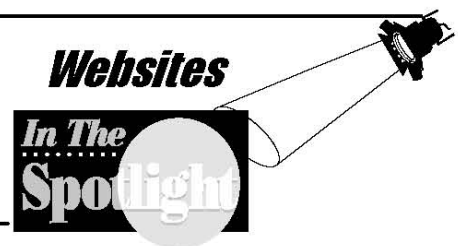
Resources for More information

http://www.handsandvoices.org/comcon/articles/aud_neuropathy.htm

Guidelines for the Identification and Management of Infants and Young Children with Auditory Neuropathy - The guidelines are specific to infants and young children, and include recommendations for: 1) terminology, 2) diagnostic criteria, 3) audiological assessment, 4) comprehensive medical and developmental assessment, 5) amplification, 6) cochlear implants, 7) communication development, 8) screening newborns, 9) monitoring infants for transient disorder and 10) supporting parents. This document can be found at: <http://www.thechildrenshospital.org/pdf/Guidelines%20for%20Auditory%20Neuropathy%20-%20BDCCH.pdf>

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

Jill Grattan



What does hearing loss sound like?

- Phonak.com - This website offers simulations of normal, mild, or moderate hearing loss in a variety of situations (e.g., one person talking, dialogue with two speakers, environmental sounds, conversation with background sounds, music, etc.).
http://www.phonak.com/com/b2c/en/hearing/understanding_hearingloss/how_hearing_loss_sounds.html
- Youth.hear-it.org is a website which is dedicated to *youth* in regard to hearing and hearing loss. The site offers simulations of conductive (10dB, 20 dB, and 30 dB), sensorineural (mild, moderate, and severe) hearing loss, and two examples of tinnitus. Additionally, the site has information about hearing, hearing loss, hearing aids, and more.
<http://www.youth.hear-it.org/page.dsp?area=1145>
- Hear the world website - An easy to follow description of how a cochlear implant works and what the different wearing styles might look like. This site offers a page on what hearing loss sounds like in a public space with lots of background noise (normal hearing, first indications of hearing loss, mild and moderate hearing loss).
<http://www.hear-the-world.com/en/recognize-hearing-loss/cochlear-implants/what-are-cochlear-implants.html>

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

- For websites relating to specific hearing tests, please refer to the 'references' section of the article titled, 'Types of Hearing Assessments' in this newsletter.
- Boys Town National Research Hospital's website on hearing is very comprehensive. This area of the site is titled 'My baby's hearing,' however, the site includes a wealth of information related to children. It includes information on: newborn hearing screening, hearing aids, assistive devices for young children (TV, telephone, etc.), troubleshooting techniques (e.g., hearing aids fall off of child), tips on how to teach your child wear hearing aids, cochlear implants, causes of hearing loss, and a glossary of terms.
<http://www.babyhearing.org/HearingAmplification/NewbornScreening/index.asp>
- This page of the Boys Town website offers descriptions of: wide dynamic range compression hearing aids, directional microphones, hearing aids with multiple memory settings, digital circuits, FM systems, etc.
<http://www.babyhearing.org/HearingAmplification/AidChoices/features.asp>
- University of Maryland, Medical Center's website includes information on: bone anchored hearing aids (Baha implant), cochlear implants, and hearing aids.
http://www.umm.edu/otolaryngology/auditory_solutions.htm
- American Speech-Language and Hearing Association – offers a summary of the following types of hearing devices: FM systems, infrared systems, induction loop systems, one-to-one communicators, and other hearing assistive technology system solutions.
<http://www.asha.org/public/hearing/Hearing-Assistive-Technology/>
- American Speech-Language and Hearing Association – click on links on the right side of the page to be taken to web pages related to: overview of information about hearing aids, cochlear implants, styles of hearing aids, features available in hearing aids, first steps in considering aids, etc.
<http://www.asha.org/public/hearing/Treatment/>
- National Institute of Health – National Institute on Deafness and Other Communication Disorders: offers a website on hearing aids, related questions, how financial assistance for hearing aids may be obtained, etc.
<http://www.nidcd.nih.gov/health/hearing/hearingaid.htm>
- The Mayo Clinic's webpage offers information about types of hearing aids.
<http://www.mayoclinic.com/health/hearing-aids/HQ00812>



Western Regional Early Intervention Conference
Arizona Colorado Idaho Nevada
New Mexico Utah Wyoming

This conference is designed to support professionals working with children, newborn to five years of age, who are deaf, hard of hearing, blind, visually impaired or deafblind, and their families.

This year's WREIC Conference will be held at **Weber State University in Ogden, UT**. All participants are welcome to attend events and workshops on **June 22nd and 23rd, 2011**. Additionally, there will be a day specifically targeted towards the needs of administrators before the conference opens to all participants on **June 21st**.

Early Intervention programs and Deafblind Projects in the following states are co-sponsoring this conference: Arizona, Colorado, Idaho, New Mexico, Nevada, Utah, and Wyoming. **The Colorado Services for Children and Youth with Combined Vision and Hearing Loss Project will offer scholarships to selected CO attendees. For scholarship selection criteria and the application, please go to: <http://www.cde.state.co.us/cdesped/Deafblind.asp> or contact Tanni Anthony at (303) 866-6681 or anthony_t@cde.state.co.us**

Some of the presentations will include:

- Mark Borchert M.D.: *The ABC's of ONH (Optic Nerve Hypoplasia)*
- MaryAnn Demchak PhD: *Let's Play: Selecting Toys for Children with Disabilities*
- Julia Kleinschmidt PhD, LCSW: *Playing Cards and Life: Resilience in Us and Those We Serve*
- Terese Pawletko PhD: *Autism and Visual Impairment/ Deafblindness: Considerations in Diagnosis/MisDiagnosis and Working with Young Children with Optic Nerve Hypoplasia: Considerations and Strategies*
- Kat Stremel-Thomas: *Cochlear Implants in Young Children with Multiple Disabilities/ Deafblindness: Intervention Strategies*

To learn more about the WREIC and/to register for this year's conference, please go to: <http://wreic2011.org/>

SURVEY REQUEST!

