


Handouts

You will need the following handouts provided for this training:

- ◆ Special Education Definitions for Washington
- ◆ List of Conditions, Syndromes and Disorders Associated with Combined Vision and Hearing Loss
- ◆ Observations: Signs, Symptoms and Risk Factors that May Indicate Visual Impairment in Young Children
- ◆ Observations: Signs, Symptoms and Risk Factors that May Indicate Hearing Loss in Young Children
- ◆ Use of Sensory Channels form and example
- ◆ Likes and Dislikes forms and examples



Part 1

Identifying and Supporting Young Children with Multiple Disabilities that May Include Hearing Loss and/or Vision Impairment

**Spring 2012
2-Part Training**

Presenter: Kathee Scoggin

Outcomes:

Participants will:

- ◆ Identify indicators that put a young child with multiple disabilities at risk for hearing and/or vision loss
- ◆ Identify informal observation tools to identify sensory learning channels that are strong for the child

Special Education Definitions for Washington

- ◆ Deaf-blindness
- ◆ Deafness
- ◆ Hearing impairment
- ◆ Developmental delay
- ◆ Multiple disabilities
- ◆ Visual impairment including blindness

WAC 392-172A-01035 (Washington State)

Handout

Let's watch this video clip...

First, look at each of these children as "whole" people. Then consider your experience and knowledge; and think about what you see...

What we sometimes think or say...

Matters!

What we sometimes think or say...

“He has so many other needs, a mild hearing loss is the least of our concerns.”

“She has no hearing problems. She loves music.”

“He sleeps much of the day due to seizures and medications– focusing on learning and use of hearing and vision is not a priority.”

“This child is so involved and cognitively impaired...”

What we sometimes think or say...

“We are lucky to have both a teacher of the visually impaired and a teacher of the deaf involved. Why would a deaf-blind specialist be important to contact? The losses are only mild.”

“This family can’t handle another disability added to their child’s diagnosis!”

This family can’t handle one more specialist coming into their home!

I want to tell you a story...

Let’s watch this video clip...

Think about what this child is learning and how she is learning?

Vision and Hearing



What are the two senses used for most communication and learning?

Red Flags!



“Sometimes he seems to see things, other times, he doesn’t.”

“I put colorful toys right in front of him, and he starts to cry or looks away.”

“When I whisper or talk to her, she smiles or turns her face towards me.”

“When I look at child development charts, he is behind in everything including using his vision and hearing. Does that mean he has a vision and hearing loss?”

Red Flags!



“I know she has a syndrome—oh yes, it is called CHARGE, but the eye doctor said her vision is fine.”

“She has cerebral palsy in addition to her hearing loss. I think she sees fine.”

“I know this child had head trauma very early in his life. He has cortical visual impairment but there is nothing about a hearing problem... but I am not sure if he understands anything the family or I am saying.”

Red Flags!



“This infant was in NICU for two months. We know there was anoxia at birth.”

“This child was diagnosed with a syndrome, but I have never heard of it.”

Question #1

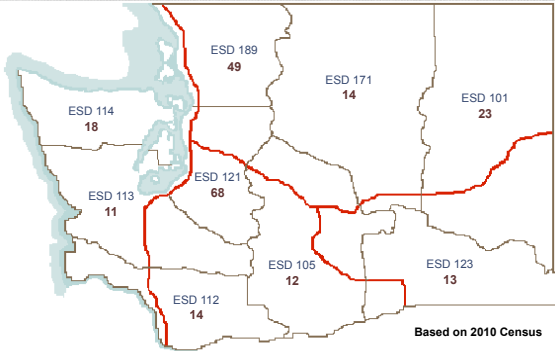


How can you talk about a child’s vision and hearing with families considering the “whole” child, not just adding another disability?

