



# reSources

Volume 14, Number 1

Winter 2009

## CDBS Receives 5-Year Funding Award

by Maurice Belote, CDBS Project Coordinator

**W**e are very pleased to announce that California Deaf-Blind Services has been refunded for another five-year cycle by the U.S. Department of Education, Office of Special Education Programs (OSEP). The proposal was well received by the reviewers who noted the strength of many components, including collaborative relationships, linkages with the deaf-blind endorsement program at SFSU, and multicultural elements. One reviewer wrote that the resources presented in the proposal were “vast and wonderful”. JoAnn McCann from OSEP serves as our new project officer and we look forward to sharing information with her about our project’s extensive activities.

The model for the CDBS 2008-2013 funding cycle includes the following key activities and initiatives. Some of these activities are new, while others are modifications of past activities based on input received from our evaluation activities. All of these CDBS project activities were identified as strongly valued and necessary by the many individuals who provided needs assessment data as we developed the model and proposal.

- Teaching courses and coordinating student internships at CDBS for the federally funded **endorsement program** at San Francisco State University to train teachers in the field of deaf-blindness;
- Ongoing support and expansion of the CDBS **Family Leadership Initiative** including new networking opportunities for our dedicated team of volunteer family support providers;
- Training for **interveners**, educational teams, and family members on the basic concepts of intervention, and linkages to higher level training as requested;
- Ongoing **new staff training** for three key agencies that provide direct early intervention services to infants and toddlers who are deaf-blind;
- Coordinated and comprehensive training at targeted California State University campuses for individuals working towards **teaching credentials**;
- Annual regional **training conducted in Spanish** for Spanish speaking families on a broad range of topics related to deaf-blindness;
- Ongoing **regional training for families** in collaboration with local and statewide conferences and workshops;
- **On-site technical assistance** based on identified local needs and CDBS staff availability and resources;
- **Urgent technical assistance** in cases of sudden decrease in hearing and/or vision, significant and unexplained changes in behavior, or newly identified infants who have not yet received direct services;
- Collaborative post-assessment technical assistance for children assessed by the **California School for the Blind Assessment Center**;
- Technical assistance for targeted **districts and county offices of education** to support efforts to accurately and thoroughly identify children who have both hearing and vision problems;

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- Electronic distribution of English and Spanish editions of the CDBS triannual publication *reSources*;
- Improvements to the CDBS **website** to increase accessibility;
- Streamlined process for the collection of the **annual census** of children who are deaf-blind including electronic distribution of materials and forms where possible.

CDBS extends its thanks to the following individuals who wrote letters of support and commitment. These letters were included in our grant application package. We were careful to connect every collaborative activity with a letter of support and commitment to demonstrate the high level of collaborative relationships CDBS has with so many individuals and organizations. We are certain these letters had a powerful and positive impact on the grant reviewers and their approval of our proposal.

- Linda Alsop, Director of Deafblind Programs, SKI•HI Institute, Utah State University
- Dr. Tanni Anthony, Project Director, Colorado Services for Children and Youth with Combined Vision and Hearing Loss
- Dr. Lyn Ayer, Project Director, Oregon Deafblind Project
- Lizbeth Barclay, Teacher Specialist, California School for the Blind Assessment Center, Fremont
- Teresa Becerra-Lund, parent and member of the CDBS Family Leadership Initiative, North Hills
- Nancy Cornelius, Vice President of the Coalition of Parents and Educators of the Deaf-Blind (COPE-DB) and member of the CDBS Family Leadership Initiative, San Diego
- Martha De La Torre, parent and member of the CDBS Family Leadership Initiative, Los Angeles
- Dr. MaryAnn Demchak, Project Director, Nevada Dual Sensory Impairment Project
- Debra D'Luna, parent and member of the CDBS Family Leadership Initiative, Irvine
- Juno Duenas, Executive Director, Support for Families, San Francisco
- Mary Goldman, Director, Infant-Family Program, Junior Blind of America, Los Angeles
- Kathryn Goodspeed, Early Childhood Coordinator/Assistant Executive Director, Blind Children's Learning Center, Santa Ana