As a father of a child who has a disability, we are asking for your participation in a brief survey.

To date, there is very little research about father's experiences with the special education system. We are very interested in what you have to say about your involvement and experiences with your child's educational team. This research study will provide educators with information to use in their practice.

This survey should take no more than 15 minutes to complete; all responses are completely confidential, and survey results will be reported in aggregate so that no response could ever be attributed to a specific individual.

We appreciate you taking the time to complete our survey!! Please go to the link below:

<http://apexmetrics.com/TakeSurvey.aspx?SurveyID=84KKm84>

Sincerely,

Tracy Mueller, Ph.D.
Paul Holland
Jim Brennan
Scott Forlenza



We are thrilled to announce that our very own **Gina Quintana** has been appointed ass Chair of the Local Arrangements Committee (LAC) for CEC's 2012 Convention & Expo, which will be held in Denver on April 11-14, 2012. The Local Arrangements Committee is important to the success of the Annual Convention & Expo. If you are interested in being on the local arrangements committee for this conference, please be in touch with Gina at (303) 866-6605 or quintana_g@cde.state.co.us>. The sub-committees include: (1) Volunteers, (2) Program Hosts, (3) Accessibility Assistance, (4) Diversity, (5) Educational Site Visits, (6) Headquarters Office, (7) Registration, (8) Promotions / Publicity, (9) Special Events, (10) Student Activities, (11) Technology, and (12) Yes I Can! (reception)

“Life Without Limits” Workshop—From a Dad’s Point of View

By Tom Lyon, Dad of Michael



As a father of a child who has multiple disabilities, cocooning has become a standard way of life it seems. We have modified our life style to accommodate the challenges that Michael presents to both himself and our family. We do not go out to dinner like we used to because it is a hardship for our Michael. Unknown territory is disturbing for him. Taking him to the home of friends is even more challenging because Michaels loves to take things off counters and give them a toss. Private fears of our son picking up a family heirloom and seeing what happens when it hits the floor keeps us in a protective mode for our friends. Thus we tend to keep close to home where Michael is most comfortable and more at peace with his surroundings. So life in a cocoon seems like a good definition of how we have lived our lives for over nine years.

This past spring, my wife Sandy and I had the pleasure of attending a parent workshop-“Life Without Limits”. It was sponsored by the Colorado Department of Education’s Colorado Services for Children and Youth with Combined Vision and hearing Loss. This workshop allowed us the opportunity to spend a day and a half discovering that we are not alone and that assistance is available to all of us. We listened to speakers talking about Transition Planning and how to prepare our children for life after high school. We have a little more time before that happens but I must confess I fear when that time comes. It has been on my mind since we discovered Michael had issues and I have absolutely no idea what his life is going to be like. But this conference gave us some comfort that there are resources available and most importantly that he will be cared for should Sandy and I become unable to care for him ourselves. We listened to a panel discussion on how other people have faced their disabilities and managed to live a rather normal life. It was inspirational and their strength and determination left me with a feeling of awe for who they are and what they have become. Their disabilities did not limit their life but opened up a new world of opportunity. One of the more interesting speakers was Steve Owens, an attorney who spoke to us about establishing a special needs trust for our children. Until that is done there are limits on how we can fund our children and their needs after Sandy and I take our last breath on earth. A special needs trust is an amazing tool that will protect our children so they can receive the care that “we” determine, not the state. It is a unique method of providing and protecting assets that all of us should seriously consider soon.

The day and a half seminar went fast and it ended too soon. I highly recommend couples who have children with disabilities to attend this conference next year. We all fall into this life routine of waking up every morning and following specific steps that have become like breathing to us so our child can be as comfortable and happy as possible. It is not an easy life and not what I had in mind. Sandy and I are isolated and mostly by choice. I have come to believe life gives you challenges, some big and some small. What you do with it, determines your character. As a parent raising a child with disabilities, I am not sure there is a greater challenge. This conference opened my eyes to how we as parents can better assist our children as they grow. We were comforted that there are other families who have the same fears and are struggling, as Sandy and I am, with the day to day challenge of raising their special child. You begin to develop a circle of support from these families and know that if it gets to be too much sometimes, a phone call will help reduce the frustration we often feel. It was nice to socialize with other fathers. Many fathers attending this workshop carry the same fears and concern I have and it gave us an opportunity to meet as a group and share our more private thoughts regarding our special children.

We look forward to next spring when this “Life Without Limits” workshop will be held again. There are no limits to life, only those we place on ourselves and our children. Have I placed limits on Michael because of his disabilities? To be honest, I think I have and shame on me. He has made some amazing progress with his circle of therapists, elementary teachers, family friends and immediate family who love him for who he is. My eyes are more open now and I look at Michael every day knowing we are moving in the right direction for his future. He is such a tremendous joy and has taught myself, Sandy and our oldest son Jeff more about ourselves than we will ever know. I hope I am beginning to break out of this cocoon I have lived in for quite some time. There is no reason for it really. This is our life. It is who we are and we are better for it whether we want to admit it or not.

