

Introduction to Low Incidence Disabilities

Funded and Supported by the
Deaf-Blind Project

A Learning Module for Arkansas Teachers and Paraprofessionals

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What is a Low Incidence Disability?

IDEA Statute Title 1D defines a Low-Incidence Disability as:

- (a) Visual or Hearing Impairment, or Simultaneous Visual and Hearing Impairments,
- (b) Significant Cognitive Impairment, or
- (c) Any impairment for which a small number of personnel with highly specialized skills and knowledge are needed, in order for children with that impairment to receive early intervention services or a free, appropriate, public education (FAPE).

*See Handout A for
additional information from IDEA.*

<http://idea.ed/explore/home>

What disabilities are found in the Low Incidence Population?

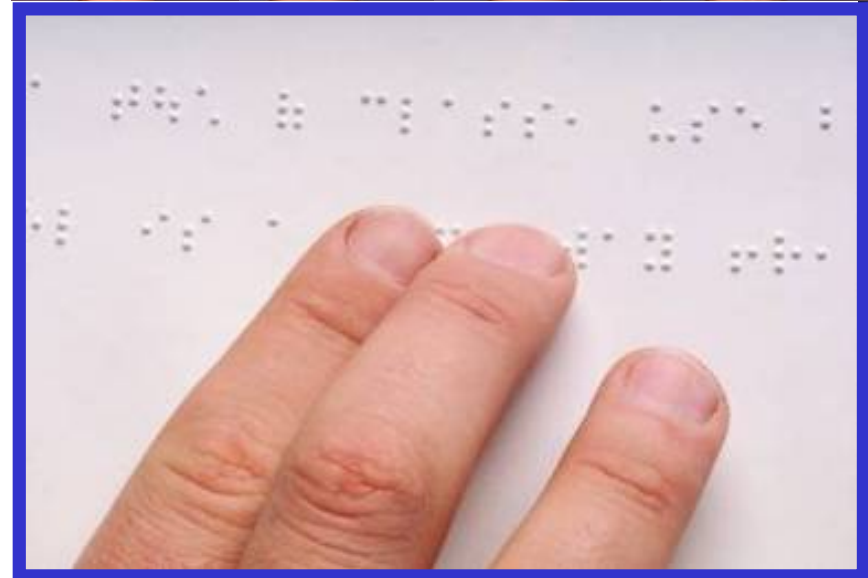
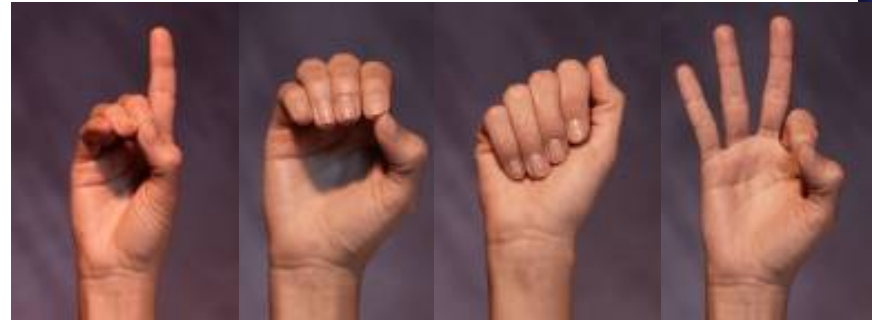
◆ Hearing Impairment

- Deaf
- Hard of Hearing

◆ Vision Impairment

- Blind
- Low Vision

◆ Deaf-Blind





Hearing Impairment

Degrees of Hearing Loss

◆ Hearing sensitivity is measured in
“Decibels of Hearing Level” (dB HL)

- **Normal Hearing** ≤ 20 dB HL
- **Mild Loss** 26-40 dB HL
- **Moderate Loss** 41-70 dB HL
- **Severe Loss** 71-89 dB HL
- **Profound** ≥ 90 dB HL



American Speech-Language-Hearing Association(1983,March). Definitions of communication disorders and variations; Hearing disorders section. Asha,35 (Suppl.10), 40-41

Clark, J.G. (1981). Uses and abuses of hearing loss classification. Asha, 23. 493-500.



Activity:

**List Signs &
Symptoms of
Hearing
Difficulty**

Complaints Associated with Hearing Impairment

1. Speech sounds muffled or unclear
2. Difficulty understanding in noisy environments
3. Frequent need for repetition or rephrasing
4. Need to turn up volume on TV or radio
5. Poor speech, language, and/or reading skills
6. Limited participation in class
7. Frequent earaches, colds, upper respiratory infections, or allergies
8. Tinnitus – Ringing, roaring, buzzing, clicking or other noises in the ears
9. Dizziness
10. Other?

Possible Causes of Hearing Loss



◆ Infections

- High Fevers

◆ Metabolic Disorders

- Diabetes
- Kidney Disease

◆ Circulatory Disorders

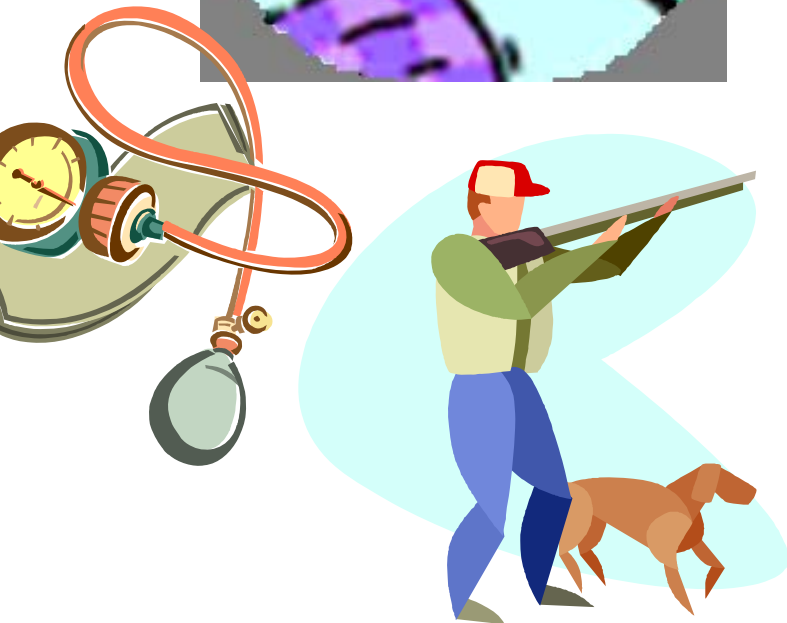
- High blood pressure

◆ Genetic Inheritance

◆ Ototoxicity

- Chemicals
- Medications

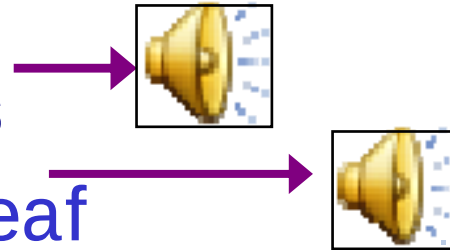
◆ Loud Noise Exposure



Types of Hearing Impairment

◆ Partial hearing loss = Hard of Hearing (HOH)