- Dr. Robin Greenfield, Project Director, Idaho Project for Children and Youth with Deaf-Blindness
- Dr. Ann Halvorsen, Professor, California State University East Bay
- Dr. Nancy Hatfield, Project Co-Director, Washington State Services for Children with Deaf-Blindness
- Cathy Kirscher, Regional Representative, Helen Keller National Center, San Diego
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- Cathy Mouchka, consumer, Sacramento
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- Gina Quintana, Project Coordinator, Colorado Services for Children and Youth with Combined Vision and Hearing Loss
- Shelly Rempe, Principal, Special Needs Department, California School for the Deaf-Riverside
- Virginia Reynolds, Program Director, WestEd Center for Prevention and Early Intervention, Sacramento
- Herlinda Rodriguez, parent and member of the CDBS Family Leadership Initiative, Downey
- Dr. Sandra Rosen, Professor, Coordinator of Program in Orientation and Mobility, San Francisco State University
- Richard Rueda, Transition Coordinator/Vocational Counselor, Blind Field Services, California Department of Rehabilitation, Oakland
- Kathee Scoggin, Project Co-Director, Washington State Services for Children with Deaf-Blindness
- Bethany Stark, parent and member of the CDBS Family Leadership Initiative, Pacific Palisades
- Tom Udell, Technical Assistance Specialist, National Consortium on Deaf-Blindness, Monmouth, Oregon
- Joanne Whitson, Project Director, Wyoming Deaf-Blind Project
- Dr. Linda Wyatt, Special Education Consultant, Special Education Division, California Department of Education, Sacramento



# Rethinking Circle Time

By Maurice Belote, CDBS Project Coordinator

What is it about circle time with children who are deaf-blind that causes such consternation among educators? At its best, circle time can be a positive tool for building social awareness, communication skills, and a sense of connectedness among peers. But it can also sap energy from puzzled team members who struggle to find ways to include children who are deaf-blind in this traditional activity that occurs in most classrooms at some point during the school day.

Morning circle time seems to be a fairly typical part of most preschools and is an equally pervasive activity in most special day classes—regardless of the age of the students. In general education, the concept of morning circle still often exists, although it takes other forms as students age. In elementary school, it might be a time to talk about the schedule for the day, and hear about upcoming classroom events, relevant local and world news, sharing, etc. The instructional day of many middle and high schools starts with first-period homerooms, during which students receive announcements about extracurricular events such as athletic games, dances, fundraisers, etc. This is usually a motivating time for high school students because this is the age when many students become more interested in elective courses and extracurricular activities than in the more traditional, academic subjects.

Most circle time activities are primarily built around visual and auditory activities (e.g., verbal greetings, the singing of songs, and the use of wall charts). Many components of a traditional circle time, therefore, can be downright confusing and/or inaccessible to a child with hearing and vision loss. It shouldn't seem surprising that many children who are deaf-blind "fail" circle time—by refusing to sit quietly, by engaging in behaviors that will likely result in being removed from the activity, or simply by refusing to go to the circle area at all.

Much of what constitutes traditional circle time is basically irrelevant to children who are deaf-blind. For example, consider a preschool classroom in which circle time occurs after the children have come in from the bus, put away their backpacks, used the bathroom, had breakfast, and brushed their teeth. After having spent many

minutes with their classmates and teachers, everyone sits in a circle and says good morning to one another. But the "good mornings" were all said when the children first arrived to school. Think of that awkward situation many of us have experienced when someone says good morning to you at work for the second time in one day. In the culture of greetings, we are allowed only one "good morning" for a particular person each day. There is an expectation that each subsequent interaction will include a fresh choice from the menu of greeting options.