Deafblind Resources

State

Colorado Services for Children and Youth with Combined Vision and Hearing Loss Project



Tanni Anthony - Project Director
 Gina Quintana - Project Coordinator
 Shannon Cannizzaro - Family Specialist
 Kathryn Daniels - TA Specialist
 Anna Langedger – Program Assistant I

<http://www.cde.state.co.us/cdesped/SD-Deafblind.asp>

Main: 303-866-6694 TTY: 303-860-7060

Fax: 303-866-6767

Colorado Department of Education
 1560 Broadway Avenue, Suite 1175
 Denver, CO 80202

303-866-6681 anthony_t@cde.state.co.us

303-866-6605 quintana_g@cde.state.co.us

303-424-6077 stc383@live.com

danchitoo@gmail.com

303-866-6644 langegger_a@cde.state.co.us

CO Families for Hands and Voices



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

Shannon Cannizzaro
Stc383@live.com

303-424-6077

PEAK Parent Center



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

611 North Weber Street, Suite 200
 Colorado Springs, CO 80903

Phone: 719-531-9400

Hotline: 1-800-284-0251

Fax: 719-531-9452

e-mail: info@peakparent.org

Region 8 - Colorado

Helen Keller National Center
 Rocky Mountain Region

1880 South Pierce Street

Suite #5

Lakewood, CO 80232

(303) 934-9037 (Voice/TTY)

(303) 934-2939 (FAX)

Maureen McGowan - Regional Rep.
 Marijke Swierstra – Admin. Assistant

Maureen.mcgowan@hknc.org

Marijke.swierstra@hknc.org

National

Helen Keller National Center (HKNC)



National - <http://hknc.org/>

Helen Keller National Center
 141 Middle Neck Road
 Sands Point, NY 11050
 Phone/TTY 516 944-8900 Ext. 253
 VP Number 720-457-3676
 Admin Assistant Janet Gilmore janet.gilmore@hknc.org

American Association of the Deafblind (AADB)



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

American Association of the Deaf-Blind
 8630 Fenton Street, Suite 121
 Silver Spring, Maryland 20910-3802
 Phone: TTY 301-495-4402
 Voice: 301-495-4403
 Fax: 301-495-4404

DB Link – Information on Deafblindness

<http://www.tr.wou.edu/dblink/>

DB Link
 Teaching Research
 345 N. Monmouth Ave.
 Monmouth, OR 97361

Voice: 800.438.9376
 TTY: 800.854.7013
 Fax: 503.838.8150

National Consortium on Deafblindness (NCDB)



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

National Consortium on Deafblindness
 The Teaching Research Institute
 345 N. Monmouth Ave
 Monmouth, OR 97361
 Voice: 800-438-9376
 TTY: 800-854-7013
 Fax: 503-838-8150

National Family Association for Deafblind (NFADB)



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

National Family Association for Deafblind
 141 Middle Neck Road
 Sands Point, NY 11050
 Tel 800.255.0411
 Fax 516.883.9060

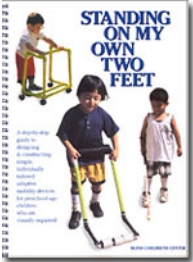
Deafblind International



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



New Items in the Lending Library!



Standing on My Own Two Feet

by Lorie Lynn LaPrelle, M.A.

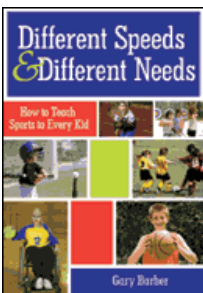
A step-by-step guide to designing and constructing simple, individually tailored adaptive mobility devices for preschool-age children who are visually impaired. The guide includes individually tailored adaptive mobility devices made from low-cost polyvinylchloride (PVC) materials.

Library Item 810.024

Ready to Read from SKI-HI Institute

8-Unit DVD Series. Teaches family members important early visual literacy skills for young children who are deaf. Teaches families signs for the "little function words" these children will encounter in their basal reading at school. Includes delightful presentations, demonstrations, family activities, and self-paced assessments.

Library Item 740.002



Different Speeds for Different Needs

by Gary Barber

This comprehensive guide shows K–12 teachers and coaches how to establish, revamp, and sustain inclusive sports programs that benefit students with a wide range of special needs and challenges. Drawing on the most current research and best practices in education and social-emotional development, this book empowers readers to recognize their students' unique strengths and challenges and provide appropriate encouragement and support.

Library Item 610.089

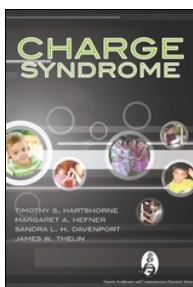


Making Science Accessible: A Guide for Teaching Introductory Physics to Students who are Blind or Visually Impaired

by Michele Engelbrecht and Kate Fraser

This book is designed for the science teacher in the mainstream science classroom working with a student with visual impairments. The book offers a variety of multisensory activities, suggestions for easy adaptations and readily available equipment that can help all students learn basic physics concepts.

Library Item 1210.195



CHARGE Syndrome by Timothy Hartshorne, Ph.D., Margaret Hefner, MS, Sandra Davenport, MD, CM, & James Thelin, Ph.D.

This, the first known book on the subject, describes the sensory, physical, and behavioral findings in CHARGE, indicates what kinds of studies need to be done to confirm the findings, and describes how these findings affect the function and development of the individual with CHARGE.

Library Item 410.120



Resources & Materials



Helen Keller National Center
For Deaf-Blind Youths and Adults

CONNECT!

The Helen Keller National Center (HKNC) is pleased to announce the February 2011 issue of *CONNECT!*, an online publication that keeps you informed about HKNC's many activities.