- Unilateral hearing loss
- Mild to severe hearing loss
- Low frequency hearing loss
- High frequency hearing loss

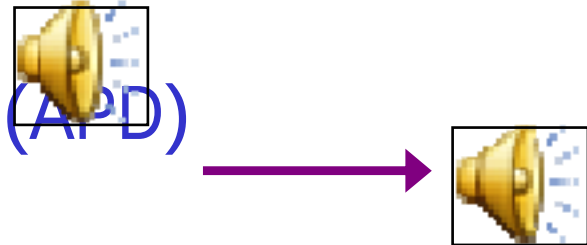


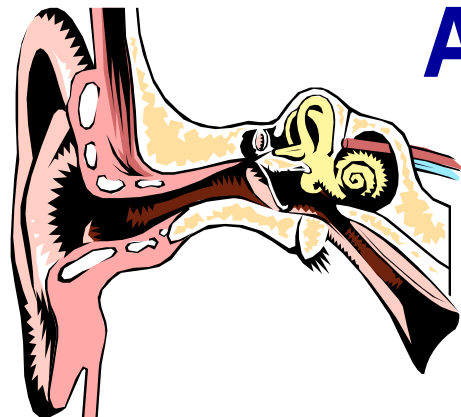
◆ Profound hearing loss = Deaf

◆ Auditory Neuropathy

◆ Auditory Processing Disorder (APD)

- Signal to Noise loss
- Competing speech noise difficulties
- Temporal processing problems





Analogies between Hearing Loss & Vision Loss



◆ Conductive Hearing Loss

◆ Sensory Hearing Loss

◆ Neural Hearing Loss

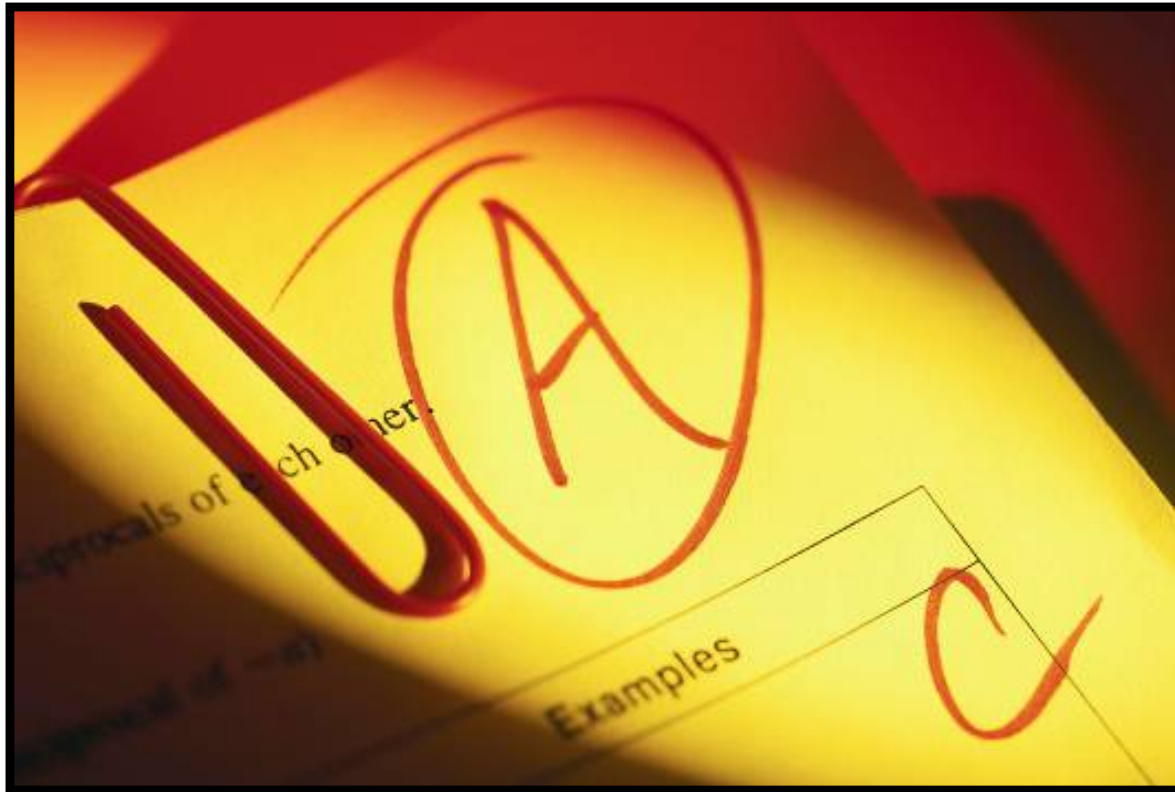
◆ Nearsightedness, Farsightedness, Astigmatism, Cataracts

◆ Tunnel Vision, Glaucoma, Macular Degeneration, Retinitis Pigmentosa

◆ Retinal Detachment, or Damage of the optic nerve

Activity:

❖ True or False?...



Impact of Hearing Loss on Learning

- ◆ Delayed language development
 - Impaired or delayed comprehension
 - Small vocabulary (Semantics)
 - Poor Grammar (Syntax)
- ◆ Impaired speech
 - Slow speech development
 - Pronunciation (Articulation) problems
 - Voice problems
- ◆ Reading and writing difficulties
- ◆ Limited social interaction or relationships
- ◆ Decreased academic performance

Activity

- ◆ Functional Auditory Skills Evaluation
 - It's Time for a Spelling Test!

	NEAR	FAR
QUIET 	0%	0%
NOISE 	0%	0%

Rainbow Passage

“When sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long, round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.”