Clock Hour Question

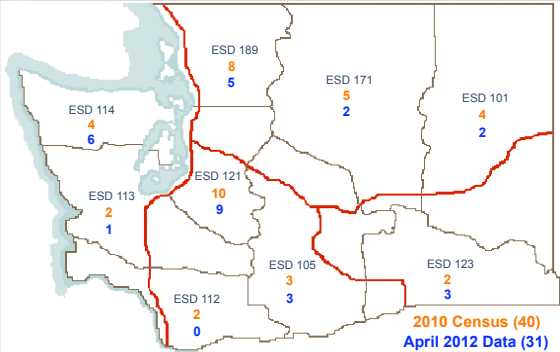
Students on Washington Deaf-Blind Census

Current School Districts (89)
Student Total: 222



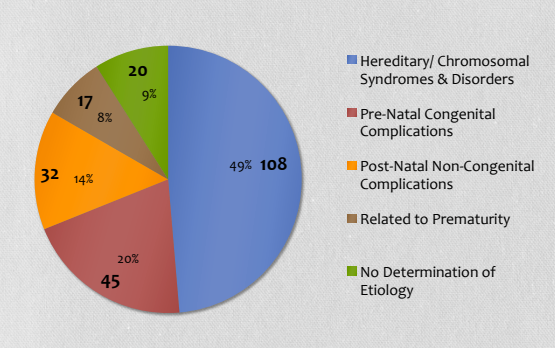
Students on Washington Deaf-Blind Census

As of April 2012
Total Birth through 5 Year Olds: 31



Students on Washington Deaf-Blind Census

Student Total: 222



List of Conditions, Syndromes, and Disorders Associated with Combined Vision and Hearing Loss

Hereditary/Chromosomal Syndromes and Disorders	
Alcock syndrome	Marshall syndrome
Alport syndrome	Necrotizing ulcers (MPS VI)
Alstrom syndrome	Nodular syndrome
Asper syndrome (Acrocephalosyndactyly, Type 1)	Nonsensory 10g
Barret-Bled syndrome (Lawrence Moon-Bled)	Norrie syndrome (MPS IV B)
Batten disease	NF1 - Neurofibromatosis (von Recklinghausen disease)
CHARGE association	NF2 - Bilateral Acoustic Neuromatosis
Chromosome 18, Ring 18	Notre disease
Cockayne syndrome	Optico-Cochleo-Dentate Degeneration
Cogan syndrome	Pfeiffer syndrome
Comelia de Lange	Praeger-Witt
Cri-du-chat syndrome (Chromosome 5p-syndrome)	Prader-Willi syndrome
Crieger-Wajsb syndrome	Reifenstein syndrome
Crohn syndrome (Chondrochondrodysplasia)	Retsum syndrome
Dandy-Walker syndrome	Schnee syndrome (MPS I B)
Down syndrome (Trisomy 21 syndrome)	Smith-Lemli-Opitz (SLO) syndrome
Goldenhar syndrome	Snyder syndrome
Hand-Schuller-Christian trichostethia X0	Sturge-Weber syndrome
Hallgren syndrome	Teichner-Collins syndrome
Hirschman (or Hunt)	Trisomy 13 (Patau syndrome, Trisomy 13-15)
Hunter Syndrome (MPS II)	Trisomy 18 (Edwards syndrome)
Hurler Syndrome (MPS III)	Tunar syndrome
Kerns-Sayre syndrome	Usher syndrome
Klippel-Fiel syndrome	Usher II syndrome
Klüppel-Trenckner-Hilgen syndrome	Usher III syndrome
Kniest Dysplasia	Van der Hoeve syndrome
Lateral congenital amaurosis	Waardenburg syndrome
Legh disease	Waldenstrom syndrome
Marfan syndrome	Wolf-Hirschhorn syndrome (Trisomy 4p)
	Other
Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications
Congenital Rubella Syndrome	Asplasia
Congenital Toxoplasmosis	Direct Trauma (to the eye and/or ear)
Congenital Toxopneumonia	Encephalitis
Cystinosis	Hypoxia
Fetal Alcohol Syndrome	Meningitis
Hypothyroidism	Severe Head Injury
Maternal Drug Use	Stroke
Microcephaly	Tumors
Neonatal Intrauterine Infection (IUGR)	Chemically induced
Other	Other
Related to Prematurity	Undiagnosed
Complications of Prematurity	No Determination of Etiology

Handout

Vision

Estimated:

80-90% of learning comes through vision, especially, young children

Glasses do not correct everything!