Children with typically developing language might understand that this is like a game. We say good morning at circle because we look at each other and enjoy the verbal and non-verbal responses our greetings elicit. Another morning circle activity that some children will rightly perceive as a game is when we ask children to tell us our name. Even more puzzling to children who are deaf-blind might be when we ask them to tell us their own names. Can you imagine what a child who is deaf-blind might be thinking when a familiar adult asks them their name? I imagine they must be thinking, "Well, if you don't know my name by now, then I just give up".

We always want to consider the age-appropriateness of morning circle activities and make necessary modifications/adaptations to the activities so that they are consistent with what other children of the same age need and want. If you're not sure about what children of a certain age are interested in, just ask some non-disabled peers. They will gladly share their lists of favorite singers, movies, radio stations, TV shows, etc. For example, while it may be traditional to sing a good morning song, what a delight it might be for a student with some usable hearing to recognize music that is played at a school assembly or dance because that student has heard the songs many times during morning group. If the student is an occasional hearing aid or cochlear implant user, this might be the time the student willingly chooses to use his or her assistive technology.

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Facilitating positive peer interactions often requires creativity planning to get the interactions off the ground, and morning circle provides many opportunities for facilitated interactions. For example, you might consider giving the student who is deaf-blind some “power” during circle time. One way this can be accomplished is to give the child who is deaf-blind something that the other students want or need. This might be snacks, keys to the snack closet, change for the vending machines, recess passes, name badges, or other items of importance that the student can be responsible for handing out to the others. The student gets the self-esteem boost of being responsible for something important and, at the same time, is allowed to be on the giving end of peer interactions.

Children who are deaf-blind must understand the context of circle time activities so that they can make sense of what is being asked of them. Clapping hands or banging rhythm sticks together won't have any special meaning for students who cannot hear the music that other students can hear. While it feels good to us as teachers to see all students participating, the child who is deaf-blind may really just be a passive participant in the activity because of reduced and/or distorted access to the environment. Another challenge of creating context for children who are deaf-blind is making experiences real in the truest sense, so that children can build their own experiences out of real activities with real materials. It may not be sufficient to have the child hold a stuffed toy rabbit while the group sings “Here comes Peter Cottontail” since visual memory and experience are usually necessary in order for a child to make the connection between an actual rabbit and a stuffed animal.

It is also important to consider hearing and vision issues. If activities of circle time are primarily visual and auditory in nature, then these activities lose their relevance for the student who is deaf-blind. The question then becomes: what is the benefit to the child who is deaf-blind to continue to participate in this activity? It may be possible to increase active engagement by simply modifying the physical environment to maximize the student's vision and hearing. Examples of these environmental modifications might include the following: moving the child to a different location within the circle, allowing the child to use a different chair or piece of equipment in order to maximize postural control and sensory

input, or allowing the child to move more than the others in order to get closer to materials being presented.

The educational team may decide that the child who is deaf-blind doesn't need to join the class for the entire morning circle activity, but can do some of the activities and then leave the group to do something else. For example, a typical circle time activity involves identifying classmates and staff who are at school that day and those who are absent. Perhaps each child and staff member in the class can be assigned a tactile marker that is affixed to a laminated card that also includes each child or adult's name and photo. Everyday at circle time, these cards can be separated into two groups: those who are present and those who are absent. Once this information is collected, the child who is deaf-blind can deliver the stack of “absent cards” to the attendance clerk in the school office. In this way, it isn't an issue of whether or not the child participates in circle time, but rather an issue of how much participation is meaningful to the child and what parts of circle time can be replaced with activities that are more relevant.

Lastly, issues of pacing and turn taking may need to be considered to make sure students are actively engaged in the activities of circle time. The pace of the entire activity may need to be slowed down considerably to allow the student who is deaf-blind the time needed to make sense of what is happening and to prepare for each component of the activity. While the pace slows, it may seem paradoxical to suggest that some circle time activities might occur too slowly for a student with limited vision and hearing. Think about the turn taking that is usually required for circle activities, and the way that students follow the order of turns and the excitement that comes with the anticipation of their own involvement in each activity. Turn taking is primarily a visual and auditorally based activity. Students with typically developing vision and hearing watch and/or listen to the others in the group and use this time to mentally and physically prepare for their turns. Without access to this information, it may not make sense to a child who is deaf-blind to spend so much time waiting and sitting quietly when it isn't clear why these periods of quiet are interjected with what must seem like random bouts of engagement.

