

**DEAF-BLINDNESS
EARLY CHILDHOOD SPECIAL EDUCATION**

I. DEFINITION

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

II. SCREENING INFORMATION

Screening can be waived if current data [within the past six (6) months] are available; otherwise, it is required.

A. Required

1. Hearing and vision screening not applicable.
2. Formal measures of -
 - a. Development (Include the areas of cognition, motor, social/emotional, self-help); and
 - b. Speech/language

B. Recommended

1. Informal measures, such as -
 - a. Checklists;
 - b. Inventories;
 - c. Rating scales;
 - d. Interviews;
 - e. Behavioral observations in home and/or other natural environments; and/or
 - f. Access to and review of existing records and available information.

III. REQUIRED EVALUATION DATA

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

- A. **Social History** (Emphasis on developmental, family and health/medical history)

- B. **Assessment**
 - 1. **Cognitive/Intellectual Abilities (One required)**(May be assessed through a formal evaluation or in the programming assessment. Methodology for assessing cognitive ability should be based on the developmental stages, including those related to non-linguistic problem solving.)

 - 2. **Communicative Abilities (Both receptive and expressive areas must be assessed. Assessment must be comprehensive and must not be limited to one-word vocabulary tests. Augmentative/alternative communication should be assessed when indicated.)**

 - 3. **Motor (If indicated from screening)**

 - 4. **Social/Emotional (One adaptive behavior assessment required)**
Additional assessment for children ages 3 to 5 who may demonstrate inappropriate behavior which deviates substantially from behavior appropriate for one's age, must include the following -
 - a. Behavioral rating scales or checklist

 - b. Systematic observations(s) in settings such as free play, instructional situation, group settings, home, etc. Particular attention must be given to the qualitative nature (antecedent - consequence analysis), frequency, duration and consistency of the behavior(s). Consideration should be given to the behavior relative to the child's functioning level, environmental and social experiences, and the degree to which this behavior deviates from the norm.

 - 5. **Self-Help (May be included in the cognitive/intellectual, adaptive behavior and/or programming assessments)**

 - 6. **Programming (One criterion or curriculum-based measure required)**

7. Other
 - a. Orientation and mobility assessment (Required)
 - b. Medical (Required)
 - i. Physical examination
 - ii. Specialized (If indicated)
 - c. Audiological (Required)
 - d. Ophthalmological (Required)

IV. 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, 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.

- A. 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.
- B. Programs designed to serve the needs of children who are blind, deaf, or retarded will NOT meet the needs of the child with deaf-blindness even

with modification to the traditional delivery system. The child with deaf-blindness needs a comprehensive, individualized program designed by a multidisciplinary team with extensive experience in the field of deaf-blindness.

- C.** Determining the communication mode for children with deaf-blindness is a primary consideration in program development. 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, they will need a communication system based upon a touch, sign language, gestural, symbolic, pictorial or an electronic augmentative system. 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])

- D.** Programs for children from birth to five with deaf-blindness should promote the following -

1. Development and reward of curiosity
2. Development of exploratory techniques
3. Development of the ability to remember where things were put during play
4. Ways to help the child anticipate coming routines
5. Techniques and activities that will require the child to make choices
6. Techniques to foster communication
7. Use of residual vision and/or hearing
8. Sensory integration