Observations: Signs, Symptoms & Risk Factors that May Indicate Visual Impairment in Young Children

Signs & Symptoms	Risk Factors
Atypical Appearance of Eyes: <ul style="list-style-type: none"> ➤ Drooping eyelid obscuring pupil (ptosis) ➤ One eye slightly higher or lower than the other eye ➤ Obvious abnormalities in the shape or structure of the eyes ➤ Absence of a clear, black pupil ➤ Persistent redness of conjunctiva (normally white) ➤ Persistent tearing without crying ➤ High sensitivity to bright light (observe squinting, closing eyes, or turning away) 	Family History: <ul style="list-style-type: none"> ➤ Family history of vision impairment or hereditary childhood vision loss Prenatal History: <ul style="list-style-type: none"> ➤ Mother has history of infection during pregnancy (toxoplasmosis, rubella, cytomegalovirus, herpes, syphilis) Perinatal History: <ul style="list-style-type: none"> ➤ Child was exposed to alcohol or drugs prenatally
Unusual Eye Movements: <ul style="list-style-type: none"> ➤ Jerky eye movements (nystagmus) ➤ Absence of eyes moving together ➤ Sustained eye turn inward (esotropia) or outward (exotropia) after 4 to 6 months of age (general term: strabismus) 	Postnatal History: <ul style="list-style-type: none"> ➤ Birthweight less than 1500 grams (3.3 pounds) ➤ Apgar score of 0-4 at 1 min. or 0-6 at 5 min. ➤ Premature and exposed to oxygen in the hospital ➤ Elevated bilirubin (hyperbilirubinemia) requiring transfusion ➤ Required mechanical ventilation lasting 5 days or longer
Unusual Gaze or Head Positions <ul style="list-style-type: none"> ➤ Tilt or turns head in certain position when looking at an object ➤ Holds object close to eyes ➤ Averts gaze, seems to be looking inside, under, or above the object of focus 	<ul style="list-style-type: none"> ➤ Bacterial meningitis or encephalitis ➤ Sustained head trauma associated with loss of consciousness or skull fracture ➤ Has neurological disorders, such as seizures
Absence of Visually Directed Behaviors <ul style="list-style-type: none"> ➤ Lack of eye contact by 3 months ➤ Lack of visual fixation or following by 3 months ➤ Inaccurate reaching for objects by 6 mos. 	<ul style="list-style-type: none"> ➤ Has a syndrome known to include hearing and/or visual impairment (e.g. Down, Fetal Alcohol syndrome, CHARGE, Goldenhar, Hunter, Hunter, Retsum, Trisomy 13, Waardenburg) ➤ Has Cerebral Palsy (CP) ➤ Has hydrocephaly ➤ Had an excessive fever for a prolonged period of time

(Sources: Calvello, 1990; Fowell, 1983; Tophin, 1993)

Handout

Pay attention to how the child's eyes look and what they do...

Hearing


It is estimated that 40-60% of communication in a classroom is auditory.

Studies show that most classrooms around the world have too much noise and reverberation, even for students with typical (normal) hearing.

