



ASSESSMENT AND MAKING INDIVIDUAL
PLANS FOR LEARNERS THAT ARE DEAFBLIND



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Preface

This booklet will expand on the content from workshops held in East Africa. The topics will address the essential issues of assessment and developing individual plans for learners that are deafblind.

Experienced teachers, from the deafblind units in Kenya, have prepared the booklet in collaboration with external consultants from FSDB/SHIA, during a workshop in Nairobi in 2006.

The target group for the booklet will be all those persons who interact with deafblind persons.

A booklet on communication will supplement the information in this booklet.

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We hope that this small booklet will inspire families, teachers and houseparent in their daily work with deafblind children.

General on assessment

Assessment is an organized procedure for gathering information about the health and the functional of an individual's ability. The purpose is to be able to plan adequate intervention.

When you carry out assessment with congenitally deafblind people, you assess the child's abilities, and identify the learning style of each individual. In addition you assess the development of the child, meaning what the child can already do, and what the child is about to learn.

By learning style we mean assessment of how the child uses the different senses, and how he shows his cognitive capacities - his mental and thought processes. In addition, you also need to assess how the senses are used in different activities. This is to understand the impact of deafblindness in different life situations.

Deafblindness is a combined visual and hearing disability. Each of the sensory impairments can influence the other in a negative way. The result of this is that deafblindness is more than a visual impairment and a hearing impairment. This is because the vision cannot compensate for the loss of hearing, and the hearing cannot compensate for the loss of vision. This means that you have to compensate for the dual sensory loss by using the other senses such as tactile and smell.

Depending on the complexity of the situation that the deafblind person is involved in, when during a learning situation, or when during a familiar situation, the use of the senses will differ from situation to situation.

During assessment you must include people that know the deafblind person well, as well as people who have knowledge about deafblindness, because these people will be able to interact, and communicate, with the child in such a way that the child will show his potentials.

How he explores the environment and what kind of activities he likes to do, are also important aspects of assessment. The assessment must be done both when the child is playing and moving around on his own, and when the child is interacting with his partners.

The reasons for assessment.

It is the basis when you plan to work with the child. Assessment is important because:

- It gives us information about the history of the child
- It gives us information of the capacities of the child, and how his capacities are used in different situations
- It is the basis for writing an Individual Education Programme
- It occurs in a continuous process that gives us more and more information about the child
- It is the basis for identification of deafblindness
- It is the basis used to identify the right educational placement for the child

DIFFERENT AREAS OF ASSESSMENT

Because of the complexity of deafblindness we need to assess on three different levels. These three levels are described below.

1. Medical assessment

Medical examinations are very important. Examination of vision and hearing are necessary. Sometimes surgery or medical care will improve the sensory loss. It is necessary that the school units collaborate with parents and hospitals, to follow up on the eye and ear conditions of the children as the sensory impairments may deteriorate.

The eye doctor (ophthalmologist) can examine the eyes, do eye tests for visual acuity and visual field, perform surgery and prescribe eyeglasses. Low vision aids are prescribed by Sight Savers and other agencies for the visually impaired.

The eye doctor can also do Electro Retinal Graphy, which is an examination of the physiological function of the retina. He can also do Visual Evoked Potential (VEP) which is the neurophysiological function of the visual cortex.

The ENT (Ear Nose Throat) doctor can examine the ear. He can check the outer ear and the middle ear, investigate inflammations, do hearing tests and brainstem audiometry and perform surgery in the ear. He can prescribe hearing aids and make ear moulds. Brain stem audiometry is an objective test where the child does not need to cooperate. It can tell something about the objective hearing level of the child.

The person who follows the child to the doctor should know the child very well, because he can help the child to collaborate if necessary. In addition, this person can help in observing the child, and can give information about how the senses are functioning in daily life situations.

When teachers receive the medical reports (often from the parents) the medical staff might help to explain the content of the reports, for a better understanding of what the consequences are due to the different eye and ear diseases. Teachers can also help

parents with questions for the doctor about the issues regarding vision and hearing.