*Comments? Questions?*

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# Sharing Information to Improve Your Children's Learning Experiences at School: Strategies for Families from the Perspective of a Teacher

*By Gloria Rodriguez-Gil, CDBS Educational Specialist*

There are many important reasons for families to share basic information about their children with classroom staff and other service providers in school. These include to help children function at their best in order to facilitate learning, to lessen the time it takes service providers to get to know their students so they can get started working on educational goals, and to facilitate collaborative relationships with service providers from the very beginning.

To begin with, let me share a recent story from my travels around California. Three weeks into this school year I visited a preschool classroom to observe a student I will call Sophie. The day began with the students eating breakfast with the support of the teaching staff. One of the breakfast choices on this day was bagel with cream cheese, and a classroom assistant cut the bagel into small pieces for Sophie. The assistant picked up a piece of bagel with a fork and offered it to Sophie by placing it in front of Sophie's face at a close enough distance for her to see it (Sophie has vision loss). Sophie responded by refusing to open her mouth. I asked the classroom assistant if Sophie liked bagels and she responded by saying that she didn't know what Sophie liked to eat. The classroom teacher explained to me later that Sophie had been in school for only three weeks.

As the classroom assistant cut the bagel into pieces, I remember wondering if this particular student could really eat something like a bagel even if it was cut into small pieces. Sophie had significant motor challenges and walked with the aid of a walker. In addition, she was hard of hearing and communicated mainly through behaviors and actions (although she was able to imitate a few words when she was highly motivated, as she demonstrated later during the observation.) Since she didn't communicate orally, I realized that some of her eating skills—particularly chewing—might be impacted by the development of oral-motor skills. The possibility that Sophie could chew and swallow something as hard as a piece bagel seemed low. In the end, the breakfast activity was not a very positive and constructive experience for Sophie.

Sophie's breakfast experience might have been more positive if Sophie's family and school staff had communicated beforehand about Sophie's feeding preferences, habits, and needs. With better information sharing, Sophie might not have been viewed

as an uncooperative child or a child who could not understand and respond appropriately. Although this situation is specific to Sophie and her program, it is an example of something that is much more common, and happens to students when basic information has not been communicated clearly and timely.

Professionals and paraprofessionals working with your child—especially when your child is new to a program—may not understand your child's basic needs and other important information because their information is based only on brief observations in the classroom. The knowledge you have of your child is based on so much personal experience that it may be obvious to you, but may not come as naturally to service providers in the school. There may be written reports about your child but these reports do not provide a complete day-to-day "picture" of who your child really is. And not all service providers have easy access to these reports. Unfortunately, having provided information about your child once doesn't mean that you may not have to provide it many more times. This will be particularly true every time the child goes into a new program and/or starts working with new people. And some information may have to be repeated several times to the same people for them to fully understand it in the way intended.

In many cases, it is difficult for children who have vision and hearing loss and additional multiple disabilities to tell others about themselves. It is usually the responsibility of family members and/or the other adults who live with and care for these students to share this information so that educational teams can propose and design instructional activities based on the strengths and needs of the students. You can insure this information is shared by considering a few simple strategies. These strategies might be most applicable to a student who is new to a program.

## **Who is the Child?**

You want to start by giving a positive view of your child (e.g., who she is as a person, her personality, things she's good at, and the things she likes and doesn't like to do). This information

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will help service providers design activities based on her preferences and strengths. From this starting point, they will be able to build activity sets that are rewarding and gradually more challenging for the child. Information about things that she doesn't like will also give service providers important information about activities that challenge your child, so that strategies can be identified to overcome these challenges or to work around them. Sometimes dislikes are a result of lack of experiences or a result of physical or neurological issues the child has.