Examples of Speech and Language Problems

◆ Speech

- **Articulation** – Speech is difficult to understand
- **Voice**
 - **Pitch** - Too High, Too Low, Monotonous
 - **Intensity/Loudness** – Too Loud, Too Soft, Monotonous
 - **Quality** – Hoarse, Strident, Breathy
- **Prosody & Fluency** – Choppy Rhythm, Fast pace

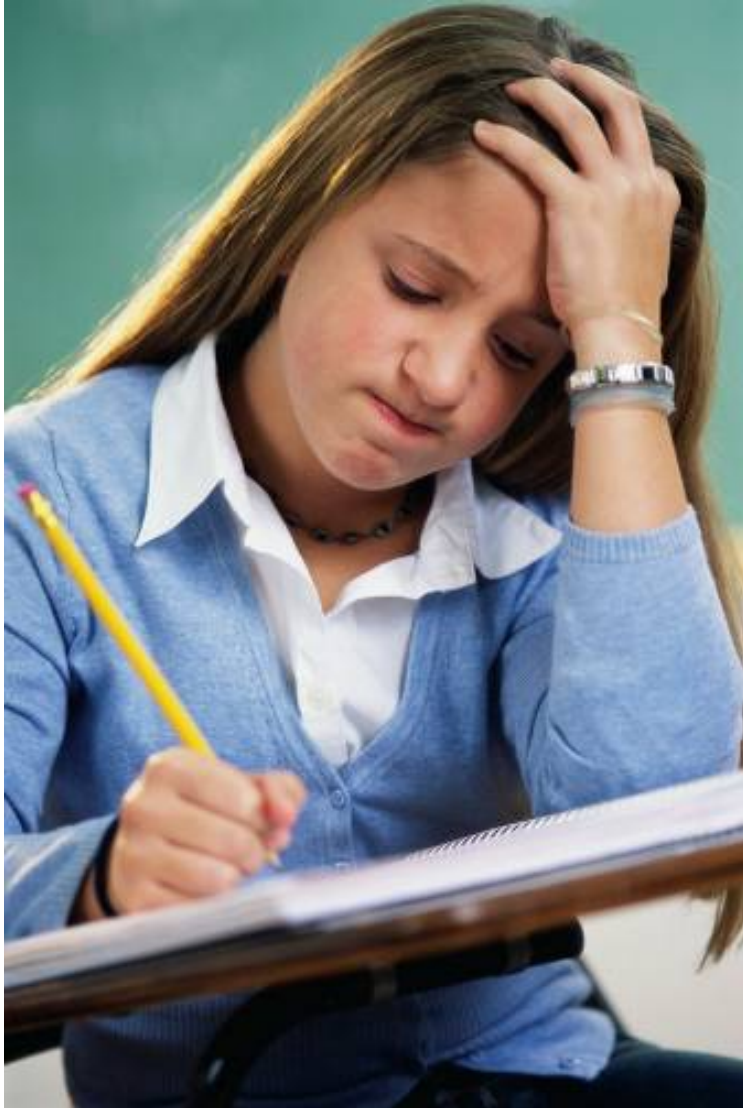
◆ Language

- Small Vocabulary
- Poor Grammar/Syntax
- Poor social use of language/Pragmatics

◆ Literacy

- Poor Phonological Processing
 - Difficulty sounding out words
- Poor Comprehension

Writing Samples



Writing Sample

About Sell My Cow

*I go to the Ranch at 5:30 in morning. I Ride my Horse with My Dad.
get my Cow in the Barn. I Leave My cow and Calf. My DaD gave Shot
to Calf. We took My Calf to Downtown. My fReind ride my horse. My
horse is Black. My freind have red horse. But I need my cow to Born
in feB 1st 1992. I am sell my Cow to calf for town But I have Cow to
Sell My Calf next year for Nov 13 to know to work my self But I have
fun in Ranch in town. But I Like my money Back to for sell my Calf.
But I need money Back to me. My Dad Siad no money back now Wait
to little to me.*

Isaacson, S. (1996). Simple ways to assess deaf or hard-of-hearing students' writing skills. The Volta Review, 98(1), monograph, 183-199.

Writing Samples from HI Students

- ◆ **Mild HL, age 10:** “A nopapaer boy was horat by a blue car. And all of his nopaper were in the street. His moderbick was dend. Then anes came and gave him oxen and his grise finde was cring. And the man wo hist the boy on the bed. He was inberis. Then the boy went to the Habber.” 
- ◆ **Moderate HL, age 10:** “The boy fall off the car. The paelman try to look the boy and the man and the lary wait the car and 2 man get the haplars. and all the books warw fall off. the car is come today.” 
- ◆ **Severe HL, age 10:** “The boy was ride on the bike so the bad hit the boy so the parent Police come and the amlnce.” 
- ◆ **Profound HL, age 13:** “the police see man. the car hit the people. the man will died maybe. the other man will afriad or sad. the other man kill to man maybe. the father and mother will cried. The end” 

Yoshinaga-Itano, C. & Downey, D. (1996). The effect of hearing loss on the development of metacognitive strategies in written language. The Volta Review, 98(1), monograph, 97-143.



Activity:

Discuss how Academic Performance at Lower Elementary and Middle or High School ages may be affected by these difficulties.

Professional Services to Support Students with Hearing Loss

◆ Related Services, as needed

- Speech-Language Therapy
- Educational Audiology Services
- Interpreting and Transliteration Services
 - Sign language interpreting
 - Cued Speech transliteration
 - Oral interpreting/transliteration
- School Social Work, Educational Psychology, & Counseling
- Physical Therapy, Occupational Therapy, Blind Rehabilitation

Professional Services to Support Students with Hearing Loss

- ◆ Tutoring or therapy outside of school
- ◆ Resource Room and Consulting Services from Teachers of the Hearing Impaired/Deaf
- ◆ Administrative staff services
- ◆ School Nurse services





Activity

**What can *YOU* do
to accommodate
students with
hearing loss?**



Accommodations for Students with Hearing Loss

1. Position student near teacher
2. Use amplification
 - Hearing Aids and Cochlear Implants
 - FM Systems and Assistive Listening Devices
3. Eliminate environmental noise and echo
4. Use soft surfaces in room
5. Use visual stimuli
 - Pictures, Objects, Globes & Maps, Gestures, Writing
6. Speak slowly and clearly
7. Use good lighting, distance and angle so students can see each speaker's face
8. Provide note-taking and study buddies
9. Pre-teach key vocabulary and concepts

Specific Accommodations for Deaf Students

- ◆ Never have students face towards windows or bright lights.
 - Keep good light on the teacher's face.
 - Never have discussions in dark rooms.
- ◆ Make sure interpreters & transliterators are located in the optimal location for each situation.
- ◆ Ensure that only one person talks at a time.

Activity

- ◉ List accommodations that can be done when Interpreter is absent.

