

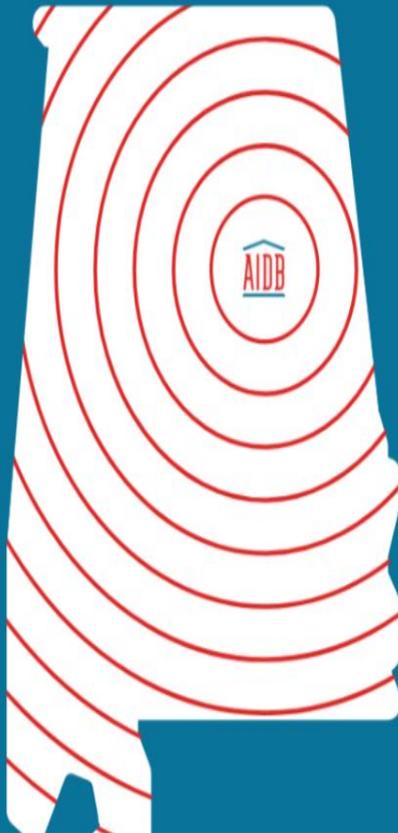
WORDS THAT MOVE ME

2022 ALABAMA EARLY INTERVENTION CONFERENCE
IN MOBILE

IN MOBILE

2022 ALABAMA EARLY INTERVENTION CONFERENCE

Outreach Services



AIDB'S TEAM OF OUTREACH SERVICE PROVIDERS PLAY A CRUCIAL ROLE IN MEETING THE NEEDS OF CONSUMERS WITH SENSORY LOSS ACROSS THE STATE OF ALABAMA.



Outreach Instructional Services

The AIDB Outreach program was designed to assist parents and teachers with appropriately serving students who are deaf/hard-of-hearing, blind/visually impaired, or DeafBlind in the public schools.

Our providers travel statewide providing a plethora of services to sensory impaired children. Applicants may be referred by a parent or guardian, school personnel, AIDB regional center staff, or other professional working with the child. However, a parent or guardian must fill out and return the appropriate application and consent forms for services to be rendered. The following information is an overview of services we provide, though not an exhaustive list. Please contact us at outreach@aidb.org to learn more.

Our Staff

Anna Peters -

Visual Impairments, Elementary Education, School Psychometry

Melody Brown -

Visual Impairments, School Psychometry, O & M

Kimberly Moon- Deaf Education K-12

Kathryn Duncan - Deaf/Hard of Hearing, Elementary Education, School Psychology





Melody Brown serves as Outreach Provider for the Blind and Visually Impaired. She has a Master of Science in Visual Disabilities with two specializations from Florida State University: Orientation & Mobility and Rehabilitation Teaching. She also has Teacher of Students with Visual Impairments and Psychometrist certifications from the University of Alabama Birmingham and Jackson State University (Mississippi), respectively. Prior to becoming an outreach provider, Melody had served as a Certified Orientation & Mobility Specialist at the [Helen Keller School](#) for 15 years. During this time, she also worked as an adjunct professor at the University of Alabama at Birmingham in their Vision Science program. Melody has also served as a state, national, and international board member of several professional organizations concerning sensory impairments.



Anna Peters serves as Outreach Coordinator, as well as Provider for the Blind & Visually Impaired. She is National Board Certified as an Exceptional Needs Specialist and is certified as a School Psychometrist. Anna holds a Bachelor of Science in both Psychology and Elementary Education from Faulkner University, and a Master of Science in Visual Disabilities from the University of Alabama at Birmingham. She has also earned certification as a Braille transcriptionist from the National Library of Congress. Prior to becoming an outreach provider, Anna taught at the [Alabama School for the Blind](#). With over 20 years of service at AIDB, she looks forward to continuing to meet and serve students across the state of Alabama.

PRESENTATION OBJECTIVES:

- ❑ Explain how to access to an Alabama Institute of the Deaf and Blind (AIDB) Outreach Services application.
- ❑ Describe a list of useful directions that can be used with low vision students.
- ❑ Describe a list useful textually descriptive terms.
- ❑ Demonstrate the list of directionally and tactually useful terms in a small and large group activity.



Achievement Testing:

Achievement tests are individually given tests that measure a student's academic skills and knowledge. We have multiple assessment kits that provide standard scores in traditional areas such as Reading, Writing, Math, Science, and Social Studies. Test results may help identify strengths and weaknesses, which are important when addressing the educational needs of students with sensory loss.



Adaptive Behavior Tests:

An adaptive behavior test will attempt to measure a child's abilities to perform more functional behaviors. The tests focus on Daily Living skills, Socialization skills, and Communication skills. They typically do not involve a direct testing session with the student. Instead, they involve families and/or educators (anyone familiar with the child) answering a few pages of questions. Once completed, these tests provide scores that compare the child's behavior to their same-age peers.



Developmental Scales:

For children under the age of 8 years, these tests measure global development and not just academic knowledge. Instead of focusing on Achievement (Reading, Writing, and Arithmetic), Developmental Scales typically test Motor skills, Social/Emotional development, Adaptive (self-help) skills, and Language development.



Interviews:

To get a complete picture of a student's needs, we often want to interview the student's family, teachers, therapists, or even the child themselves. Sometimes it takes a new person's perspective to objectively review the situation.

LMA:

A Learning Media Assessment (LMA) helps determine what kinds of literacy and functional learning materials are appropriate as educators plan to provide support, accommodations and/or modification which may increase the student's accessibility to public education. LMAs can be provided by any Teacher of Students with Visual Impairments (TVI).