**Considerations:**

1. Helping service providers to know your child's personality will help them to view her as the person she is, well beyond her disabilities.
2. When providing information about what she likes, try to share specific examples of things, people, activities and places.
3. The things that she is good at can be big or small, things she can do on her own or things that she needs assistance with. They might even be activities she needs complete support for, but to which she responds positively or make her happy.

**The Diagnosis**

If you have a diagnosis for your child's vision and hearing problems, share this information with your child's service providers. Many causes of deaf-blindness are relatively rare, and it is quite likely that not all service providers will know and understand the characteristics and implications of this diagnosis. In addition, there are differences between children with the same diagnosis so it is important to provide information on how specific characteristics of this diagnosis are or are not present in your child.

**Considerations:**

1. Is there a website or print resource you particularly like, that you think captures information about your child's diagnosis in a way that is easy for others to understand? If so, share information with your child's team on how to access this information.
2. You may hear generalizations made about your child—based on a diagnosis—that don't sound like they apply to your child and her specific situation. If this happens, speak up and explain the difference between your child and others with a similar diagnosis. It will be helpful to others to better understand these distinctions.

**Vision and Hearing Loss, and the Other Senses**

We all gather information and access our world through our senses. When the two primary senses (i.e., vision and hearing) for gathering information are reduced or distorted, you want your child to make the best use of these senses that she can. Residual vision and hearing can be used in combination with

the other senses such as touch and smell to provide as much information to the child as possible.

**Considerations:**

1. Provide any available medical information and test results of your child's vision and hearing loss with members of her educational team. But more important are your observations about how your child uses her vision and/or hearing in her daily life. For example, can she see light, silhouettes, bright objects, or pictures? Can she see you when you come into the room? Can she hear the sound of a passing truck? Does she calm to the sound of soothing music? Does she respond to her name or to simple requests? Remember, all information is important even if the child's responses are very subtle or obvious to you.
2. Give the educational team information about any visual and/or hearing aids that your child uses to help maximize the use of residual vision and hearing. What are these devices and how does the child use them? How often does the child use them and in what situations?
3. Pay attention to the environments your child likes and dislikes. Is the child sensitive to visual stimuli such as light, or to auditory input like loud noises? What kind of auditory environment does she respond better to? Does she like movement games like swinging? Does she like to spend time swimming or bathing? Does she like big hugs?
4. Which senses does she prefer to use when exploring the environment and learning new things? Is it vision, hearing, or touch or a combination of these? Does she use the sense of smell to identify places, food and people?
5. When she is restless, what activities do you do with her to calm her? When she is withdrawn, what activities do you do to stimulate her?

**Additional Disabilities**

Many children who have combined vision and hearing problems also have additional disabilities.

**Considerations:**

1. Does your child have motor problems? What is the special equipment that she uses and how does she use it? What kinds of support does she need in order to move or to sit up? What is the best way to support her physically?
2. Does she have behavior related issues? What are the strategies that have been used to respond to your child's behavior patterns?
3. Does your child have difficulty learning? Under what situations does she learn best? What has helped her learn new things, such as activities, concepts, or signs?

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4. Does your child have medical/health related issues? Is she taking any medications that could impact her level of engagement in the classroom? If she doesn't eat regular foods, what is her diet and your goals for eating? Does she have problems napping or sleeping through the night? Are there special provisions in the case of medical emergencies that the school staff should be aware of?

### Communication

Most children who are deaf-blind have challenges with receptive and expressive communication. Many have difficulty expressing their wants and needs, socializing with and understanding others, and learning new concepts in school. Communication is involved in every activity throughout the day and with every person your child interacts with. The ways in which your child communicates might be clear, or may need to be explained so that she can be understood by others. Give service providers the clearest description you can about how your child communicates, especially communication strategies you use at home.