2. Functional assessment includes observation of how the different senses; hearing, vision and tactile senses (touch and movement) are functioning. Tests, informal testing and observations are the areas of assessment on this level. Persons who know the child well must carry out the assessment, as they will be able to communicate and interpret the child's reactions. Parents need to be involved in the process of functional assessment.
3. Assessment in daily life situation. This means to assess how the senses function in daily life situations, how the child learns and how he gathers information from other persons. This is done in daily teaching activities, in order to get as much information as possible on how the child moves around, explores his surroundings, interacts and communicates. In this way you will identify the learning style of the child, in different situations.

Why is it necessary to assess the areas of communication, exploration and moving around? The consequences of the combined sensory loss may differ from one situation to another. The child may be able to walk around freely in many situations using his residual vision, but in more complex situations such as in communication, he might be dependent on the use of touch. This tactile approach is specific in the assessment of deafblind children, because of the complexity of the combined vision and hearing loss.

This assessment is carried out in teaching situations throughout the day. One of the things that are important for the teacher to observe is how, and when the child needs the tactile/bodily support.

PROCEDURES OF THE ASSESSMENT

Before you start assessing there are some procedures to consider:

- Look in the files to gather all the information you can on the history of the child, what medical examinations and assessments have

- already been done and look for background information from the parents
- Identify what kind of information you further need and how you intend to get that information
 - If you need to interview the parents and/or carepersons, plan the questions you want to ask beforehand.
 - Identify or make the materials you need for the assessment
 - Plan how you need to arrange the physical and social environment in order for the child and the partner to interact
 - Plan the assessment of:
 - Vision
 - Hearing
 - Tactile
 - Other senses
 - Discuss and write down the result of the assessment:
 - What did I observe?
 - What are the conclusions/hypothesis?
 - What does it mean for the teaching - what has to be adapted in terms of how the partner has to behave, and what has to be adapted within the environment?

CARRYING OUT THE ASSESSMENT

Important factors to consider when conducting an assessment of a deafblind child are to ensure that:

- The child is motivated
- The child feels secure and comfortable
- The persons who interact or communicate with the child must be able to do so on the conditions of the child

a. About planning the physical and social environment

Positioning is important. You have to find a suitable position where the child is comfortable and can be active. If the child has to use his energy to control his body, he will not have the energy to concentrate on the assessment you carry out. For example; if the child has no control of his head, he will use the energy to keep his head upright, and will not be able to concentrate on the assessment you are carrying out.

The physical environment needs to be adjusted. The lighting must be adequate to prevent the child from being blinded. There have to be curtains or blinds to avoid glare. The child has to sit in a position so that the light comes from behind. When conducting a hearing assessment there must not be a lot of noise around him to interfere with the sounds you are presenting, or too much visual stimuli in the room. Be sure that the things you want to observe are in focus, and that they are not disturbed by other stimuli that divert the interest of the child.





The social environment is also important. You need to build up contact with the child before you start the assessment. It is advisable to have a person who is familiar with the child together with you, because he can help to interpret the reactions from the child.

b. About the materials you use

The materials you use have to be relevant and motivating. This could be home made materials, or specific materials, that will help you in assessing a particular sense.

It is a good idea to make hearing and vision bags, and use them for the purpose of assessment. If you use the same tools for assessment over time, you will familiarize yourself with the materials in a way that will improve your observations.

Furthermore it is often necessary to include familiar objects, to motivate the child, particularly because these objects are meaningful for the child. You need to take your time when assessing and not present too many objects at a time.

c. Behavioural observations

How can you notice if the child reacts to vision or hearing stimuli? You will need to ask parents how their child reacts, when they are presented to either visual or hearing stimuli at home. You also need to observe the period of time the child needs to react to the sound or visual

stimuli presented to him.

The reactions from the child may vary according to his day-to-day condition, and how familiar he is with the stimuli you are presenting. In most cases you will need to do a follow up assessment. The child's reaction can also vary depending on if he finds the stimuli presented interesting or not. For example if the child is presented to a sound many times, he may only react to it in the beginning. This is called habituation, which means that the child is used to the sound and therefore does not pay attention after some time. You also have to be careful not to present hearing or visual stimuli that give airflow or smells in addition, as this will leave you in a situation where you do not know what the child actually reacted upon. Did he react upon the sound presented or did he react upon the airflow?

Senses might improve due to direct intervention and maturation, or it might deteriorate due to medical conditions. This is the reason why you need to do the assessments regularly.