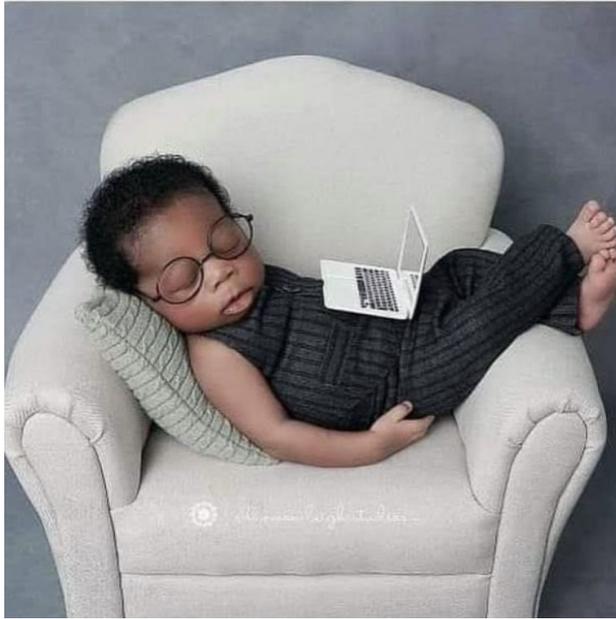
Observation:

Observing a student is a crucial tool we use to identify unique challenges to students with sensory loss. With our experience and knowledge, we're able to recognize issues that may impact the student's educational performance.

O&M Evaluation:

An Orientation and Mobility Assessment (O&M Assessment) helps determine the impact of a student's vision loss on their ability to travel in and around the educational environment safely, efficiently, and independently. The O&M Assessment results will provide ways to improve travel skills and enable students in their environment. O&M Assessments can only be provided by Certified Orientation & Mobility Instructors (COMS).

<https://www.aidb.org/outreach>



Telepractice:

With parental/guardian permission, Outreach can provide some services virtually. We've had to adapt to COVID-19 issues, which means sometimes using Zoom, GoogleMeet, and similar video-conferencing platforms. To date, we've used these to conduct interviews, consultation, observations, participation in meetings, and administration of certain tests.

Written Reports:

After completing our services, Outreach typically provides a report of observations and/or test results. The information goes to both the student's family and the school, and includes recommendations to address any issues that were noted. Recommendations are simply suggestions for the families and schools.

File Reviews:

Upon receiving an Outreach referral, one of the first things we do is ask for copies of the student's Special Education Eligibility report and current IEP (Individualized Education Plan). We also try to obtain Ophthalmological records. Depending on a student's unique needs, we may also request certain medical records, therapy notes, etc. To be most effective, we try to empower ourselves with as much knowledge about the student as possible.

FVA:

A Functional Vision Assessment (FVA) supplements the results of the clinical eye exam with descriptions of the student's observable behaviors that may relate to vision. It identifies how the student's vision impacts their education and the student's range of visual function. Results explain how much usable vision a student has to perform visual tasks, confirms the absence of vision, and presents recommendations on how to modify instruction for the student. FVAs can be provided by any Teacher of Students with Visual Impairments (TVI).

Intellectual/Psychological Assessment:

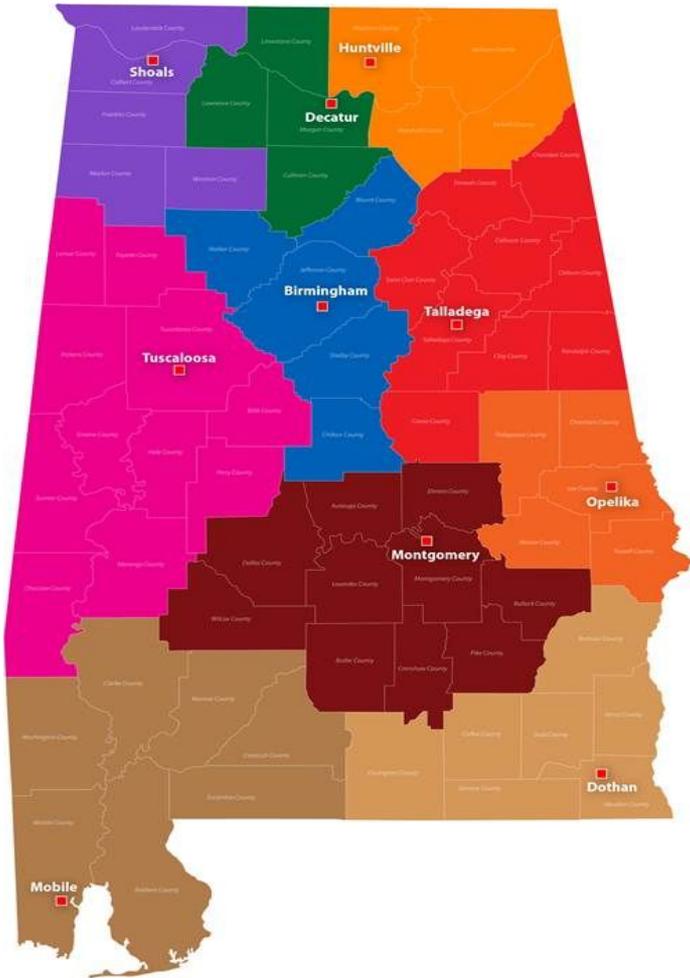
Our Providers can administer IQ tests. They are uniquely qualified to understand how hearing and/or vision loss can affect a student's ability to participate in such testing. They are very thorough and provide the families and schools with a detailed report of these results.



