

DEAF-BLINDNESS

I. DEFINITION

"Deaf-blindness" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

II. POSSIBLE REFERRAL CHARACTERISTICS

Individuals with deaf-blindness (D/B) represent a heterogeneous group and may include (1) students who have both significant hearing and significant vision impairments with acuities measured or estimated in light of cognitive and adaptive functioning; (2) students who have hearing and vision impairments of a mild to severe degree and additional learning and/or communication disabilities and who may have been diagnosed as having a disease that will affect vision and/or hearing acuity; or (3) students who are multidisabled due to generalized central nervous system dysfunction and exhibit inconsistent responses to visual and auditory stimuli (functionally deaf-blind). Children identified under this disability category are also referred to as having a dual sensory impairment. Within this population a large number of students have both educational problems and cognitive, behavioral, communicative, and physical impairments. Possible referral characteristics for children with deaf-blindness may consist of the following:

A. Cognitive

1. Inability to perform basic academic tasks
2. Difficulty in performing functional life skills

B. Communication

1. Difficulty with spoken language (nonverbal in some instances)
2. Limited vocabulary

C. Behavior

1. Exhibits low frustration tolerance
2. Difficulty in demonstrating age-appropriate behavior
3. Exhibits problems in adjusting to change

4. Exhibits self-stimulatory behaviors such as body rocking, an attraction to light and hyperactivity
5. Exhibits inappropriate behaviors in touching and smelling objects and/or people

D. Physical

1. Difficulty with environmental mobility
2. Difficulty with vision
3. Difficulty with hearing
4. Difficulty with physical ambulation (motor problems/ orthopedic problems/cerebral palsy)
5. Displays seizure activity
6. Difficulty with eating
7. Difficulty with bowel and/or bladder control
8. Difficulty in administering self-care

III. SCREENING INFORMATION

A. Required*

1. Hearing
2. Vision

(*Screening not applicable, as required evaluation must include an audiological and ophthalmological assessment)

B. Recommended

1. Formal (Not applicable)
2. Informal
 - a. Observation
 - b. Checklists

- c. Basic skills assessment
- d. Anecdotal records

IV. REQUIRED EVALUATION DATA

All tests/procedures must be administered in the student's primary mode of communication (i.e., sign language, gestures, finger-spelling, real objects, etc.).

- A. Social History**
- B. Individual Intelligence/Cognitive Functioning (One required, using an appropriate measure/procedure)**
- C. Individual Achievement/Functional Skills Assessment (One required, using an appropriate measure/procedure)**
- D. Adaptive Behavior (One required)**
- E. Communicative Abilities (Both receptive and expressive required)**
- F. Other**
 - 1. Orientation and mobility assessment (Required)
 - 2. Medical (Required)
 - a. Physical examination
 - b. Specialized (If indicated)
 - 3. Audiological (Required)
 - 4. Ophthalmological (Required)

V. OPTIONAL EVALUATION DATA

- A. Vocational Assessment**

VI. EVALUATION DATA ANALYSIS

When the senses of sight and hearing are lost or severely limited, the child must rely on secondary senses or indirect information supplied by others to gain concepts/information.

It is therefore extremely important that evaluation data be analyzed to determine what degree of functional hearing and vision the child possesses and the age at onset of the loss of each (infancy, early childhood, and school age). This information will provide the evaluation committee with information regarding learning experiences the child will bring to the educational environment. To obtain a comprehensive picture of the abilities of the child with deaf-blindness, all assessment information gathered must be integrated. Points for the evaluation committee to consider include:

1. Information obtained from the social history, including age at onset of sensory impairments and pertinent medical data
2. Results of assessment measures/procedures, particularly those dealing with communicative abilities and the recommendations regarding the development of an alternative/augmentative communication system
3. Identified strengths and weaknesses
4. Skill (functioning) levels, determined by assessments conducted in natural environments, based on interviews and observations
5. Orientation and mobility needs

VII. PROGRAMMING CONSIDERATIONS

Students with deaf-blindness demonstrate a wide variety of needs specific to each individual. These needs will vary based on the degree of hearing and vision loss, the age at onset of each sensory impairment, communication mode, cognitive abilities and/or other associated disabilities. Because of these unique needs, students with deafblindness will need more intensive instruction with significant adaptations to benefit from their instructional program. These adaptations may be necessary in the areas of curriculum and instructional mode, i.e., modifying skills or activities using assistive technology or devices. In addition, the school environment may need modification in order to accommodate the student with deaf-blindness.

Determining the communication mode for children with deaf-blindness is a primary consideration in program development. Channels through which these children may receive communication are:

1. Touch (touching; being touched)
2. Smell
3. Residual vision

4. Residual hearing/vibration
5. Skin (hot/cold; wet/dry; texture)
6. Movement (shape, distance, height, weight, pressure [soft/hard])

Because of the fact that children with deaf-blindness have both auditory and visual deficits, it can be assumed that some will not be able to develop vocal language.

Therefore, some children with deaf-blindness will require an alternative communication system, touch, sign language, gestural, symbolic, pictorial or an electronic augmentative system.