The most common eye diseases in deaf-blind children in East Africa:

- Cataract – the lenses are unclear. Cataract can lead to glaucoma
- Glaucoma – high pressure in the eye. If not treated, it can lead to blindness
- Coloboma – cleft in the eye that leads to decreased visual field and visual acuity

- Optical nerve atrophy - that leads to decreased visual field and visual acuity
- Retina detachment – leads to total blindness. It is often a consequence of other eye diseases.
- Cerebral visual impairment – the visual impairment is not in the eye itself but in the nerves leading to the visual part in the brain, or in the visual brain itself. This condition leads to problems with understanding visual information, problems with sustained visual attention and with sensory integration.

Functional assessment of vision

Functional assessment of vision is a structured procedure for gathering information about the condition, and function, of the visual system of the individual.

This is done by an informal assessment where you are observing how the child uses his vision, and in addition you observe how the vision is used when he moves around, when he communicates, and when he explores the surroundings. You might use special tools for visual assessment, and you observe how the child reacts to visual stimuli. Standardized tests e.g. visual acuity test can be used and will give more exact information of what the child actually sees, but many deafblind children may have problems to cooperate in such a test situation.

Different areas to observe and some questions you can ask concerning:

- Visual acuity – how detailed can a person see at a distance, and in near-activities? What is the child's preferred viewing distance? What distance does the child need to see the object? Does he hold the object close to his eyes? Where does he put the object when he looks at it? Size of objects - how big does the object need to be for the child to locate it? Can the child see details of an object? Can he find one item among several others?

Accommodation is the ability to see things in detail, when changing from looking at something at a distance to looking at near-activities. This function could be very delayed in persons with low vision.

- Visual field. How does the child focus? Does he move his head to see well? Does he react when you bring items into his visual field from either side or from above or below?
- Colour vision. What colours does the child prefer? Can the child match colours? Does he only see when you have good lighting or bright colours? If you want to test the colour vision, you can use a formal test.
- Contrast sensitivity. Can the child pick up something blue from a blue surface or does he need good contrast like yellow on a black surface? Which contrast against the background does he need to see objects?
- Adaptation to light – how long is his adaptation time to the light when he moves from sunlight into a dark room? Or when he moves from a dark room into the sunshine? If he needs a long time, for adaptation, he might act as a blind person in these situations. How is he reacting to glare – will glare from the sun, or shining materials, also blind him?
- Depth vision – does the child stumble over things? Does he hesitate when he is going to pick up objects? Does he have problems walking on rough ground, or in unfamiliar places? Does he miss, when placing something on a table? For the ability to see if something goes up or down, or is flat, you need both eyes to be functioning and collaborating.
- How well does the child make use of vision in performing daily tasks?
- Whether objects are familiar or strange – use new things to see how he explores new objects
- Vision in communication. Can he move his eyes quickly enough to read both signs and face, at the same time, or only one at the time?
- Detail or simplicity in objects – which details does he see?
- Amount of light on the object – lighting has to be good, but no glare.
- Whether objects are still or moving. Does he see better when the object is moving or not? Can the child follow an object with his vision?
- How easy is it to find an object? Does he have to feel the object or does he reach out for it at once?



- Time available for looking. It takes time to look at an object when you are visually impaired. It also takes energy to use residual vision.
- Can he find one object, out of many?
- Does he recognize faces?
- Is he able to find his way in the house, or on the grounds outside, without using his hands or feet to feel his way?

- Prematurity
- Different middle ear infections
- High fever conditions

Hearing impairment

A hearing loss can be caused by an inflammation, or a malformation of the middle ear. Often these problems can be solved by medicines or surgery. A loss in the middle ear does not lead to total deafness. Most hearing impairments in deafblind children will be caused by inner ear problems. This means that the cells in the inner ear (cochlea) are damaged. Depending on the amount of cells that are damaged, you can have a moderate or a profound hearing loss. You need two ears, to be able to identify which direction the sound is coming from. To compensate for the hearing loss, you can either speak very near the ear, or you can use hearing aids. However, hearing aids will never give the deaf-blind child a normal hearing.