The February issue contains articles about:

- International visitors to HKNC including a Princess
- Captioned and Braille Radio
- Support Groups at HKNC
- And much more!

To read *CONNECT!* visit www.hknc.org and click on the *CONNECT!* link or go directly to www.hknc.org/ConnectHome.htm

There is no charge for *CONNECT!*, it can be accessed online with alternate formats of PDF, text, large and regular print. Braille copies are also available by contacting hkncinfo@hknc.org. Email notification is also available upon request.

Complete Guide to Special Needs / Educational Apps



by [Dawn Villarreal](#) January 31st, 2011

With over 300,000 apps it's easy to become overwhelmed by the number of app choices. It's also easy to spend a small fortune on a lot of useless apps. This guide breaks down the best of the apps by skill set so you can easily find and buy apps that most benefit your child. Included are apps for iPad, iPhone, iPod touch and some Android apps. For more information, go to: <http://blog.easystand.com/2011/01/complete-guide-to-special-needseducational-apps/>



check it Out



About PEPNet

PEPNet provides resources and expertise that enhance educational opportunities for people who are deaf or hard of hearing--including those with co-occurring disabilities such as deafblindness. PEPNet's national outreach is coordinated through its four regional centers. At the local level, each state's contact person is the gateway to the shared knowledge and best practices of the four regions. PEPNet regional centers work collaboratively to provide a broad variety of best practices & resources where and when you need them to enhance educational opportunities.

PEPNet offers consultation, training, professional development, cutting edge technical assistance and other resources to educational institutions, including-but not limited to:

- | | |
|--|-----------------------------------|
| Two- and Four-year Colleges | Universities |
| Secondary Education Programs | Community Rehabilitation Programs |
| Continuing Education Programs | Adult Basic Education Programs |
| Vocational and Technical Training Programs | |

Services: PEPNet's regional centers provide:

- technical assistance and dissemination activities: consultation, in-service training, and planning and development assistance to support the efforts of postsecondary institutions in creating accessible higher education, continuing education, and adult basic education programs
- personnel development activities: local, state, regional and national trainings, in-person and online
- technology use activities: ongoing efforts to increase the use of technology in training and technical assistance efforts

TA & D Network Partners: PEPNet's national effort is in conjunction with the U.S. Department of Education's Office of Special Education Programs' Technical Assistance & Dissemination (TA & D) network, of which PEPNet is an integral part. The TA&D Network supports federal projects that provide information and technical assistance to states, schools at the local level, educational professionals and families that have been impacted with disability. The network offers expertise in the areas of autism, disproportional representation, dispute resolution, learning disabilities, parenting children with special needs, positive behavior support, and transition.

For a complete listing of the organizations within the TA & D Network, please follow the link: www.tadnet.org/placemat

For more information about PEPNet, please go to: <http://www.pepnet.org/about.asp>

check it Out



HK
NC

Helen Keller National Center
For Deaf-Blind Youths and Adults

Deaf-Blind Young Adults in Action (DBYAA)

Young adults who are deaf-blind and between the ages of 18 and 30 are invited to apply for this one-week program. Preference will be given to those who are currently attending college or plan to attend in the near future. Three college credits from Gallaudet University will be given to each participant who successfully completes the program and course work. DBYAA is limited to six participants. All applicants must be United States citizens or provide documentation of legal resident status.

Dates: June 5-12, 2011

Location: Washington, D.C.

Application deadline: April 17, 2011

Brief program description: DBYAA is an intensive one-week training workshop which provides six young adults, representing several states throughout the country, with the information, skills and resources that will empower them to shape public policy and governance on the national, state and local levels. By teaching young adults positive strategies for shaping policies and by working proactively in government, they will be a part of creating services and access that help all persons who are deaf-blind.

The workshop takes place on the campus of Gallaudet University in close proximity to Washington, D.C., and Capitol Hill. Participants reside in one of the university's dormitories where they share a bedroom and bathroom configured as a suite. Breakfast, lunch and dinner are included. Two days of intensive instruction prepare the young adults for briefings and meetings with Congressional representatives later in the week. Guest speakers and mentors include former workshop participants, members of The American Association of the Deaf-Blind (AADB), agency representatives from American Foundation for the Blind (AFB), National Consortium on Deaf-Blindness (NCDB), Perkins School for the Blind and individuals from government offices such as the Rehabilitation Services Administration.

Interpreters and SSPs are provided for all workshop classes and activities (including at meal times) and SSPs are available for most recreational outings.

For more information or to download the application, please go to: <http://www.hknc.org/DBYAA.htm> or Email lumphr@wou.edu.

check it Out



educator series

knowledge is most powerful when shared

TRAINING & EDUCATIONAL RESOURCES PROGRAM

Tangible Symbols

Elizabeth Torrey is a Speech and Language Pathologist in the Early Learning Center at Perkins School for the Blind. She has extensive experience working with children with visual impairments who are at the early stages of language development. In this webcast, Elizabeth talks about the use of tangible symbols to support the development of communication with children who are visually impaired. Ch. 1: Introduction, Ch. 2: What Are Tangible Symbols, Ch. 3: How Tangible Symbols Should Be Presented, Ch. 4: The Benefits of Using Tangible Symbols, Ch. 5: Considerations When Developing Tangible Symbols, Ch. 6: Behavioral Benefits. Watch the webcast:



http://support.perkins.org/site/PageServer?pagename=Webcasts_Tangible_Symbols

Good Sleep Strategies

by: **Veronika Bernstein, Ph.D**

In this webcast, Veronika Bernstein, Ph.D. describes the challenges faced by children with visual impairments and their families in developing good sleep habits. Dr. Bernstein provides a variety of strategies that may be used to address this challenge.