Possible Accommodations when your Interpreter is Absent

- ◆ Provide Teacher's Notes to Student
- ◆ Use another Student or Paraprofessional as a Note Taker
- ◆ Videotape Lessons
- ◆ Get Tutoring from the Resource Room Teacher
- ◆ Contract with a Video Interpreting Service
- ◆ Contract a Real Time Captioning Service
- ◆ Use a Video Relay Telephone Service (e.g. Sorenson)
- ◆ Contract with an interpreting service (e.g. Communication Plus)

❖ ***These accommodations are not meant to replace an interpreter permanently.***

Hearing Instruments

◆ Hearing Aids

- In the Ear (ITE) and In the Canal (ITC) Aids
- Behind the Ear (BTE) Aids

◆ Cochlear Implants

◆ Bone Conduction & Middle Ear Implants

◆ FM Systems

- Personal FM
- Sound Field FM



Types of Hearing Aids



Behind The Ear (BTE)



Full Shell In The Ear (ITE)



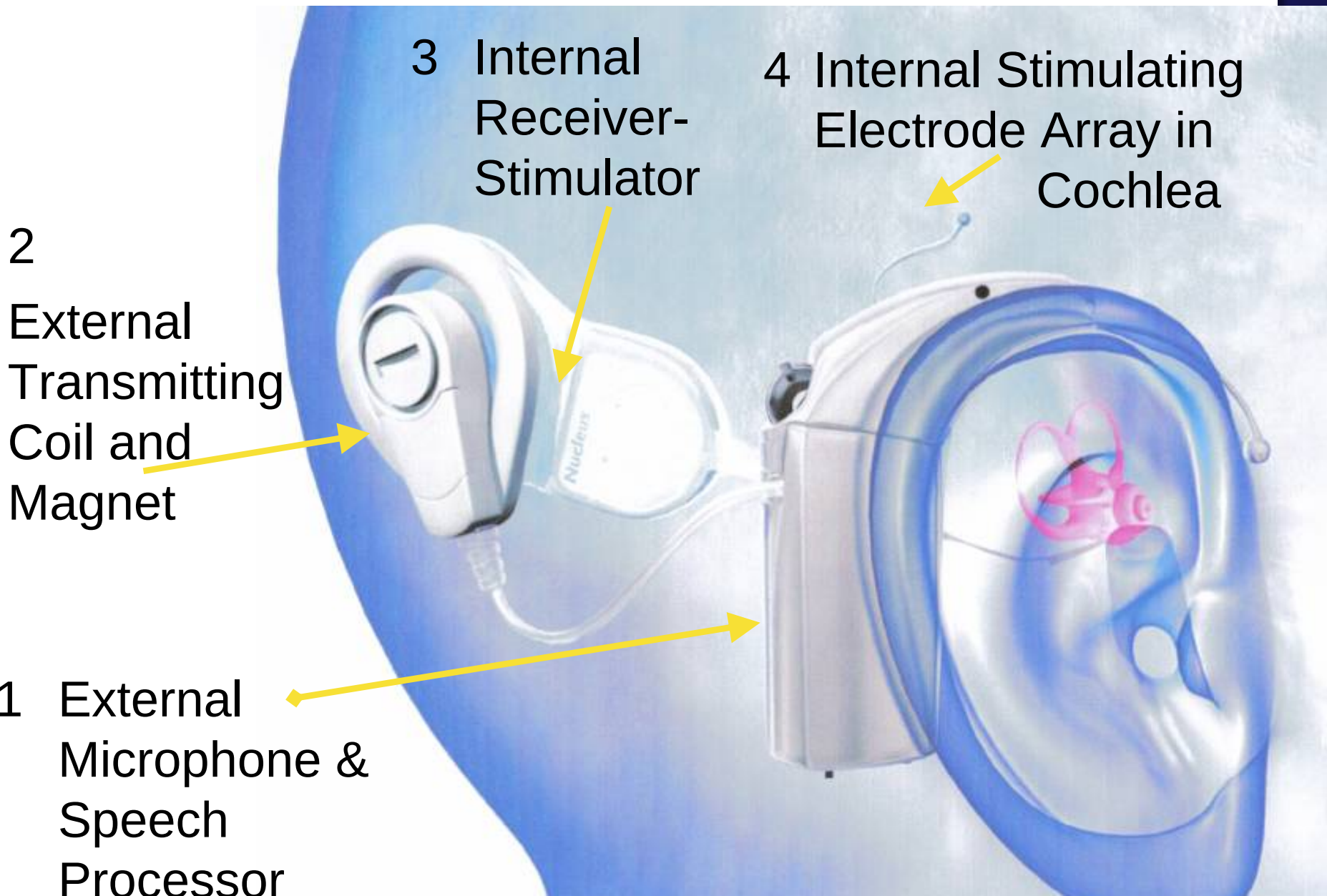
In The Canal (ITC)



Completely In The Canal (CIC)



Cochlear Implant



Caring for Hearing Instruments

- ◆ Keep hearing instruments clean.
- ◆ Keep hearing instruments dry.
- ◆ Avoid dropping or bumping instruments.
- ◆ Check several times throughout the day to make sure they are on the student and operating, especially:
 - At the Start of Each Day
 - After Lunch, Recess, and Physical Education
- ◆ Recharge FM systems at the end of each day.

(See Handout E: Hearing Technology Daily Performance Check)

Conduct Daily Listening Checks

◆ Six Sounds Test



- **Aaa** as in mama
- **Eee** as in easy
- **Uuu** as in tutu
- **Sss** as in sissy
- **Shh** as in shush
- **Mmm** as in mommy
- **Silence**

- Make sure the student responds to all 6 sounds given in random order.
- If problems are noted, call the audiologist.



Caring for Hearing Instruments

◆ Hearing Aids or Implants need

- Battery Changing
- Listening Checks
- Cleaning

◆ FM Systems and Assistive Listening Devices need

- Battery Recharging
- Listening Checks
- Cleaning

Always make sure a copy of the specific Operating and Troubleshooting instructions for each child's hearing instruments are available in the classroom.

Keep spare batteries available at school.