Observations: Signs, Symptoms & Risk Factors That May Indicate Hearing Loss in Young Children	
Associated with: HEARING LOSS	
Atypical Appearance of Face or Ears:	Atypical Vocal Development:
<ul style="list-style-type: none"> Child is deaf and/or blind Malformations of head or neck Malformations of the ears, including lack of pinnae Recent discharge or ear infections (otitis media) Discharge from the ears 	<ul style="list-style-type: none"> Has phonemata in vocalization or articulation Shows delay in lang. development (e.g., no spoken words at 15 mos.; fewer than 50 words at 24 mos.)
Atypical Listening Behaviors:	Other Behaviors:
<ul style="list-style-type: none"> Few or inconsistent responses to sounds Does not seem to listen Does not respond to caregivers calling his/her Shows a preference for certain types of sounds 	<ul style="list-style-type: none"> Puffs on ears or puts hands over ears Breathes through mouth Cocks head to one side <p><small>(Sources: Chan, 1998; 1999; Galy, 1996; Fessel, 1983; Joint Committee on Infant Hearing, 1997)</small></p>
Observations: Developmental Skills Related to Hearing in Young Children	
HEARING: Does the Child...	HEARING: Does the Child...
BY 12 - 18 MONTHS OLD:	BY 24 - 36 MONTHS OLD:
<ul style="list-style-type: none"> Startle or jump when there is a sudden loud sound? Stir or awaken from sleep, or cry, when someone talks or makes a noise? Recognize and get comforted by a familiar object? Turn his/her eyes to look for an interesting sound? Respond to mother's or caregiver's voice? Looks away (avoid) when his/her name is called? 	<ul style="list-style-type: none"> Follow two requests? (Get the ball and put it on the table? (10 mos.)) Understand conversation easily? Identify objects in a book by pointing to them when they are named? Hear when you call from another room? Produce the following sounds clearly: (S, M, C, G, W, N, T, P, F) Use three word sentences? Use past tense verbs? Answer questions? Repeat "longer" with sentences? Use 1-2 prepositions (in, on, under)?
BY 18 - 24 MONTHS OLD:	BY 30 - 36 MONTHS OLD:
<ul style="list-style-type: none"> Turn toward an interesting sound or toward caregiver when his/her name is called from behind? Search or look around when new sounds are present? Understand "no," "mummy," "bye-bye," and similar common words? Engage in vocal play with parents, excitement with multiple speech and non-speech sounds? (9 mos.) Reacts in speech-like strings of single syllables (e.g., "ba-ba-ba")? (10 mos.) 	<ul style="list-style-type: none"> Repeat "longer" with sentences? Use 1-2 prepositions (in, on, under)? BY 30 - 36 MONTHS OLD: Repeat nouns (dog, ball, shoes, ring)? Hear TV or radio at same volume level as other family members? Use 1-2 prepositions (in, on, under)? Ask questions beginning with "what," "where," or "when"? Hear to self using a pronoun (I, me)? Use 200+ words? (200+ by age 3?) Use full name on request? Participate in story telling? Use puns? Use metalinguistic speech ~80% of the time!

Handout


Question #2



How many and which of the indicators listed in the following slide would suggest the child may be at risk for a sensory loss?

Clock Hour Question

Question #2



- Child has a syndrome or condition that indicates the potential for a sensory loss from the *List of Conditions, Syndromes, and Disorders Associated with Combined Vision and Hearing Loss* (handout)
- Child has a history of ear infections
- Child may startle when touched from behind or from the side
- Child isn't doing those things expected in child development checklists or charts in relation to using his vision or hearing
- Child has been diagnosed as having "visual maturation delay"
- Child often looks at sunlight coming through a window
- Child closes eyes when outside in bright light

Clock Hour Question

What am I looking for in my observations?

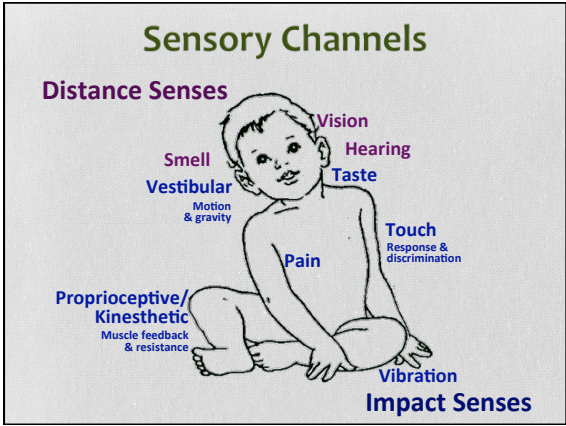


Let's watch this video clip...

What does finding the "edges" tell us?
Notice all the ways children do it...

Let's watch this video clip...