Hearing impairment in deafblind children can be caused by:

- Rubella syndrome
- Meningitis

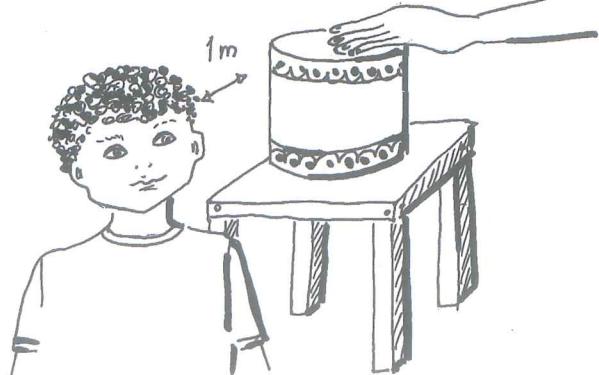
Functional assessment of hearing

Functional assessment of hearing is a structural procedure for gathering information about the hearing capacity in the individual.

This is done by informal observations and tests. You are observing how the child reacts to sounds, and how he vocalizes in interaction with the physical and social environment.

You can use special tools made for hearing assessment, and you make an observation of how the child reacts to sound stimuli. Different tests can be used and will give more exact information of what the child actually hears, but many deafblind children may have problems in cooperating during a test situation.

The hearing tests that are done in hospitals are mostly tests where the deafblind person has to



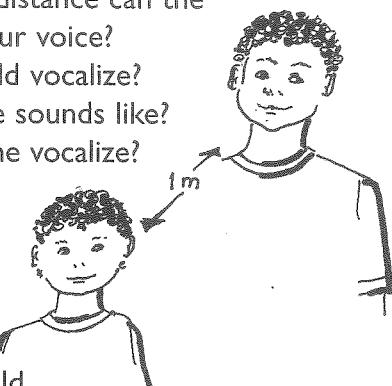
cooperate, and be able to respond or tell if he hears the sound or not. These tests will tell how a person's auditory system is functioning, but will not tell if the person is able to make any sense of his hearing.

The only way to find out if a person is able to use his hearing is to try to create optimal learning conditions based on the child's development, his hearing capacities and his motivation.

Some of the questions you can ask are:

- What do you think the child hears?
- When you think he hears, what does he do?
- Which sounds are of interest to the child?
- How loud must the sound be before he reacts?
- Can he locate in which direction the sound is coming from - from both sides or from one side?
- Does he react to high or deep pitches?
- Does the child react to your voice?
- From which distance can the child hear your voice?
- Does the child vocalize?
- What are the sounds like?
- When does he vocalize?

Important things to remember when you assess hearing:



The setting should be that the child is with a familiar person who tries to distract him, but who does not take all the attention. The person, who assesses, presents different sounds to one ear at a time from behind. It must be done in a way that the child cannot predict where the sound will be presented. A third person can observe if the child reacts or not.

Be aware of the distance from the ear to the sound maker. The closer you get to the ear, the louder the sound. You must therefore, always note the distance when you do an assessment. Use the voice of a familiar person, which is often the most meaningful for deafblind children. Normal voice at 1 meter will be 60dB. If the child reacts to a whisper at 1 meter, the child might have normal hearing.

Behavioral reactions to sound could be:

- The child stops his motor activity or he increases motor activity

- Change in eye movements
- Change in respiration
- Turns head towards the sound
- Movements in the body – mouth, hands
- Vocalizing
- Smiling
- The child becomes quiet – which can indicate active listening
- Reaches out for the sound maker
- Moves closer to the sound maker
- Mind that listening often decreases motor activities

Functional assessment of bodily /tactile senses

Functional assessment of bodily and tactile senses is made by observations of how the child:

- Uses his body
- Uses his hands in communication and exploration
- How he moves around
- How he plays with objects
- How he identifies other people
- How he uses his feet and mouth
- What kind of materials the child prefers

It is also important to be aware of how he uses smell and taste.

Some of the things you can look for are:

- How well the child uses his hands. Does he use the whole hand, the fingertips or the index finger?
- What is the tension like in the child's grasp? Variation in the grasp is an indication of what the child is doing. If the child uses a light grasp or touch it indicates that he is reading details. If the grasp or touch is a little bit firmer, it indicates that he is trying to get an overview of an object, a person or space. If it is firmer it might mean that he is making contact, or sustaining contact to another person. If it is a very firm grasp, or touch, it means that he wants control.
- How does he use his hands or feet to maintain contact?
- Is he alert to touch?
- How does he handle objects?
- Is he interested in different textures?
- Can he identify people tactually?
- Does he check what you are doing by following your hands or body?
- Does he mouth objects for information?