The webcast chapters are: 1. Introduction, 2. Why We Sleep, 3. Melatonin Production and Sleep Patterns, 4. Development of a Circadian Rhythm without light perception, 5. Visual Impairment and Anxiety Issues, 6. Sleep Time Routines, and 7. Teaching a Child to Sleep.

To watch this Perkins' School for the Blind webcast: please go to:

http://support.perkins.org/site/PageServer?pagename=Webcasts_Good_Sleep_Strategies

check it Out



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



AAP Culturally Effective Care Toolkit

Learning to deliver culturally effective care is considered by many to be a lifelong journey. The new AAP Culturally Effective Care Toolkit is a practical, hands-on resource to help practicing pediatricians and their office staff provide culturally effective care to their patients and families.

<http://practice.aap.org/content.aspx?aid=2990>



The 2011 AADB National Symposium “The Future is in Our Hands”

Early bird registration for the Deaf-Blind has been extended to May 5th!

The American Association of the Deaf-Blind Proudly Presents:

June 19th - June 24th, 2011
Drawbridge Inn Hotel, Fort Mitchell, Kentucky

For more info, go to the AADB Website at
http://aadb.org/conference/2011_symposium/invitation.html

Changing Vision, Changing Hearing: Is It Usher Syndrome?

The Washington Deafblind Project has completed a series of videos on the topic of Usher syndrome. Usher syndrome is a genetic disorder, which includes a hearing loss at birth and a gradually developing visual impairment. Some individuals with Usher syndrome also have balance issues. To view the videos, please go to <http://www.wsdsonline.org/deafblind/usher/index.html>

Check it Out



Perkins School for the Blind is pleased to announce the availability of the **Communication and Congenital Deafblindness Series** through Perkins Products. The series of four booklets and accompanying DVDs was developed by Inger Rodbroe, Jacques Souriau and Marleen Janssen and published by the VCDBF/Viataal, St Michielsgestel, The Netherlands. The series is available for \$50.00. Individual booklets are available for \$15.00.

Congenital deafblindness and the core principles of intervention

This booklet focuses on congenital deafblindness and the core principles of intervention. The text is meant to increase understanding about what it is like to live in this world as a person who is deafblind as well as to develop knowledge about the current population of persons with deafblindness.

Contact and social interaction

This booklet discusses interaction and early communication with congenitally deafblind persons in everyday situations and the factors that encourage social interactions and social relationships.

Meaning Making

This booklet talks about how gestures emerge from bodily emotional experience in the world and how those experiences leave traces in the body and mind of a deafblind person which may later be expressed through bodily gestures.

Transition to the cultural language

This booklet describes how people with congenital deafblindness experience the world and the culture/language mainly using the bodily senses and the huge challenge that presents.

https://secure2.convio.net/psb/site/Ecommerce?FOLDER=1083&store_id=1101



check it Out



10th International CHARGE Syndrome Conference July 28 - 31, 2011, Orlando, Florida

The CHARGE Syndrome Conference is the largest worldwide gathering of individuals with CHARGE, their families, professionals and experts on CHARGE. A CHARGE Syndrome Conference is no ordinary conference. The conference affords everyone the opportunity to meet with professionals experienced in CHARGE syndrome and share experiences with other families. That's when the magic begins.

A repeat activity at this year's conference will be a 4-hour multi-purpose experience entitled Interact at Information Central. This event includes poster presentations, exhibits, demonstrations and opportunities to meet and talk with the professionals who present at the conference as well as exhibitors who have displays about the disability-related products and services they provide. More than an hour of the session runs unopposed by other sessions so that everyone is able to participate. Our conference is all about interaction and opportunities to chat with professionals and ask questions that relate specifically to your family.

Register here: <http://chargesyndrome.org/confreg2011.htm>

Read more here <http://www.kintera.org/htmlcontent.asp?cid=108951>

Visit Conference Headquarters here <http://chargesyndrome.org/conferenceHQ-2011.asp>

CHARGE Syndrome Foundation
141 Middle Neck Road, Sands Point, NY 11050
800-442-7604



Calendar of Events



2011	2011	2011	2011	2011	2011	2011	2011	2011	2011
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- June 4** **Family Learning Retreat**, Colorado Springs, CO or Montrose, CO
Contact: Diane Covington at (719) 578-2225
- June 6** **2011 Summer Institute on Deafblindness and SNN** — Denver, CO
Contact: Tanni Anthony at (303) 866-6681 or anthony_t@cde.state.co.us
- June 7 - 9** **SWAAAC Summer Symposium**, Adams 12 Conference Center, Thornton, CO
Contact: www.swaaac.com
- June 13-16** **Deaf/hard of Hearing Plus Summer Institute—Denver, CO**
Contact: Sue Vaughan—svaughan@jeffco.k12.co.us
- June 25** **Family Day at the Butterfly Pavilion**
Contact: Shannon Cannizzaro—STC383@live.com
- June 19 - 23** **American Association of the Deaf-Blind National Symposium** - Ft. Mitchell, KY
Contact: www.aadb.org/
- June 22 - 23** **Western Region Early Intervention Conference** - Ogden, UT
Visit: <http://wreic2011.org/>
- July 28 - 31** **10th Annual CHARGE Syndrome Conference**, Orlando Florida
Contact: www.chargesyndrome.org/conference-2011.asp
- Sept 27 - Oct 1** **Deafblind International World Conference 2011—** Sao Paulo, Brazil
Contact: www.acquaviva.com.br/siscone/index.asp?Codigo=33,2

Project Location:	Colorado Department of Education Exceptional Student Leadership Unit 1560 Broadway, Suite 1175 Denver, CO 80202
Fax:	(303) 866-6767
TTY:	(303) 860-7060
Web Page:	http://www.cde.state.co.us/cdesped/SD-Deafblind.asp



Family Learning Retreat 2011

Colorado School for the Deaf and the Blind

33 North Institute Street

Colorado Springs, Colorado 80903

719-578-2100; www.csdb.org

June 4, 2011

The Family Learning Retreat (FLR) will be returning to the Colorado School for the Deaf and the Blind June 4, 2011. This year, the FLR will be a one-day retreat focused on families with a child between the ages of 0-8 years, who is deaf/hard of hearing, blind/visually impaired or deafblind. This is an opportunity for families to meet other families while networking, learning and having fun together.