Pay attention to Ben's hands...



Informal Observation Tools

Use of Sensory Channels

WSDS Washington Sensory Disabilities Services

USE OF SENSORY CHANNELS

Student: _____ Has glasses/contacts? Yes No Has hearing aids? R L
Wearing them now? Yes No Wearing aids now? R L

Setting/Activity: _____ Date: _____ Observer: _____

Observed Behavior	Sensory Channel				
	V	T	A	O/G	P/V
Totals					

Probable Primary Channel: _____ **KEY:**

Secondary Primary Channel(s): _____ V= Visual

T= Tactile

A= Auditory

O/G= Olfactory/Gustatory

P/V= Proprioceptive/Vestibular

Handout

Adapted from Keating & Holbrook (1990) in collaboration with Arizona Schools for the Deaf & Blind (Rev. 6/2005)

USE OF SENSORY CHANNELS

Student: _____ Has glasses/contacts? Yes No Has hearing aids? R L
Wearing them now? Yes No Wearing aids now? R L

Setting/Activity: _____ Date: _____ Observer: _____

Observed Behavior	Sensory Channel					
	V	T	A	O/G	P/V	
Raises head up as shiny blue pom pom is shaken			(A)	O/G	P/V	
Turns head as shiny blue pom pom is moved (follows) III	(V)	T	(A)	O/G	P/V	
Raises head up as shiny blue pom pom is moved up II	(V)	T	(A)	O/G	P/V	
Head turns to follow	(V)	T	A	O/G	P/V	
Puts head down	V	T	A	O/G	(P/V)	
Bangs rattle (put in his left hand) on stander tray III	V	(T)	(A)	O/G	(P/V)	
Bangs rattle (put in his right hand) on stander tray III	V	(T)	(A)	O/G	(P/V)	
Raises head up as shiny blue pom pom is shaken II	(V)	T	(A)	O/G	P/V	
Turns head to left III	(V)	T	(A)	O/G	(P/V)	
Puts head down	V	T	A	O/G	(P/V)	
Grabs, picks up part of pom pom once, places on tray next to him	V	(T)	A	O/G	P/V	
Puts head down	V	T	A	O/G	(P/V)	
Puts hands together 'more'	V	V	(T)	A	O/G	(P/Vx 4)

Observed Behavior	V	T	A	O/G	(P/Vx 2)	
Vocalizes	II	V	T	A	O/G	(P/Vx 2)
Takes spoon and puts food in mouth	IV	V	(T)	(A)	O/G	(P/Vx 2)
Takes spoon out of mouth	V	T	A	O/G	P/V	
Stretches hands out	V	T	A	O/G	(P/V)	
Holds spoon	II	V	(T)	A	O/G	(P/V)
Moves hands around the tray	II	V	(T)	A	O/G	(P/V)
Picks up Cheerio		V	(T)	A	O/G	P/V
Puts Cheerio in mouth	II	V	(T)	A	(O/G)	P/V
Slaps hands on tray	II	V	(T)	A	O/G	(P/V)
Totals	5	10	8	1	18	

Probable Primary Channel: _____ **KEY:**

Secondary Primary Channel(s): _____ V= Visual

T= Tactile

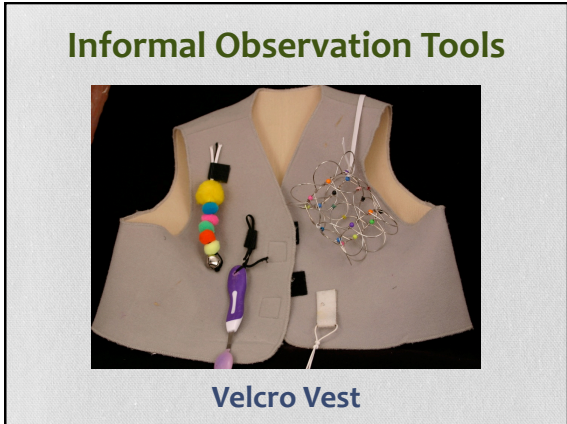
A= Auditory

O/G= Olfactory/Gustatory

P/V= Proprioceptive/Vestibular

Let's watch this video clip...