- Does he enjoy bodily games like being rocked, tickled, and swung?
- What kind of stimulation does the child like? What kind does he reject?

Be aware that deafblind children use not only their hands, but also their whole body, feet and mouth to get information, and to make sense of the world.

Cognitive capacities

It is not possible to use the same cognitive tests, for deafblind children as for sighted/hearing children. Neither can we use tests that are developed for just blind or deaf children. These tests are often dependent on the communication skills of the child. The way deafblind children show their cognitive capacities will appear very different from sighted/hearing children. This means that there is a high risk that the deafblind child will score below his actual cognitive capacities if you use these tests.

Cognitive capacities of the deafblind child are only revealed when he is with a competent partner, when he is top motivated, and when he feels secure. Therefore it is extremely important to observe how he functions and manage his daily life.

Some of the things you have to consider when you make hypothesis of the cognitive capacities of the child:

- Is he able to sustain attention when being together with another person or when he is exploring?
- How quickly does it take him to remember a game or an object?
- Is he able to focus on more than one thing at a time?
- Does he need new challenges quickly, for instance in a body game?
- Does he remember the whole sequence of a daily activity?
- Does he remember a game, or an event that had happened some time ago?
- Does the child come up with new initiatives, or variations in the activities you are doing together?
- Does he show problemsolving abilities in daily life activities?

Assessment of how the senses function in daily life situations

The third level of assessment is to assess how the senses function in different situations. It is important to see how the different senses function together in the following situations:

- Moving around – in a familiar and in unfamiliar environment. Observe which senses the child uses. You must also observe smell, taste, vibration and airflow. In unfamiliar areas you will see how the child uses his vision, hearing and tactile sense. Does the child use the approach of a blind person or an approach of a visually impaired person? Your observation will also tell you if the child needs to be taught mobility skills. Observe how he uses his feet, other parts of his body, e.g. his back
- Exploration – how does the child explore his environment? Does he use mouthing, hands or feet to get information? Maybe he can identify objects with his vision, but needs the tactile sense to identify what it is, or to look at it in a detailed way. Does he grasp an object directly, or does he have to trail to find it?
- Interaction and communication. Communication is the most complex condition; therefore the sensory system is at its most challenged when the child communicates with a partner. This is because many things happen at the same time. During communication you need to make contact, sustain contact and you need to share the topic of communication. The topic in communication can be shared by using body gestures, signs, speech and it can be to point to objects or share an object, or something else in the environment. In addition to these functions both partners need to pay attention to take turns, to share emotions and to confirm each other. With impaired vision it is difficult or impossible to manage all this without getting some support from the tactile or hearing senses. There is a high risk that deafblind children only get fragments of communication, if communication is only based on vision and hearing. This is especially true when the child is learning new signs, as

it is easier to recognize a sign you already know, than to learn a new one.

Be aware that the use of the sensory system can change, not only from one situation to another, but also within the situation. Factors that influence the use of the sensory system are the physical environment, motivation, positioning and the well being of the child.

This description is addressing how you assess the sensory and the cognitive capacities in a deafblind child. In addition you need to assess the development of the child, e.g.:

- Gross and fine motor development
- Social and emotional development
- Communication

All the findings from the assessment will be used as a basis for making the individual plan for each child. It is also the basis for intervention, and the teaching strategies you use together with the focus areas of development.

It is important that you keep all the information from the ongoing assessment in a file. This makes it possible for parents, housemothers, teachers and head teachers to follow the development of the child.

Files

What you keep in the files:

- History of the child
- Medical papers
- The results of the assessment of the senses and the cognitive capacities of the child
- The child's IEP, and the follow up changes made in the IEP

The file must be updated. That is every time you observe something new or change the IEP you write it in the file. You need to write the date of the assessment and who made the notes in the file. The file is the basis for making reports of the development of the child.

The following are some examples of how you can write down the findings of the sensory assessment.