Assistive Listening Devices (ALD)

- ◆ Amplifiers
 - Telephone Amplifiers
 - TV Amplifiers
- ◆ Text Telephones
- ◆ Instant Messaging
 - Sidekick
 - Blackberry
- ◆ Captioning
 - Real Time Notes
 - Closed Caption TV and video
- ◆ Flashing and Vibrating Alarms
 - Alarm Clocks
 - Timers
 - Telephones
 - Cooking and Baby Cry Monitors
 - Smoke & Carbon Monoxide Alarms
 - Doorbell & Knock Signalers

**Flashing & Vibrating,
Large Number
Alarm Clock**



ALD Telephones



Amplified, Vibrating Phone

**Amplified
Phone
With
Pictured
Speed Dial**



**Amplified,
Talking
Button
Phone
with
Braille**



Text Telephone



Personal FM Systems

FM with Earphones



BTE Hearing Aids
with FM Boots



FM Conference Microphone

**Teacher
Using an FM
Microphone
and
Transmitter**

**Student's
Hearing Aids
with FM
Boots**



Sound Field FM Systems

Wall or ceiling mounted FM



Table or pedestal mounted FM



Portable
Desktop
FM





**Lunch
Time!**



Visual Impairment

Descriptors for Vision Loss

20/70 Low Vision

Sees at 20 feet what others can see at 70'

20/200 Legally Blind

Visual Field no greater than 20 degrees

Sees at 20' what others can see at 200'

20/800 Uses vision to get around

Sees at 20' what others can see at 800'

Sees gross form, large objects, movements,
and shadows

Totally Blind

Types of Vision Impairment

◆ Structural Impairments

- Field loss
- Oculomotor problems
- Tunnel Vision

◆ Cortical Visual Impairment

- Visual Processing Disorder
- Field loss

◆ Refractive Errors

- Acuity Loss
- Low Vision

Low Vision and Blindness can be the result of any of the above. They can also be progressive.

Causes of Vision Impairment

- ◆ Injury, Trauma
- ◆ Genetic Inheritance
- ◆ Prematurity
- ◆ Glaucoma
- ◆ Amblyopia
- ◆ Strabismus
- ◆ Nystagmus
- ◆ Albinism
- ◆ Diabetes
- ◆ Stroke
- ◆ Optic Nerve Atrophy
- ◆ Viral Infections
 - CMV
 - Rubella
 - Toxoplasmosis
- ◆ Refractive Problems
 - Nearsighted
 - Farsighted
 - Astigmatism

Acuity Loss

- ◆ Person doesn't see as clearly as she or he should



Oculomotor Problems

- ◆ Difficulty focusing and maintaining focus, due to impairment of eye muscles
- ◆ Difficulty moving the eyes toward left, right, upward, downward, or rotationally when the head is tipped toward either side
- ◆ Difficulty coordinating movements of eyes (fixating, following, and scanning) with movements of the head & body and movements of objects



**Simulation
Activity:**

**Oculomotor
Skills**

Loss of Central Vision with Good Visual Acuity



Loss of Central Vision with Impaired Visual Acuity



Loss of Peripheral Vision



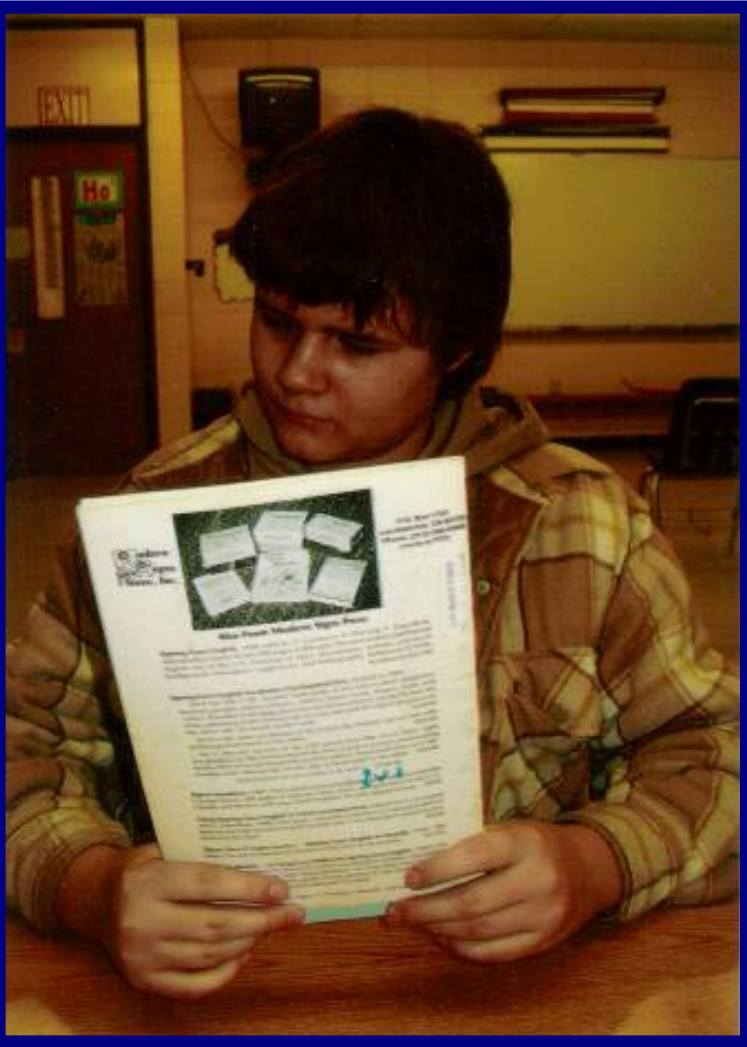
Scotomas (holes) in the Visual Field



Eccentric Vision

- ◆ Persons with Eccentric Vision are able to see only in a limited area of the visual field
- ◆ Persons will have an unusual viewing style, such as turning the head extremely to one side in order to place objects to be viewed within their visual range.

Eccentric Fixation



- ◆ This student uses eccentric viewing to read printed material or look at other things.
- ◆ She is looking forward at the moment.

Visual Field Loss

- ◆ The area (upward, downward, or to sides) the person can see when holding his or her head still is limited, e.g. **Tunnel Vision**.
- ◆ A large area of the visual field may appear absent, e.g. **Hemianopsia** (one entire side is invisible).

Hemianopsia



Activity:

See Handout F

Low Vision Simulations

- ❖ Pass around the goggles.
- ❖ Exchange them with other participants.
- ◆ Complete a few of the math problems on Handout F while wearing each pair of goggles.
- ◆ Walk for a few steps, drop your pen behind you, then pick it up, and go back to your seat while wearing each pair of goggles.