Parents /adults will attend training during the day, while children participate in supervised recreational activities within the youth program.

- 9:00 a.m. Check-in begins
- 9:30 a.m. Encouraging your child's literacy development
- 11:45 a.m. Lunch provided
- 1:00-4:00 p.m. IEP vs IFSP; Part B & Part C Process

The cost of the FLR is only \$5.00 per person over the age of one year. Spanish and sign language interpreters will be provided upon request.

Parents will be responsible for providing any assisted feeding or medical procedure their child requires. A nurse will not be available during the Family Learning Retreat.

Come and relax. Make new friends. Experience a valuable learning opportunity.

Questions? Contact Diane Covington at the Colorado School for the Deaf and the Blind at **(719) 578-2225**. For Spanish speaking participants, contact Gloria Romero **(719)-578-2288**.





2011 Family Learning Retreat

Pomona Elementary School
1045 S. Cascade Avenue
Montrose, Colorado
June 4, 2011

The Family Learning Retreat (FLR) will be coming to the Western Slope on June 4, 2011. The FLR will be a one-day retreat focused on families with a child between the ages of 0-8 years, who is deaf/hard of hearing, blind/visually impaired or deafblind. This is an opportunity for families to meet other families while networking, learning and having fun together.

Parents /adults will attend training during the day, while children participate in supervised recreational activities within the youth program.

- 9:00 a.m. Check-in begins
- 9:30 a.m. Encouraging your child's literacy development
- 11:45 a.m. Lunch provided
- 1:00-4:00 p.m. IEP vs IFSP; Part C & Part B Process, "What's in a Label?"

The cost of the FLR is only \$5.00 per person over the age of one year. Spanish and sign language interpreters will be provided upon request.

Parents will be responsible for providing any assisted feeding or medical procedure their child requires. A nurse will not be available during the Family Learning Retreat.

Come and relax. Make new friends. Experience a valuable learning opportunity.

Questions? Contact Lou Jankowsky, ljankowsky@mcsd.k12.co.us, 970-240-1709 or Ginny Hall, vhall@mcsd.k12.co.us

cde



Stay in Montrose!

Friendly service and exceptional amenities
Indoor pool, Whirlpool and Fitness Center
Free Express Start Breakfast Bar
Relax by the copper and rock fireplace
970-240-1800 for reservations
Mention "Family Learning Retreat" to receive special room rate of \$93.00/night



Family Learning Retreat

When: June 04, 2011



Please indicate location below!

____ CSDB
 33 NORTH INSTITUTE ST
 COLORADO SPRINGS, CO

____ POMONA
 ELEMENTARY SCHOOL
 1045 S. CASCADE AVENUE
 MONTROSE, CO

Check/purchase order must accompany registration

Make checks payable to: CSDB

Mail to: CSDB
Attention: Diane Covington
 33 North Institute Street
 Colorado Springs, CO
 80903

Registration Deadline
May 24, 2011

Colorado families with a child who is deaf/hard of hearing, blind/visually impaired or deafblind attend to network, learn and have fun together. Parents/adults will attend training during the day, while children participate in supervised recreational activities within the youth program.

- **Mom's Name** _____
First Name Last Name
- **Dad's Name** _____
First Name Last Name
- **Mailing Address** _____ **City** _____ **Zip Code** _____
- **Phone(h)** _____ **Email** _____
- _____
1st Child's Name Age Deaf, Blind, Deafblind, Other, None
- _____
2nd Child's Name Age Deaf, Blind, Deafblind, Other, None
- _____
3rd Child's Name Age Deaf, Blind, Deafblind, Other, None
- **Additional Adult** _____ **Relationship** _____
Additional Adult _____ **Relationship** _____
- **Previously Attended? (Circle) Yes No**
- **Accommodations:** _____ Sign Language Interpreter
Specify _____
 _____ Other (such as Braille or Spanish Language)
Specify _____

FEES

_____	Adult Registration - \$5.00/Adult
# _____	Total Adult \$
_____	Child Registration - \$5.00/Child
# _____	Total Child \$
_____	Totals
Total # _____	Total \$\$

Scholarships may be available for travel/lodging. If a family is in need of scholarship assistance, please contact Tanni Anthony, Anthony_T@cde.state.co.us or 303-866-6681.

For additional information or if you need to cancel PRIOR to the close of business May 26, 2011, please contact . No reimbursements for cancellations made after May 26, 2011. Please request ADA accommodations at time of registration.

**Colorado Services for Children and Youth with Combined
Vision and Hearing Loss Project Staff:**

We are Here to Serve You!