One might ask...

HOW DO MY FAMILIES ACCESS SERVICES?





AIDB CONSENT FOR OUTREACH SERVICES FORM		
The LEA/agency requests your consent to conduct an individualized evaluation for:		
STUDENT'S NAME:	DATE OF BIRTH:	
The LEA/ agency proposed to conduct the outreach service for the following checked reasons:		
<input type="checkbox"/> To determine developmental level	<input type="checkbox"/> To determine appropriate learning medium	<input type="checkbox"/> To address language inconsistent with age
<input type="checkbox"/> To determine functional level	<input type="checkbox"/> To address behavior concerns	<input type="checkbox"/> To determine current academic performance
The Outreach Service MAY include a review of existing information /test results and MAY also include evaluations/assessments in the following checked areas:		
<input type="checkbox"/> Achievement	<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Functional Vision Assessment
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Interview	<input type="checkbox"/> Orientation and Mobility Evaluation
<input type="checkbox"/> Developmental	<input type="checkbox"/> Language	<input type="checkbox"/> Learning Media Assessment
<input type="checkbox"/> Observation	<input type="checkbox"/> Speech	<input type="checkbox"/> Functional Listening Evaluation
If you give consent to an evaluation/assessment, the LEA/ agency will provide the evaluation/assessment at no cost to you. Giving consent for an evaluation/assessment does not give consent for services. If you give consent, you may revoke your consent at any time but not after the evaluation/assessment has been conducted		
PLEASE CHECK ONE OF THE BOXES, SIGN, AND DATE THE FORM		
<input type="checkbox"/> I GIVE PERMISSION for the outreach service proposed		
<input type="checkbox"/> I DO NOT GIVE PERMISSION for outreach service proposed		
<input type="checkbox"/> I would like more information about AIDB programs or camps		
_____ Signature of Parent of Student (Age 19)	_____ Date of Signature	

If you have information that can assist in the outreach service, have questions regarding this information or wish to schedule a conference, please contact us at 256-761-3298 or email us at outreach@aidb.org Please email or return the form to: AIDB Health & Clinical Services, Attention: Outreach Services Address: 205 South Street East, Talladega, AL 35160 Fax: 256-761-3860

AIDB OUTREACH SERVICES TELEPRACTICE RELEASE

Student Name: _____ **Date of Birth:** _____

I hereby consent to and authorize the use and reproduction by AIDB of any and all photographs and any other audiovisual materials taken of me and the student for assessment, observation, and educational activities.

Yes No

I hereby consent to and authorize the use, sharing, transmitting, and reproduction of any and all photographs and other audiovisual material taken of me and the student between AIDB and my child's school/school district.

Yes No

I understand records obtained from various sources (educational, medical, interviews, and telepractices) may be summarized into an evaluative report that will be provided to the school system and parents for the purpose of assisting with curriculum planning. I certify that the answers to the above questions are true and correct.

Yes No

PARENTAL/GUARDIAN CONSENT

I certify that I am the parent or guardian of the individual above, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this release.

Signature of Parent/ Guardian

Date

Street Address of Parent/ Guardian

City

State

Zip Code

AL

Parent/Guardian Phone Number





APPLICATION FOR OUTREACH SERVICES

INFORMATION RELATED TO CHILD:

1. Name
LAST FIRST MIDDLE
2. Preferred Name
3. Sex 4. Birth Date 5. Race 6. Grade
7. Parent's Name
8. Address AL
STREET CITY STATE COUNTY ZIP
9. Parent's Phone Numbers: Home Number:
Work Number: Cell Number:
10. Parent's Email Address:
11. Person/agency referring child: Contact Number:
12. How does the child communicate? Orally Manually Both ESL
13. What is the child's native language:

APPLICANT'S HISTORY OF SCHOOL ATTENDANCE

1. Name of school now attending Date Admitted
Address AL
STREET CITY STATE ZIP
2. Type of program: (Indicate if full-time; if part-time, indicate number of hours per week)

INFORMATION RELATED TO HEARING LOSS AND/OR VISION LOSS:

Vision Loss-Please complete if your child has been diagnosed with a visual impairment

1. Does the child have a vision loss? Yes No
2. If yes, at what age was the vision loss diagnosed?
3. Cause of visual impairment if known:



4. Has the child been examined by an ophthalmologist (M.D.)? _____

5. Who performed the examination? _____

6. When was the last examination? _____

7. **Vision diagnosis:** _____

8. Have any **operations** been performed on the eyes? Yes No

(a) What kind? _____ (b) By Whom? _____

(c) Where? _____ (d) Date _____

9. Does the child wear glasses? _____

Hearing Loss- Please complete if you child has been diagnosed with a hearing loss:

1. Does the child have a hearing loss? Yes No

2. If yes, at what age did hearing loss diagnosed? _____

3. Cause of hearing loss, if known: _____

4. Date of last hearing test: _____ Where? _____

5. Have any **operations** been performed on the ears? Yes No

(a) What kind? _____ (b) By Whom? _____

(c) Where? _____ (d) Date _____

6. Does child use a hearing aid? ___ At what age did the child first wear aid? _____

7. Does the child have a cochlear implant? _____ Year implanted: _____

8. Does the child have a bone anchored hearing aid (BAHA)? _____ Year implanted _____

ADDITIONAL DISABILITIES

I **understand** records obtained from various sources (educational and medical) may be summarized into an evaluative report that will be provided to the school system and parents for the purpose of assisting with curriculum planning. I **certify** that the answers to the above questions are true and correct.