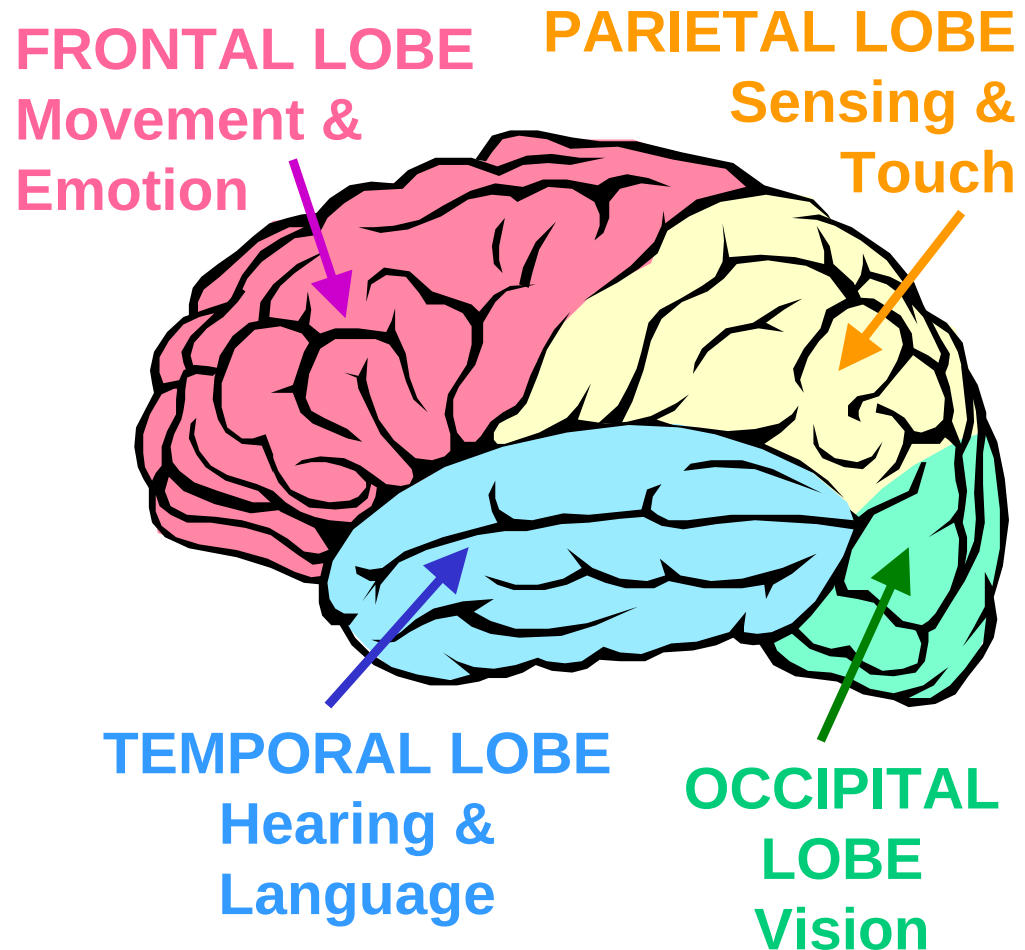
Most Common Causes of Low Vision and Blindness in Children



- ◆ Cortical Visual Impairment (CVI)
- ◆ Optic Nerve Atrophy
- ◆ Congenital Cataracts
- ◆ Retinopathy of Prematurity (ROP)

Visual Processing Problems

- ◆ Also known as Cortical Visual Impairment (CVI)
- ◆ The occipital lobe (rear portion) of the person's brain has difficulty making sense out of the information sent to it by the eyes.



Drawing of the Left Side of Brain

Cortical Visual Impairment (CVI)

- ◆ Anatomical features of eyes work, but the brain can't interpret the visual images
- ◆ Most common condition causing low vision for learners with mental retardation
- ◆ Characteristics
 - Fluctuating vision
 - Poor figure-ground discrimination
 - **Need high contrast, simple, uncluttered materials, & a plain background**
 - Strong preference for particular colors

(See Handout G for examples of Visual Clutter.)

Cortical Visual Impairment (CVI)



Optic Nerve Damage

- ◆ Degeneration of nerve cells in the optic nerve
- ◆ Fuzzy, incomplete images are sent to the brain
- ◆ Symptoms
 - Reduced color discrimination
 - Reduced acuity
 - Visual field loss



Congenital Cataracts

◆ Symptoms

- Clouding of the lens of the eye
- Sensitivity to glare
- Loss of acuity



◆ Accommodations

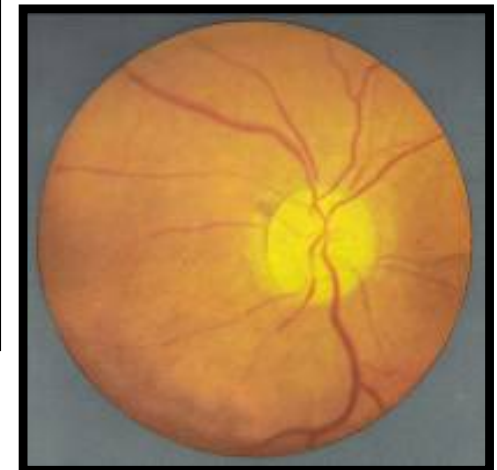
- Students with central cataracts need low illumination to reduce glare, & often need yellow tinted glasses
 - Students with peripheral cataracts need high illumination
- ❖ **Careful positioning of materials is important for anyone with cataracts.**

Retinopathy of Prematurity (ROP)

- ◆ Damage to the retina due to too much oxygen in the incubator
- ◆ Symptoms
 - Loss of acuity ranging from mild to total blindness
 - Strabismus – Left & right eye point in different directions
 - Blind spots (indicated as yellow areas on the retina)

- ◆ Accommodations

- Need high illumination, high contrast
- Activity restrictions are needed, due to risk for retinal detachment



Break Time Activity:

Getting to Know Your Students

- ◆ Discuss some ways you can get to know each of your students' unique vision needs.



Impact of Blindness on Learning

- ◆ Difficulty bonding with others
- ◆ Difficulty learning the concept of **Object Permanence**
 - If a child can't see an object or person, the child may think the object/person is no longer present
- ◆ Mobility difficulties
- ◆ Poor self concept
- ◆ Difficulty learning abstract concepts

Accommodations for Vision Impairment

- ◆ Sit close to the front.
- ◆ Use optimal lighting, e.g. spot light, lamps.
- ◆ Use hats or visors to reduce glare.
- ◆ Use magnifiers.
- ◆ Use large, dark, bold print.
- ◆ Use Braille.
- ◆ Use highly contrasting text color.
- ◆ Use colored acetate transparent paper when reading.
- ◆ Provide student with a “desk” copy of materials on the board.

Accommodations for Vision Impairment

- ◆ Allow students to tape record class information
- ◆ Use a buddy note taker or reader
- ◆ Use a reading stand
- ◆ Allow students to hold materials wherever they need to
 - Students may need to go to the board to view or copy material
- ◆ Allow use of different writing materials
 - Colored paper
 - Special pens

Accommodations for Vision Impairment

- ◆ Use **uncluttered** handouts with a consistent format.
- ◆ Use Place Markers.
- ◆ Highlight directions & new vocabulary.
 - Use colored markers or tape.
- ◆ Reduce the amount of information students need to read.
- ◆ Increase the amount of time allowed to work on assignments, activities, or tests.
- ◆ Use larger desk or table & storage for Braille & large print books, equipment and materials.