ASSESSMENT OF VISION

1. Medical status
2. Functional assessment/tests
3. Strategies for optimizing the physical and social environment
4. Use of vision in exploration
5. Use of vision in orientation and mobility
6. Use of vision in communication

Remember ongoing update

DATE	ASSESSMENT OF VISION	UPDATED BY

ASSESSMENT OF HEARING

1. Medical status
2. Functional assessment/tests
3. Strategies for optimizing the physical and social environment
4. Use of hearing in exploration
5. Use of hearing in orientation
6. Use of hearing in communication



Remember ongoing update

DATE	ASSESSMENT OF HEARING	UPDATED BY

ASSESSMENT OF BODILY/TACTILE

1. Medical status
2. Gross motor skills/fine motor skills
3. For what does s/he use the body?
4. For what does s/he use hands /feet
5. How does s/he use hands /feet/other parts of his body
6. Spatial competence
7. Smell and taste



Remember ongoing update

DATE	ASSESSMENT OF BODILY/TACTILE	UPDATED BY

INDIVIDUAL EDUCATION PROGRAMME

Introduction

This is a specific education programme designed to meet the needs of an individual learner. It provides for modification of the activities of the nation's regular curriculum and adaption for the individual learners with deafblindness.

This will depend on the potential and the development of the learner. It also serves as a collaborative tool for planning among the teachers in the school unit, parents and support staff.

Like any other person, deafblind persons have individual differences i.e. cognitively, perceptually, emotionally and socially. The degree of disability differs as well. To be able to come up with the right individual plan the teachers, of deafblind children, must take all this into consideration and make an individual plan for each child they are responsible for.

The individual plan must be based on all the information you get from medical investigations, assessments and interviews with families and caretakers. On the bases of assessment an individual plan is made for the child.

In addition, the plan should give information about the communicative development of the child. It should give directions for how you contact the child. And it should give directions as to how the child communicates and the ways partners should communicate with the child.

The individual plan will describe the activities planned to teach the child, and how they should be carried out. Hence, the planned activities will help the child to develop further.

An individual educational plan is a plan for what the teachers should focus on in the classroom, and it gives directions for teaching. Included in the plan are long-term and short-term goals for each child.

When you start an individual program you have a plan for the child based on your first assessment. This plan has to be evaluated regularly, and changed according to the child's condition and development. This is when you make changes

in the IEP. When you evaluate your work, you may add new information to the assessment already done.

About the individual plan

The IEP is :

- The curriculum for learners who are deafblind
- A concise and usable document which should be available to all teachers in the unit, and be in the files
- A tool to assist in supporting and communicating the development of the learner
- A plan developed, implemented and supported by the teachers in the unit
- A flexible and workable document
- An ongoing record, to ensure continuity in programming and development of the child, as you do assessment and observe changes that can influence the IEP
- A documentation on the progress of the learner

The IEP is not:

- Rigid
- A daily plan or descriptive of everything taught to a learner
- A means to monitor the effectiveness of teachers
- A report card

IEP planning

An IEP is based on assessment. The main teacher of the child is the one responsible for the process of making the plan, evaluating and revising the plan.

- Skills are taught in the natural learning environment, in the classroom and outside the classroom
- Skill teaching is part of the regular routines that will allow for repetition and practice
- Teaching is initiated and enhanced by a communication system that is individualized for the learner
- Activities chosen to support teaching are age appropriate, and learners can make choices of activities
- Support is offered as much as the child needs
- Skills taught should be continued in the

home and community settings

The progress of planning requires:

- Specifying long-term and short-term goals plus objectives building on what the child likes and what he can do. When the child is motivated that's when the child learns
- Identifying the learning styles of the child
- Involving the families, and the houseparents, to follow up in implementation at school and at home
- Evaluation of the plan

The main areas included in an IEP

Some questions to ask yourself when you plan your teaching:

- What can the child already do?
- What do you need to teach the child?
- Which activities do you choose to teach the learner to obtain new goals?
- Which materials do you need?
- Describe how you will do the activity
- Plan how you will share the activity before, during and after the activity (the use of objects of reference, dramatizing, storytelling, relive it, drawings etc)
- Short term- and long term goals

a. Communication

When working with deafblind persons communication is involved in all aspects. This means that communication cannot be taught in isolation. (See the communication booklet). So communication will never appear on the timetable, but it will appear in all the activities that the child does together with the teachers.

b. Activities of daily living (ADL)

Functional living skills are taught at the actual times and places where they will be used, such as in natural routines, grooming, washing and in the natural environment like toilet, dining hall and classroom.