To enable the capability of access to additional resources, this information may be shared with AIDB Regional Centers.

Date: _____ SIGNED: _____

Parent or Legal Guardian

**AIDB OUTREACH SERVICES
REQUEST FOR INFORMATION
EDUCATIONAL and MEDICAL RECORDS**

This form is used when parents are giving their permission for an organization, an agency, or an individual to send information about their child to the Alabama Institute for Deaf and Blind.

I, _____ Date _____
the parent or guardian of the child whose name is listed
on this form, request that the school send the information requested regarding my child to the
Alabama Institute for Deaf and Blind.

School System: _____

Name of school: _____

Address: _____

City _____ State _____ ZIP _____

Telephone: _____

Name of Child _____ Date of Birth _____

School student is now attending or has attended: _____

Please forward a copy of the following records: Cumulative record, most current IEP, Eligibility Decision Regarding Special Education Services report, evaluations (psychological, educational, behavioral/adaptive behavior, vision, audiological, speech, physical therapy, occupational therapy, intellectual and achievement scores).

Please send information to:
AIDB Health & Clinical Services Attn: Outreach
P. O. Box 698
Talladega, AL 35161
Fax: 256-761-3860 Email: outreach@aidb.org

Parent/Guardian Signature: _____

Address: _____ AL _____





**Alabama Institute for the Deaf and Blind
Alabama Instructional Resource Center for the Blind**

Dear Parents and Guardians,

The purpose of this letter is to inform you that the Alabama Instructional Resource Center for the Blind is in the process of completing the Annual Federal Quota Registration of Blind Students through the American Printing House (APH) Federal Quota Program. This federally funded program provides textbooks, educational aids, and other learning materials for qualifying children with visual impairment and blindness.

In order to be included in the Federal Quota program, eligible students must be registered in an annual census, requiring the exchange of specific personally identifiable student information (PII). This information is only collected to meet the reporting obligations to the U.S. Department of Education Office of Special Education Programs, and other entities as required by law.

The Family Educational Rights and Privacy Act (FERPA) requires your written consent to release your child's personally identifiable information to APH for these purposes. If you consent, the name(s) of your child(ren) will be registered, along with other pertinent information including birthday, school district, grade placement, primary reading medium, and indication of visual function. All PII collected for this registration is private and will be protected from unauthorized access or use. Your child's PII will not be shared with any other entities or for any other purpose, unless permitted by state or federal law.

Consent to include your child in the Federal Quota Census allows the Alabama Instructional Resource Center for the Blind to purchase products and materials from the APH on behalf of your child and other children in our state. You may choose not to provide your consent; however, doing so will mean that fewer Quota funds will be provided to Alabama.

The Federal Quota Census Registration is completed under the supervision of the Ex Officio Trustee (EOT) designated to oversee his or her respective APH accounts. It is the responsibility of the EOT to submit accurate information to APH in a secure manner. If you have questions or concerns regarding the Annual Federal Quota Registration Process, please contact your EOT, Caitlin Cox at cox.caitlin@aidb.org.



**Alabama Institute for the Deaf and Blind
Alabama Instructional Resource Center for the Blind**

Consent to Release Student Information

In order to register my child with the Alabama Instructional Resource Center for the Blind (AIRCB) and the American Printing House for the Blind (APH), I hereby authorize

_____ (the local school district) to share my child's personally identifiable information as follows: First, Middle, and Last name, Date of Birth, School District, Grade Placement, Visual Function, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration) with the following:

- Designated Regional APH Census Representative (Teacher of the Blind and Visually Impaired)
- Alabama Institute for the Deaf and Blind/Alabama Instructional Resource Center for the Blind
- American Printing House for the Blind

I, _____ (print name), certify that I am the parent(s)/guardian(s) of _____ (students full name), whose date of birth is _____ (student's complete date of birth), and that she/he is a dependent according to Section 152 of the Internal Revenue Code if she/he is over eighteen years of age. I understand that this release will remain in effect unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an email to Caitlin Cox at cox.caitlin@aidb.org.