Communication & Team Work!

Break Time Activity

- ◆ Discuss how the Special Education Team, Special Ed Administrator, Nurse, Teachers and Paraprofessionals can facilitate effective communication so students can reach their goals.





Deaf- Blindness

Definition of Deaf-Blindness

- ◆ **PL 101-476, 20 USC, chapter 433, Section 1422 defines “children with deaf-blindness” as:**
 - Children and youth having auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs, that they cannot be appropriately educated without special education and related services beyond those that would be provided solely for children with hearing impairments, visual impairments, or severe disabilities, to address their educational needs due to these concurrent disabilities.

<http://idea.ed/explore/home>

A child who is deaf or hard of hearing learns through vision.



A child who is blind or visually impaired learns through hearing.



A child who is deaf-blind learns through touch....

When Two Major Channels for Communication are Impaired Many Areas can be Affected

- ◆ Communication and language development
- ◆ Movement and motor development
- ◆ Cognitive development and the ability to learn
- ◆ Emotional and social development
- ◆ Body image and self concept

Common Challenges

- ◆ Isolation
- ◆ Requires services by a team of skilled professionals and paraprofessionals
- ◆ Requires one-on-one support
- ◆ Every team should have professionals with specialized knowledge and skills in deaf-blindness.
- ◆ Meaningful educational programs involve both families and professionals working together.

Age of Onset Affects Learning



- ◆ Difficulty with communication
- ◆ Distorted perceptions
- ◆ Anticipation
- ◆ Motivation
- ◆ Incidental Learning

*(See the Parable of “The Blind Men and the Elephant” ~ Handout H.)
Saxe, John Godfrey.*

http://www.kheper.net/topics/blindmen_elphant

Communication

- ◆ Is one of the major issues in deaf-blindness
- ◆ Does not necessarily mean speech or even signed language ~ Some examples:

- Body language
- Facial expression and gestures
- Speech and other sounds
- Recordings, esp. augmentative communication devices
- Fingerspelling
- Various types of sign language, esp. tactile signing or signing in a limited space
- Using significant objects of reference
- Models
- Symbols
- Writing, esp. using Braille or raised letters or symbols
- Pictures & line drawings
- Communication boards
- Computers
- Hearing instruments & ALDs
- Low vision aids

Early Educational Intervention is Critical!

- ◆ Children who are deaf-blind need early intervention which includes:
 - Individual 1:1 attention to stimulate interest and understanding
 - Direct teaching of information and experiences
- ❖ This 1:1 intervention is provided by parents, teachers, paraprofessionals, and therapists.

Common Causes of Deaf-Blindness

◆ Viral Infections

- **Cytomegalovirus (CMV)**
- **Prenatal Rubella/Rubella Syndrome**
 - Congenital vision and hearing impairment, possible cognitive deficits, and heart defects

◆ Usher's Syndrome

- Progressive retinitis pigmentosa with progressive sensorineural hearing loss

◆ CHARGE Syndrome

- Congenital defects of heart, eyes, nasal passages, ears, genital and urinary tracts, along with growth and cognitive disorders

◆ Other Genetic Disorders

CHARGE Syndrome

C = Coloboma (absent tissue in the eye)

H = Heart defects

A = Atresia of the choanae (breathing passages in the bones behind the nose are closed)

R = Retardation of growth and development

G = Genital and urinary abnormalities

E = Ear abnormalities and/or hearing loss

www.chargesyndrome.org

www.deafblind.com/chargedb.html

Basic Facts about Deaf-Blind Students

- ◆ There are differing degrees of vision & hearing loss in the Deaf-Blind population!
 - Do not assume they are completely blind or deaf.
- ◆ Most Deaf-Blind students are able to
 - Participate in most activities
 - Communicate in a variety of ways
 - Be included in every teaching environment
- ◆ Deaf-Blind students require special educational teams to design and deliver educational programs

Challenges of Deaf-Blindness

- ◆ Learning language and communication
- ◆ Coping with isolation
- ◆ Building relationships and friendships
- ◆ Accessing incidental learning
- ◆ Overcoming learned helplessness (often due to overprotection & smothering)
 - Developing independence
 - Developing self advocacy strategies
- ◆ Developing mobility

Things not to say or do with a person who is Deaf-Blind

What NOT to say:

- ◆ “You can’t do that. You might get hurt.”
- ◆ “You are deaf-blind. You will never be able to do that.”

What NOT to do:

- ◆ Don’t ever leave a person who is deaf-blind alone in a new place.
- ◆ Don’t grab a person who is deaf-blind by the arm or hand to take them anywhere.

Activity:

CASE STUDY

- ◆ Katie is 10 years old.
- ◆ Katie had meningitis at age one month.
- ◆ Katie has a profound hearing loss and has worn hearing aids since age 12 months.
- ◆ She is legally blind and wears very thick glasses.
- ◆ She uses a combination of oral language, sign language and Cued Speech to communicate.
- ◆ She has a severe problem with short term memory.
 - If you show her a picture of an apple, she can name it “apple.” As soon as you turn over the picture & ask her what it was, she says, “I don’t know.” This happens repeatedly with everything she tries to learn.

Activity:

CASE STUDY QUESTIONS

1. What is Katie's primary disability?
2. What accommodations or educational programming would you want to use?
3. What assistive technology would you recommend for Katie?

Orientation and Mobility

Orientation

- ◆ Allows us to know where we are and where we are going
- ◆ Allows us to think about and plan strategies to get to a destination

Mobility

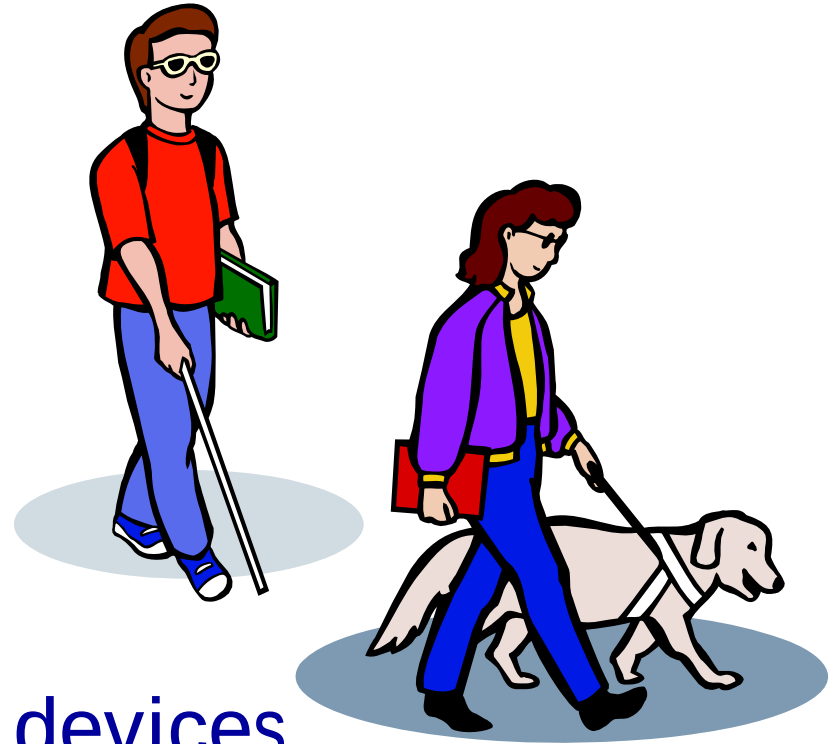
- ◆ Involves the actual movement from place to place

What is Orientation and Mobility (O & M) for the Deaf-Blind Child?