What do you think might be the strongest sensory channel/s for these two girls?



Let's watch this video clip...

What have you observed about Glen?
Pay particular attention to his hands
and speed of movement.

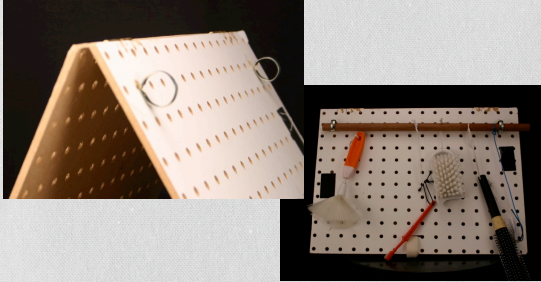
Informal Observation Tools

Activity Board



Does the child have reaching access to all items on the board?
Does he play with one item more than the others? What does
he do with that item?
If you switch locations on the board, does he find it?

Informal Observation Tools



Triangle Board

Question #3



Identify at least three informal
observation tools to use when looking
at how the child uses sensory
channels.

Which one do you already use,
or might you use?

Clock Hour Question

Washington Sensory Disabilities Services (WSDS)

WSDS is here to help families and service providers
by supporting the developmental and learning
needs of children aged birth to 21 who are:

- ◆ Deaf or hard of hearing
- ◆ Blind or visually impaired
- ◆ Deaf-blind or combined vision and hearing loss

WSDS is a state needs project funded through the Office of
Superintendent of Public Instruction – Special Education Section.

www.wsdsonline.org

Video Topics

Each Video Topic has four tabs:
Intro, Videos, FAQ, and More Information

- Experience Book
- Hand Under Hand
- Likes/Dislikes
- Peer Programs
- Resonance Board
- Routines
- Space for Active Learning
- Usher Syndrome

www.wsdsonline.org/deafblind/videotopics.html

Recorded Trainings

There are five training series now available on our website for Students with Multiple Disabilities Including Deaf-Blindness:

- Two-Part: Person Centered Planning
- One-Part: Is It "Problem Behavior?"
- Four-Part: Active Learning
- Three-Part: Communication Matrix
- Three-Part: Planning for Their Success

http://www.wsdsonline.org/training/recorded_trainings/Recorded_Trainings.html

Other Trainings


Infant & Early Childhood Conference (IECC)

May 2 – 4, 2012 – Tacoma, WA
www.ieccwa.org

Combined Summer Institute (CSI)

July 30 – August 2, 2012 – Wenatchee, WA
 Multiple Disabilities
 Preschool/Deaf/Hard of Hearing (July 31 & Aug. 1)
www.ncesd.org/CSI

www.wsdsonline.org/training/calendar.html



Washington Sensory Disabilities Services

Part 2:
May 15th

Identifying and Supporting Young Children with Multiple Disabilities that May Include Hearing Loss and/or Vision Impairment

**Spring 2012
2-Part Training**

Presenter: Kathee Scoggin

Resources

Clarke, Kay L. (2004) *Hold Everything!* Published by The Ohio Center for Deafblind Education. www.ohiodeafblind.org/assets/files/images/products/holdon.pdf

Korsten, J.E., Foss, T.V., & Berry, L.M. (2007). *Every Move Counts: Clicks and Chats*. Sensory-based approach: Communication and Assistive Technology. EMC, Inc.

Rowland, Charity (2010). *Assessing Communication and Learning Skills in Young Children Who Are Deaf-Blind*. National Consortium on Deaf-Blindness. <http://www.nationaldb.org/NCDBProducts.php?prodID=77>

Washington State *Early Learning and Development Guidelines* (2012). Washington State Department of Early Learning. Downloaded from: www.del.wa.gov/development/benchmarks/default.aspx

WA DB Project Facebook Page:

www.facebook.com/dbprojectwa

WSDS Website:

www.wsdsonline.org

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