Signature

Date



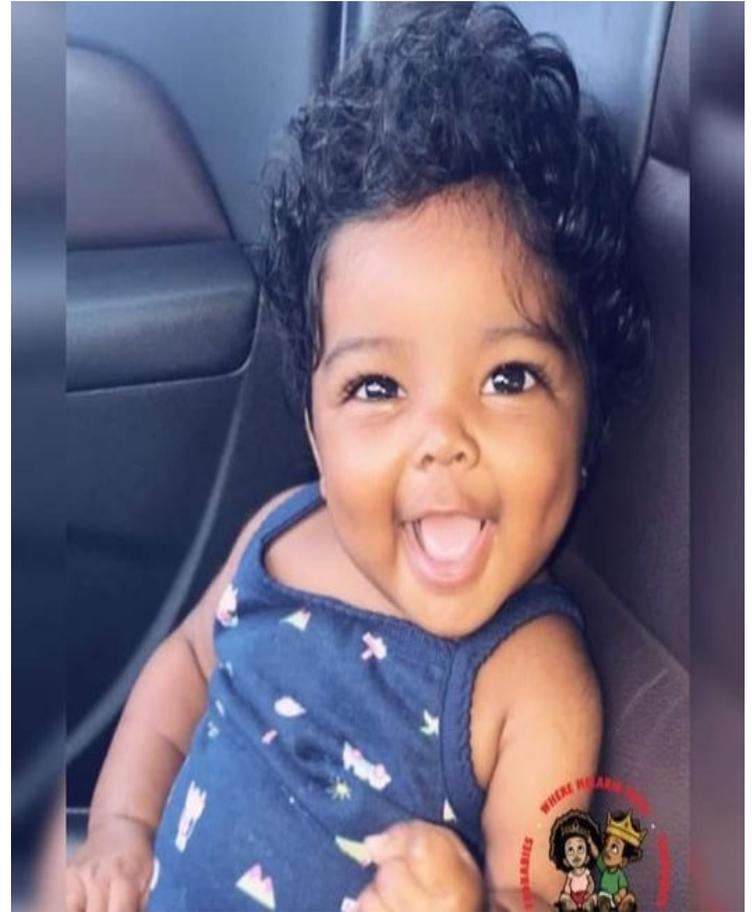
OBJECTIVE 1

EXPLAIN HOW TO ACCESS
THE AIDB APPLICATION FOR
SERVICES?

One might say:

GOTO:

<https://www.aidb.org/outreach>





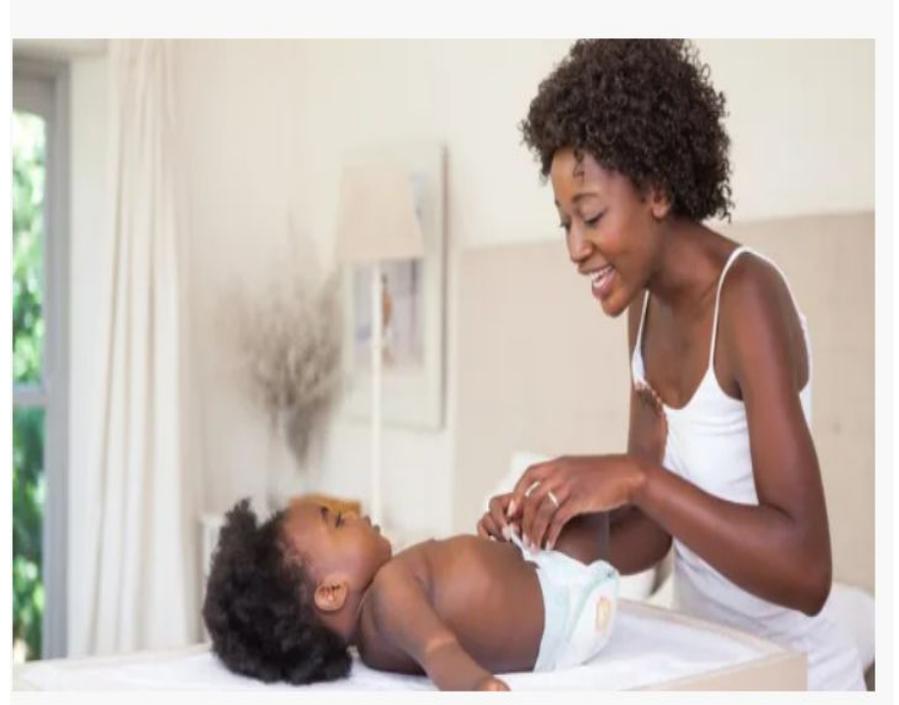
One might ask...

WHAT IS ORIENTATION & MOBILITY

<https://www.aidb.org/outreach>

Orientation & Mobility in IDEA

“[S]ervices provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community;