Project Director
Tanni Anthony
(303) 866-6681
anthony_t@cde.state.co.us



Project Coordinator
Gina Quintana
(303) 866-6605
quintana_g@cde.state.co.us



Family Specialist
Shannon Cannizzaro
(303) 424-6077
stc383@live.com



Technical Assistance Specialist
Kathryn Daniels
danchitoo@gmail.com



Program Assistant I
Anna Langegger
(303) 866-6644
langegger_a@cde.state.co.us

2011 Summer Institute on Deafblindness and Significant Support Needs

Literacy for Students with Significant Disabilities

Featuring Instructors: Karen Erickson, Ph.D. and Penelope Hatch, Ph.D.
from the Center for Literacy and Disability Studies, UNC-Chapel Hill

Dates: June 6 – 10, 2011: This is a five-day training from 8:30 a.m. to 4:30 p.m.
(we will end at 3 p.m. on Friday, June 10th)

Location: Hilton Garden Inn Denver Cherry Creek, 600 S. Colorado Blvd., Denver, CO

Course Description: This weeklong course will address literacy instruction and assessment for students with significant disabilities including deafblindness and significant communication impairments. Beginning with an emphasis on emergent literacy, language, and communication intervention, the seminar will offer participants practical guidance through videos, case studies, and specific methods. The course will cover: (a) oral and written language development and assessment specific to learners with and without SSN, (b) research-based principles in emergent literacy / applications with students with SSN, (c) selecting and creating materials for shared reading, (d) alternative pencils, (e) progress monitoring, (f) shared writing practices, (g) integrated and systematic phonological awareness instruction, (h) portfolio data collection, (i) research-based framework for comprehensive instruction, (j) teaching vocabulary and reading comprehension, (k) word identification instruction – beyond functional sight words, (l) selecting texts for self-directed reading, (m) writing strategies, and (n) resources and materials. For the complete course syllabus and agenda, please go to:

<http://www.cde.state.co.us/cdesped/Deafblind.asp>

Presenters:



Karen Erickson, PhD., is the Director of the Center for Literacy and Disability Studies, a Professor in the Division of Speech and Hearing Sciences, and the Yoder Distinguished

Professor in the Department of Allied Health Sciences, School of Medicine at the UNC at Chapel Hill. Her research addresses literacy assessment and instruction for struggling readers of all ages including those with significant disabilities. Dr. Erickson is co-developer of the Tar Heel Reader online library of accessible books for beginning readers, as well as several other assistive and learning technologies.



Penelope Hatch, PhD, CCC/SLP is a research associate at the Center for Literacy and Disability Studies. Penny's research focuses on literacy and communication intervention for students with

significant disabilities. Most recently she led the development of the *Big Words* software and the *Extending Lessons* in the *MEville to WEville Start-to-Finish® Literacy Starters Program*. Dr. Hatch is a former school-based speech language pathologist and assistive technology specialist.

*Colorado Services for Children and Youth with Combined Vision and Hearing Loss Project—
Colorado Department of Education*



All individuals, regardless of their abilities or disabilities, have the right to an opportunity to learn to read and write in order to increase and enhance their educational opportunities, vocational success, communicative competence, self-empowerment capabilities, and independence.

Colorado has been selected as a training site by the Center for Literacy and Disabilities Studies personnel for Summer 2011. Join us for this incredible training opportunity.

Participants: This five-day course is designed exclusively for Colorado public school professionals working with students who are deafblind and/or who have significant support needs (SSN). We have the capacity to accept up to 75 participants.

Course Requirements: Participants must take the course for two-university credits at a cost of \$110. Participants must attend all five days of the course and submit a course application paper by August 15, 2011.

Costs: There are no registration costs to this training beyond the required tuition fee for the two university-semester credits through the University of Northern Colorado.

Meals: A light continental breakfast and lunch will be provided each day.

Lodging: Participants requiring lodging should contact the hotel at (303 754-9800) to make arrangements for a hotel reservation. Please identify that you are attending the CDE Summer Institute on Deafblindness and request the room rate of \$95. (plus tax)

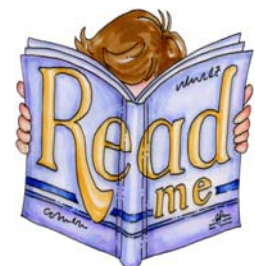
Lodging scholarships will be available on a limited basis for those accepted participants coming from distances of over 75 miles. This information will be sent to confirmed participants.

Registration: The registration link for the training can be found at:
<http://www.cde.state.co.us/scripts/DeafblindnessSummerInstReg11/registration.asp>

Registration will close on **May 6th, 2011**. Confirmations of acceptance will be sent to the participants no later than May 10th.

For more information:

Contact Dr. Tanni Anthony at (303) 866-6681 or Anthony_t@cde.state.co.us
or Gina Quintana at (303) 866-6605 or Quintana_g@cde.state.co.us





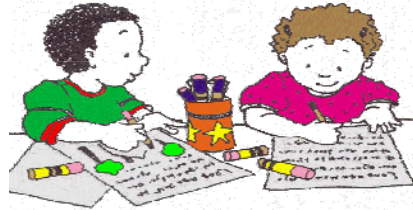
Butterfly Wings, Tickly Bugs, and a Whole Lot of Fun!

By Shannon Cannizzaro, Family Specialist

As summer is approaching so is **National Deafblind Awareness Week** which is celebrated during the last week of June. Since June is the birth month of Helen Keller a famous woman who is known for her perseverance and was deafblind. It is appropriate during the month of June to celebrate our children and youth, and their achievements. In honor of this week and our fabulous families who are involved with our Colorado Services for Children and Youth with Combined Vision and Hearing Loss Project, you are invited to attend a Family Day at **The Butterfly Pavilion**, on Saturday **June 25, 2011 at 9:00**. At 9:30 that morning we will have an educational program called *Buggy Basics*, that will include several opportunities for the kids to touch many different species of insects!