Mwaka is a girl, 10 years of age. She is totally blind with some residual hearing. Her teacher, Peter, has introduced to her by tactile signing that they will go to the garden and pick sukuma wiki (vegetable). He also introduces the sign for "sukuma wiki" and gives her a pan for cooking.

Together they go to the garden, pick the sukuma wiki and then they go to the outdoor kitchen.

Together they wash the vegetable in a basin. Teacher Peter cuts the vegetable while Mwaka has her hands over his to feel the movement, before they change and Mwaki cuts the vegetable while teacher Peter helps her with his hands upon hers.

Afterwards they put it in a pan and put in a little water to boil. When it is done they together remove the pan from the fire. Teacher Peter introduces a new pan to put on the fire and let her feel some onions. Then they add oil and onions and fry a little before putting the sukuma wiki in the pan. When finished frying they carry the pan to the eating area in the classroom and serve to the rest of the pupils.

After the meal teacher Peter and Mwaka share the activity together. Peter has the objects of pan and basin at hand and they play the whole activity by pantomiming what they have done. Teacher Peter also uses the tactile signs he introduced in the activity.

c. Orientation and Mobility – O/M

Deafblind persons may be more disabled in the area of orientation/mobility in relation with physical environment of their catchment area – place where they live. Without expert intervention, the deafblind persons may be prisoners in their own environment - or limited to the reach of their body.

Intervention in O/M may require the use of Adaptive Aids, like a white cane, and special techniques to enable them to explore the environment. O/M is more than to explore the environment. It is to be able to know the environment and know where you are (for example; at home and at school) and to be able to move around freely using these techniques. If the deafblind person wears glasses and hearing aid, they are important devices to use. A hearing aid, as an example, will be of great help for sound orientation in the environment.

This is an overview of some of the areas within O/M

Mobility training aims at enabling the learner to:

- Move about independently and confidently. Teach them to move freely in the close environment area like home or school area, before you teach them in the wider community
- Utilize residual senses

The most important aspect in mobility education is:

- Trailing
- Self protection
- Mobility techniques with cane
- Mobility technique from wheel chair e.g. move in an accurate way, give signs when turning
- Mobility technique with a guide e.g. sighted guide, holding the arm etc

Mobility also deals with discipline of:

- Environment reference points
- Teaching daily routines
- Establishing appropriate physical environment (Light, contrasting colours, keeping the class room in order or classroom organization)

Some examples of activities you can teach to enhance the understanding of the world, and get knowledge about the world around you. In all these activities you promote O/M, concept building, communication, motor skills, math's etc.

Examples:

- Excursion, field trips
- Shopping – going to the marked
- Going to post - office
- Picnic

- Nature walk outside classroom
- In door games and out door games
- Exploration

Motor development

For human body to develop there is need to activate and strengthen body awareness and the sense of touch. It is necessary to facilitate that deafblind children can be active and use their body.

Activities you do to promote gross motors such as:

- Crawling and rolling
- Walking, supported walking
- Climbing up and down stairs
- Carrying weights on their legs
- Throwing, playing with a ball
- Jumping
- Walking up and down in the environment
- Running

Fine motor

A deafblind person explores the environment using the sense of touch. When you do activities to develop fine motor skills, you develop the sense of touch at the same time.



Activities you do to develop fine motor and sense of touch:

- Attending to objects tactually according to shape, size, texture
- Discriminating objects according to shape, texture, colour
- Picking, grasping, releasing, scribbling, threading and lacing
- Carrying weight in the hands
- Massage, rubbing

- Number concepts
- Time
- Calender
- Money
- Pre- reading skills (drawings, pictograms, writing)
- Pre-writing skills (drawings, labeling ,tactual pictures)
- Tactual pictures introducing pre-braille
- Sharing experiences in conversation

Social games

A deafblind person is not living in isolation. He needs others as well as they need him. This includes teachers, parents, siblings, houseparent, community and the extended society.

Therefore, deafblind persons should not be locked away in a room due to their condition. As a service provider, there is need to ensure that deafblind persons develop and improve their social life skills and this can only happen when they are together with other people. The following activities support the social, emotional and communicative development of the child.