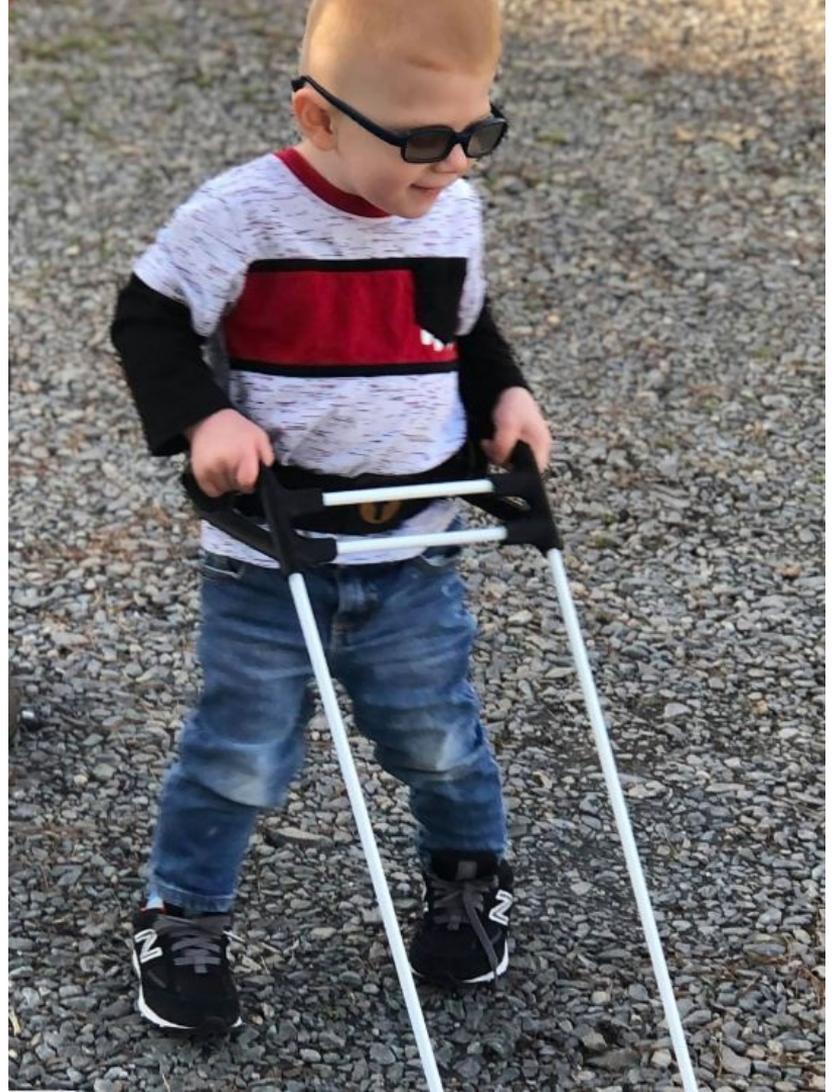
Sec. 300.34(c)(7)(i) of IDEA

Orientation & Mobility in IDEA

Includes teaching students the following:

- Use of **existing vision**
- Develop & use **spatial and environmental concepts** to establish, maintain, or regain orientation and line of travel;
- Use of the **long cane (or other travel devices, including wheelchairs)** for safe travel
- Use of **distance low vision devices**; and
- **Other concepts, techniques, and tools.**

Sec. 300.34(c)(7)



**The purpose of O&M at is to teach students with
visual impairments
how to use their
sensory/physical/cognitive
abilities:**

- .to gain information about the environment,**
- .to interpret information from the environment,**
- .to use information from the environment**

to make decisions that reflect a knowledge
of the appropriate safety, social,
self-advocacy, and travel skill.



O&M Evaluation:

An Orientation and Mobility Assessment (O&M Assessment) helps determine the impact of a student's vision loss on their ability to travel in and around the educational environment safely, efficiently, and independently. The O&M Assessment results will provide ways to improve travel skills and enable students in their environment. O&M Assessments can only be provided by Certified Orientation & Mobility Instructors (COMS).



One of the most common misconceptions about blind children is that they are equally or more adept in language skills than their normally sighted peers (Fraiberg 1977).

In reality severe and early impairments are likely to affect the language development of affected children. The differences are in part due to limited access to the environment and to differences in verbal feedback from people around them.

They lack visual references and have reduced integration of information from their parents. More recent studies have found that the language of visually impaired children is more self-oriented and that the word meanings are more limited than for normally sighted children (Anderson et al 1984).



A study by McConachie and Moore (1993) found that, almost paradoxically, parents of blind children were less likely to amplify or emphasise the meanings of their communication to the child, or to describe objects and events in detail.

This delays and complicates the process of making links between early language and the surrounding world even further.

Social & Emotional Development Chart
for Blind & Visually Impaired Babies & Children

Age Group	Milestones
<i>Birth to 3 months</i>	Recognizes caregiver's voice
	Can be soothed by voice or touch
	Smiles when played with
<i>4 to 6 months</i>	Initiates request for attention
<i>7 to 9 months</i>	Differentiates between familiar & unfamiliar people
	Shows "stranger anxiety"
	Shows fear of separation
<i>10 to 12 months</i>	Uses gestures
	Cries when caregiver leaves
	Begins to enjoy social games like peek-a-boo
<i>22 to 24 months</i>	Imitates caregiver
	Plays alongside other children
	Asks others when needs help
<i>3 years</i>	Enjoys helping around the house
	Likes to be praised after doing simple tasks
	Is aware of people's feelings
<i>5 years</i>	Plays with other children
	Understands rules
	Expresses many feelings



Cognitive Development Chart

for Blind & Visually Impaired Babies & Children

Age Group	Milestones
Birth to 3 months	Recognizes primary caregiver
	Plays with rattle
	Cries when hungry or uncomfortable
4 to 6 months	Turns toward sound
	Places objects in mouth
	Shows preference in play materials
	Reaches for object in contact with body
7 to 9 months	Explores different textures
	Uncovers toy
	Pulls string to activate toy
	Searches briefly for object lost from grasp but not in contact with body
	Reaches for object based only on sound cue
10 to 12 months	Places object in container upon request
	Moves or gestures toward you when called
	Locates fixed (constant) object (ex. Highchair, table, etc.)
	Puts many objects in container
	Learns that an object exists even if out of sight
	Works to solve simple problems
13 to 15 months	Begins to understand cause & effect
	Uses 2 related objects (ex. strikes drum with stick)
	Uses object to perform social action (ex. brushes hair, puts on necklace, etc.)
22 to 24 months	Matches objects
	Pays attention to activities longer
3 years	Fits shapes into matching holes
	Sorts objects
	Takes things apart & puts them together
5 years	Follows simple directions & does simple puzzles
	Understands counting



<https://www.aidb.org/outreach>

We can close the gaps in development with Sensory Integration

Sensory integration refers to the processing, integrating, and organizing of sensory information from the body and the environment. Babies with visual impairments may display difficulty in using more than one sensory input mode at a time

A Child May Switch Sensory Input Modes when:

- in noisy, crowded, and cluttered environments
- listening to auditory input
- there is a familiar/unfamiliar sound in the environment
- they are physically challenged
- being touched or moved

A Child May Switch Sensory Input Modes when:

- feeling motion, vibration
- touching materials with different textures
- the outside temperature is too hot or too cold
- internal stimuli are not okay
- when they are sick/ have a headache,
- pre or post-seizure, stressed, fatigued, overheated, too cold,

Manifestation of Sensory Overload May Look Like

- reduced eye-to-object contact when looking or listening
- having meltdowns in busy/loud/novel environments
- repeatedly asking to leave the area
- Increased time for processing and responding to information/requests
- frequently startled
- visual fatigue

One might ask...