### Considerations:

1. How does your child communicate through behavior? How else does your child communicate? Through gestures, signs, words, or a combination of these?
2. Be as specific as you can when sharing information about communication. Your child's communication system is very unique to her, so the more information the better.
3. Whenever possible, it is very helpful to provide information about your child in writing. Written information about your child's communication system can be shared more easily and accurately across team members at school.

Ideas for sharing information can vary depending on the particular child and specific needs. What I've included here are just a few of the types of information you may want to share with your child's service providers. Channels of communication need to be open throughout the year so that school staff is aware of new information that may help your child in school. The most important thing is to share this information so that you minimize time lost in order to move your child's education forward.

*Comments? Questions?*

*Email the author: gloria.gil@gte.net*



## Job Opportunity at CDBS!

The Northern California CDBS Family Specialist position is currently vacant, as a result of Jackie Kenley's retirement last Fall. Anyone interested in applying for the position should visit the San Francisco State University Human Resources website and search for job ID #: 1932

## Are you interested in teaching?

**Find out about an innovative new teacher training program in deaf-blindness. Visit:**

**<http://www.sfsu.edu/~spedcd/>**



# NEWS AND EVENTS

## CDBS Welcomes New Staff!



**Dr. Pam Hunt**  
Project Director

*Dr. Pam Hunt now serves as CDBS Project Director. Pam is a Professor in the Department of Special Education at San Francisco State University and is Program Coordinator of the SFSU Moderate/Severe Disabilities Area Programs. She has served as a principal investigator for numerous federally funded research and demonstration projects and also serves on the editorial boards of three academic journals in the field of special education and inclusion. She is a nationally recognized leader in the field of inclusive education for students with significant disabilities, including students with deaf-blindness. Pam also serves as Project Director of the federally funded University-Community Partnership to Effectively Prepare Teachers to Serve Students with Deaf-Blindness.*

*Pam can be reached at [hunt@sfsu.edu](mailto:hunt@sfsu.edu).*



**Ty Eng Lim**  
Administrative Support  
Coordinator

*Ty Eng Lim joined CDBS in December as the project's new Administrative Support Coordinator. Ty is a graduate of Hunter College in New York and currently attends SFSU in the Instructional Technology MA Program. He has extensive experience working with a variety of nonprofit organizations. He will be responsible for a number of project activities, including the California census of children who are deaf-blind, the CDBS newsletter reSources, the CDBS website, and numerous project databases.*

*Ty can be reached at [tylim@sfsu.edu](mailto:tylim@sfsu.edu).*

### CDBS Continuing Staff



**Dr. Barbara Franklin**  
Principal Investigator



**David Brown**  
Educational Specialist



**Gloria Rodriguez-Gil**  
Educational Specialist



**Maurice Belote**  
Project Coordinator



**Myrna Medina**  
Family Specialist

# NEWS AND EVENTS

California Deaf-Blind Services Announces Northern and Southern California Training for Interveners\* and Educational Teams

## “The Concept of Intervention: What is it? How does it work? Why is it important for children and youth who are deaf-blind?”

Saturday, March 21, 2009

9:00 a.m. – 4:00 p.m. (same day and times for both locations)

This training will be a general introduction to the concept of intervention. The agenda will include the following:

- The roles and responsibilities of the intervener, teacher, and administrator
- The impact of deaf-blindness on development, communication and language
- Making modifications and adaptations to the curriculum to meet the unique needs of students who are deaf-blind
- The ethics of intervention and strategies for successful teaming

Locations

NORTHERN CALIFORNIA  
CDBS offices in Daly City (just south of SF and the SFSU campus)

SOUTHERN CALIFORNIA  
Blind Children’s Learning Center in Santa Ana (central Orange County)

For more information about this training or to receive registration materials, contact Maurice Belote, CDBS Project Coordinator, at:

[mbelote@sfsu.edu](mailto:mbelote@sfsu.edu) or 415-405-7558

\* one-on-one service providers with specialized training and skills in deaf-blindness



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