After the presentation families can enjoy the rest of the Pavilion on their own. Around noon, following The Butterfly Pavilion activities, families are invited to bring a picnic lunch and meet at the Sensory Park which is located about 2 miles from the Butterfly Pavilion. Please bring a picnic for your own family and a dessert to share.

I know summer can be a busy time, but I hope you can join us to reconnect with old friends and meet new friends too, and that we can continue to share the journey raising our unique children.



The Butterfly Pavilion
6252 W. 104th Avenue
Westminster, CO 80020
303-469-5441
<http://butterflies.org/index.php>

Sensory Park
7577 W. 103rd Avenue,
Suite 200
Westminster, CO 80021
720-777-1330

We will pay for 2 parents and the child who is deafblind to enter the Butterfly Pavilion. Additional visitors will need to be paid for by the family at the door.

Adults: \$6.50 each
Children: \$3.50 each

Funds and space are limited and based on a first-come-first serve basis.

Please email Anna Langegger at Langegger_a@cde.state.co.us by **June 15** to RSVP for the event!

Deaf/Hard of Hearing Plus Summer Institute

June 13-16 Red Rocks Community College

Monday	Tuesday	Wednesday	Thursday
<p>Communication Matrix Philip Schweigert</p>	<p>Communication Medley Gina Quintana & Robin Brewer</p>	<p>Structured Teaching Amy Addison</p>	
<p>This workshop will identify the learner’s communication behaviors and intents using the Communication Matrix. It will identify ways to promote communication skill development for the symbolic learner. Participants will identify types of Tangible Symbols and decide strategies for determining what the most appropriate symbol type is for a particular learner.</p>	<p>Opening Doors to Communication Options</p> <p>This workshop will focus on communication assessments and strategies for students with significant support needs, which can include hearing loss. Participants will take part in discussions and hands-on activities in order to determine alternate communication modes. Case studies will be used to apply the assessment results and develop effective communication programs and portfolios.</p>	<p>The goal of this workshop is to promote independence and meaning through structure for the student.</p> <p>Physical Structure: This is the way the classroom environment is set up so that each area of the classroom is visually organized; each space has a specific purpose and set of expectations.</p> <p>Schedules: The length of the schedule is dependent upon the needs of the individual student. It can vary from one item, a full day, a full week or a month.</p> <p>Work System: This is what tells the students what they will be doing once they are where they need to be in the environment. The work system clarifies information for the student.</p> <p>Visual Structure: This is what helps students keep working by providing information within the environment that clarifies, organizes or instructs</p>	

Sponsored by the Colorado Department of Education,
CO Services for Children and Youth with Combined Vision and Hearing Loss Project,
and the Denver Metro Council

Deaf/Hard of Hearing Plus Summer Institute

June 13-16, 2010

****Registration Closes May 17, 2011****

- * **Class are FREE!!**
- * **Breakfast and Lunch will be provided daily.**
- * **Limit 60 participants (No day of registration available.)**

First priority will be given to professionals who work directly with a child who is deafblind.

Where: Red Rocks Community College, Community Room
13300 West Sixth Avenue, Lakewood, Colorado 80228-1255

Times: Monday- Thursday 8:00 to 4:00

Registration: To register, email Sue Vaughan at svaughan@jeffco.k12.co.us by **May 17, 2011.**

Be sure to include the email address you wish to have your CDE certificate sent to.

Cost: Free

Credit: You will be given 30 hours of CDE credit for the workshop. The policy for CDE credit is that a certificate is sent to you via email after completion of the course and/or 2 Graduate Credits through UNC (register on the first day of the workshop if interested)

CO Services for Children and Youth with Combined Vision and Hearing Loss

Technical Assistance Request Form

If you would like to receive **free** technical assistance for your child or a student who is deafblind (has both a vision and hearing loss), please complete and return this form to Gina Quintana. Once this information is received, you will be contacted to determine: (a) the type of technical assistance you need (b) what the specific need is, and (c) when is the best time to schedule the visit.

Contact Information

Your name: _____ Phone Number: _____

Your address: _____

Name of the child that you would like assistance with: _____

Date of birth of the child: _____ Your relationship to the child: _____

What Kind Of Technical Assistance Are You Interested In?

_____ Inservice _____ Home Visit _____ School Visit _____ Other

What Topics Are You Interested In (check all the ones you are interested in for this child):

- _____ Auditory Training / Listening Skills
- _____ Assessment (circle area: vision, hearing, communication, development, or other)
- _____ Behavior Management (for problem or disruptive behavior)
- _____ Communication System Development (how to encourage a child to communicate)
- _____ Daily Living Skills (personal care and self help skills such as toileting, dressing, etc.)
- _____ Inclusion into School Program (techniques that support the child's learning in the classroom)
- _____ Literacy Mode Determination (use of Braille, large print, etc.)
- _____ Medical Issues (gaining more information about a child's diagnosed condition)
- _____ Orientation and Mobility Skills (travel independence)
- _____ Organizing a Daily Routine (sequence of activities, transition from one activity to another)
- _____ Personal Futures Planning (a system of looking ahead and planning for the future)
- _____ Sensory Skill Development (vision, hearing, tactile skill use)
- _____ Social-Emotional Concerns (relationships with others)
- _____ Transition from Program to Program (e.g. preschool program to kindergarten program)
- _____ Transition from School into Adult Services (college, rehabilitation, group home)
- _____ Vocational Training

Other areas of need: _____

Please return this form to Gina Quintana, CDE, 1560 Broadway Suite 1175, Denver, CO 80202. It can be faxed to Gina at (303) 866-6767. If you have questions, call Gina at (303) 866-6605.

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