HOW DOES
ORIENTATION
&
MOBILITY
HELP?



**The purpose of O&M at is to teach students with
visual impairments
how to use their
sensory/physical/cognitive
abilities:**

- .to gain information about the environment,**
- .to interpret information from the environment,**
- .to use information from the environment**

to make decisions that reflect a knowledge
of the appropriate safety, social,
self-advocacy, and travel skill.

DIRECTIONAL LANGUAGE

DIRECTIONAL LANGUAGE

DIRECTIONAL LANGUAGE

Also known as

Prepositional language

Positional language

Stresses Specific Placement of Self in Relation to Self

Stresses Specific Placement of Self in Relation to Others

Stresses Specific Placement of Self in Relation to Objects

Stresses Specific Placement of Self in World

DIRECTIONAL LANGUAGE

Now Let's Try It Out

OBJECTIVE 2

Describe a list of useful directions that can be used with low vision students

One might say:

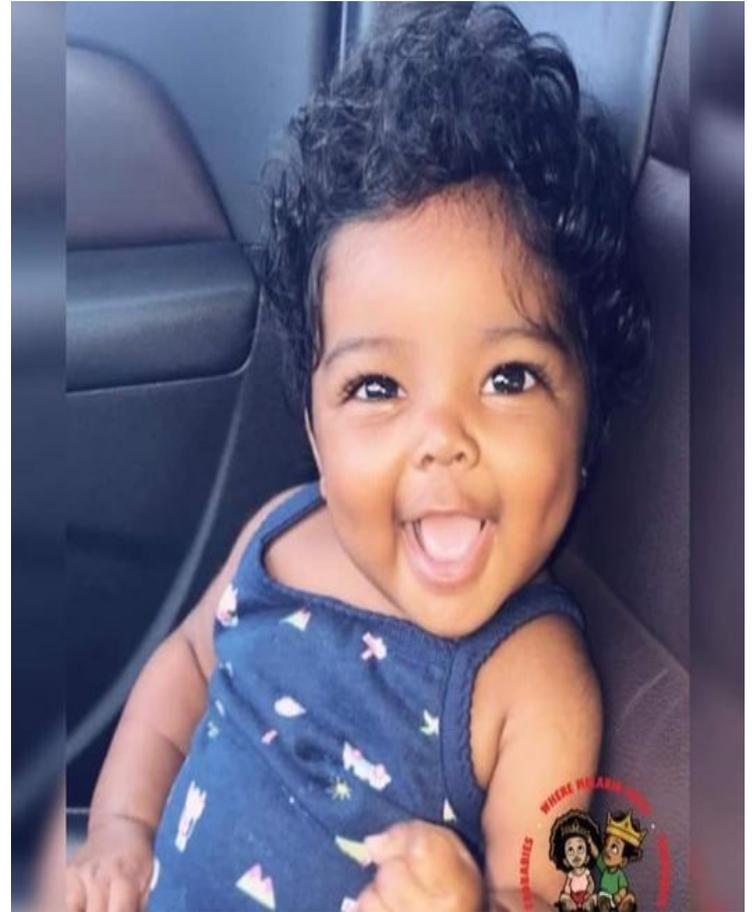
Go left

Turn Right

Use your Left foot

Check Behind you

Walk forward



TEXTURALLY DESCRIPTIVE LANGUAGE

TEXTURALLY DESCRIPTIVE LANGUAGE

TEXTURALLY DESCRIPTIVE LANGUAGE

Also known as

Tactually descriptive language

Textures Tastes

Stresses How Something Feels

Stressed How Something Can Make You Feel

Can Be Perceived through various points in the body

OBJECTIVE 3

Describe a list useful textually descriptive terms.

One might say:

Rough/Smooth

Cold/Wet

Hot/Sweaty

Creepy/Nervous



**YOUR TURN
TIME TO USE
YOUR WORDS TO
DEMONSTRATE
WHAT YOU KNOW**

TIME TO PLAY & CREATE SOME GAMES:

Classic Hand Games

Common Family Games

And one new skill

Human Guide

Let's play!