- ◆ O & M instruction is designed to teach Deaf-Blind children to move about as independently and purposefully as possible.
- ◆ O & M instruction is very similar to that for a child with only vision impairment or blindness. The most important Deaf-Blind adaptations are those related to communication.
- ◆ O & M should be taught through a team approach.

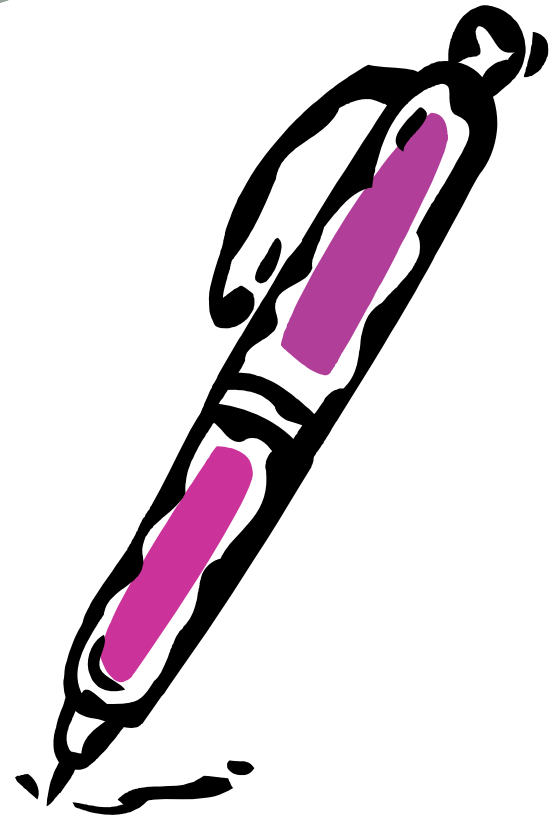
Some tools used for Orientation and Mobility

- ◆ White Canes
- ◆ Guide Dogs
- ◆ Sighted Guides
- ◆ Public Transportation
- ◆ Tactile Maps
- ◆ Mental mapping
- ◆ Spotting with assistive devices
- ◆ Problem solving practice



Activity:

◆ Discussion



Activity:

- ◆ List things that YOU find distracting when you are trying to study.



Hypersensitivity to Sensory Stimulation

◆ Characteristics

- Touch & Motion, Sights & Sounds, Lights & Colors, Tastes & Smells may seem overwhelming
- May be highly distractible
- May dislike being touched
- Tends to dislike or fear unfamiliar objects, people, or activities

◆ Accommodations

- Reduce visible distractions and noise
- Keep learning environments quiet and calm
- Use subdued lighting, if needed
- Follow a predictable daily routine
- Take breaks, as needed, to reduce or avoid student frustration

Precautions for Maintaining Confidentiality



- ◆ Never talk about students or patients with anyone outside of your educational team or in places where you might be seen or overheard.

- ◆ Never share academic or health care records either purposely or accidentally with anyone outside the team unless you have written permission from the guardian.



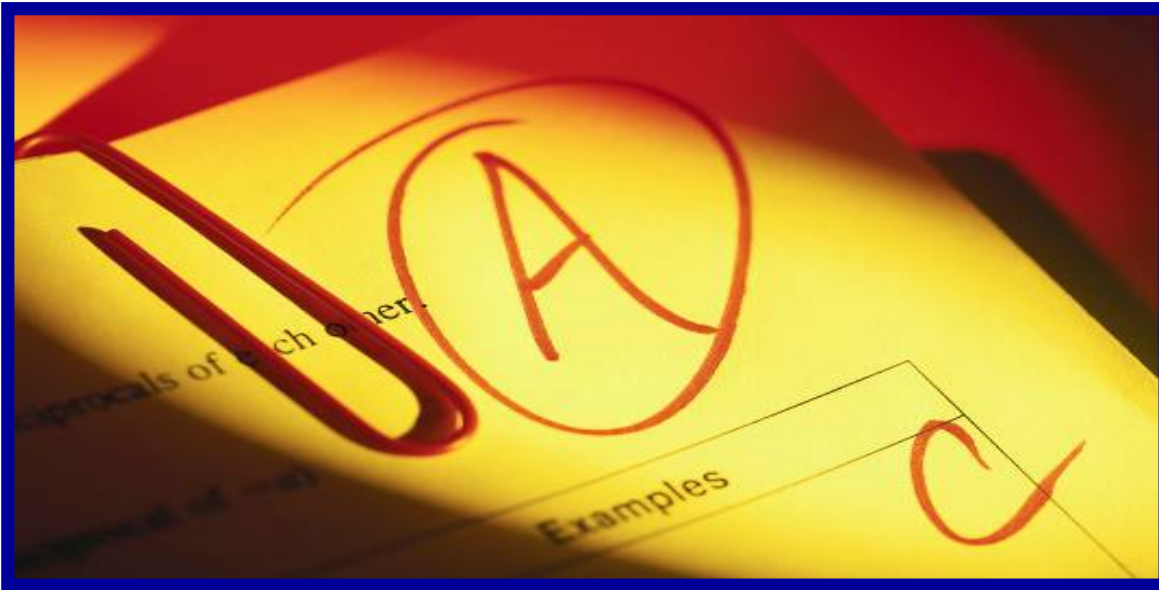
Any Final Questions?



Training and Professional Development Modules

- ◆ Core (Prerequisite)
- ◆ Early Childhood
- ◆ Behavior
- ◆ Special Health Care Needs
- ◆ Literacy
- ◆ Cultural Diversity/English Language Learner
- ◆ Secondary

POST TEST



Thank you for completing the

**Introduction to
Low Incidence Disabilities
Module**

For more information visit <http://arksped.k12.ar.us>