LET LEARN

Human Guide & Basic Etiquette

When working with

People who have

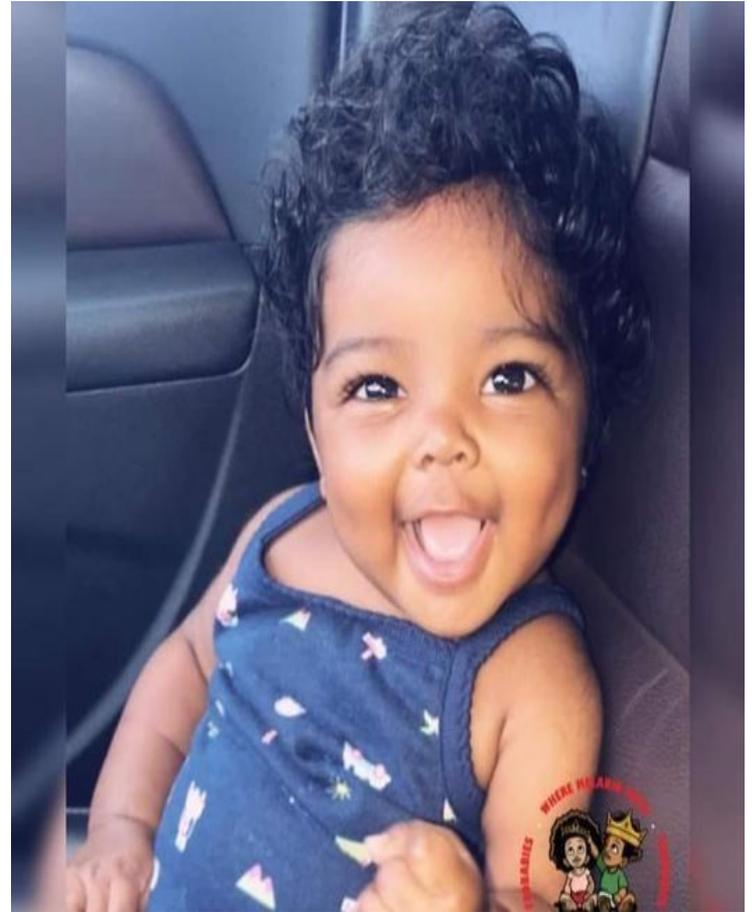
Visual Impairments

OBJECTIVE 4

Demonstrate the list of directionally and tactually useful terms in a small and large group activity.

One might say:

WE DID THAT!





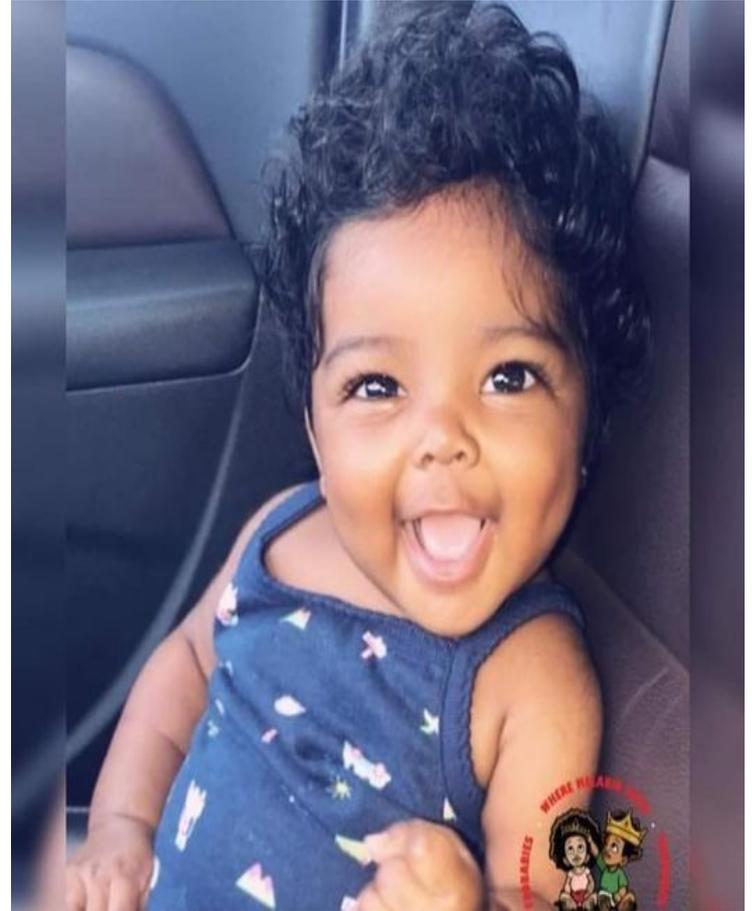
One might ask...

ARE WE
DONE?

<https://www.aidb.org/outreach>

One might say:

YES!



<https://www.aidb.org/outreach>

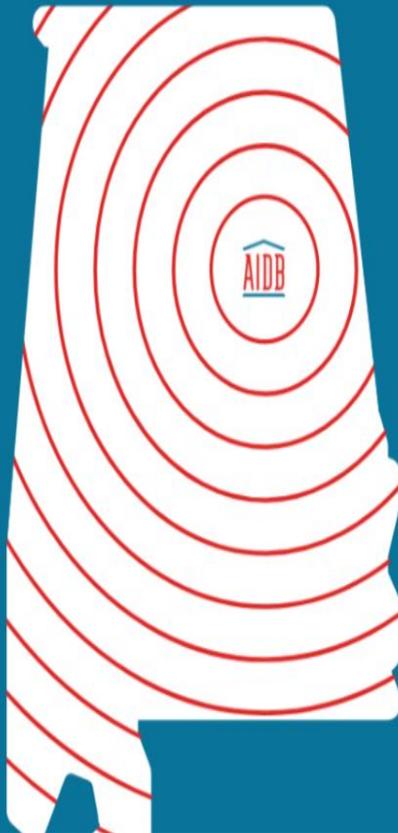
Anderson, E.D., Dunlea, A., Kekelis, L.S. (1984) "Blind children's language: resolving some differences." *Journal of Child Language*, 11, pp 45-64

Fraiberg, S. (1997) *Insights from the blind*. New York: Basic Books

<https://www.wonderbaby.org/articles/development-charts>

<https://www.perkins.org/cvi-sensory-integration-and-its-impact-on-vision/>

Outreach Services



AIDB'S TEAM OF OUTREACH SERVICE PROVIDERS PLAY A CRUCIAL ROLE IN MEETING THE NEEDS OF CONSUMERS WITH SENSORY LOSS ACROSS THE STATE OF ALABAMA.

**THANK
YOU FOR
YOUR TIME**