Activities that enhance social life skills include:

- Bonding and attachment (identification of family members through touching, smelling, the use of residual vision)
- Contact games and turn – taking games
- Social games and role play
- Peer interaction
- Music and dancing
- Sports and games – this is where social rules are learned
- Shared experiences
- Introduce activities that create creativity in the pupil - like art and crafts

Functional academics

Before you start academics you have lots of pre-academics, e.g you count when you are at the market, you write labels to pictures etc. When the deafblind child is ready for more table work you include more academics in the school program.

Functional academics include:

- Pre- math and math skills, counting, classification, matching and sorting

Pre -vocational skills

It is important that deafblind persons can take part in the family life and be a contributor to the family.

Since deafblind persons may not all be endowed with academic skills, it is appropriate to equip them with pre - vocational skills, which enable them to lead a productive and integrated life in society. For this to be realized early intervention is to be strongly advocated. Taking part in the family and in the community should start early, and it can support other things taught in the classroom.

Some examples of activities are:

- Cooking
- Sewing
- Weaving
- Knitting
- Farming
- Arts and crafts such as: modeling, collage, mosaic, crocheting
- Music and dancing

In conclusion all the activities mentioned above, will develop a child.

An illustration of the main areas of the IEP in the model described in this booklet

Long-term and short term goals:

These are the goals you set for the pupils after the assessment.

Assessment will tell you what the pupil can do now and what he is about to learn.

The deafblind child communicates:

Based on the observations of parents, teachers, houseparent on how the child communicates.

These are all the modes used by the child to communicate.

Examples:

- emotional expressions
- objects of reference
- one word sign
- two words sign
- etc

The partner of the deafblind child communicates:

Partners communicate on the terms of the child and expand to teach the child more advanced communication.

Based on assessment of what the child can already do and what you expect that the child can do in the near future.

The first part is to match the child's communication.

The second part is what you want to teach
- for example, if the child uses 1 word sentence you expand by using 2-3 word sentences.

Learning style:

Based on assessment of how the different senses function, and how the child uses his or her senses in different activities.

Main channel:

Support channel:

If it differs you explain the main channel and support channel in:

Moving around:

Communication:

Exploration:

Examples of activities where you teach the child:

Activities of daily life:

- grooming
- toilet training
- washing
- set the table
- making chai
- etc

Social games:

- contact games
- expectation games
- music and dancing
- etc

Play activities:

- playing with water
- body games
- gymnastics
- etc

Pre academics:

- shared experiences in conversations
- pre-writing
- counting
- etc

Pre- vocational:

- farming
- cooking
- arts - and crafts
- etc

In the following there is an example of how to report on an activity in an IEP. This example is "toilet training". This sheet should be in the file and be updated as the child manages the skill. This form could be used for any of the activities the child is engaged in.

Two examples of a simple model of an IEP will be described. Every pupil's IEP should be put in the classroom and also in the files. In addition, more details must be available in the files.

An example of how to report on one activity in the IEP

Silvia 8 years old:

Date	Activity – example toilet training	Updated by
290306	Introduced timetable for toilet training. Expand on the bodily expression of Sylvia with a body sign for toilet and using toilet paper as an object of reference.	
290506	Evaluation. Sylvia understands the object of reference	
150606	Starts to pull down her pants when needing to go to the toilet Can manage herself /goes to the toilet on her own	

This is how you mark the development of the child. It also tells when a child masters a skill and when you can introduce new activities. You use one sheet for every activity.

Example : Silvia, 8 years old

Main goal for the coming year: To be able to take part in practical activities, to master some basic daily living skills, to explore the near surroundings and to establish basic communication

Short term goals:

- Toilet training
- Sustain contact with partners
- Turn-taking in games
- Develop bodily gestures and understand objects of reference
- Learn the way from the dormitory to the classroom and the dining hall by tracking and landmarks

Learning style:

Vision: blind, with light perception

Hearing: totally deaf

Main channel in:

Communication: tactile - touch, movement and smell

Exploration: tactile - touch, movement and smell
Moving around: tactile (be observant of her feet)

Silvia communicates:

Emotional expressions:

Waving her hands

Making sounds

Smiling

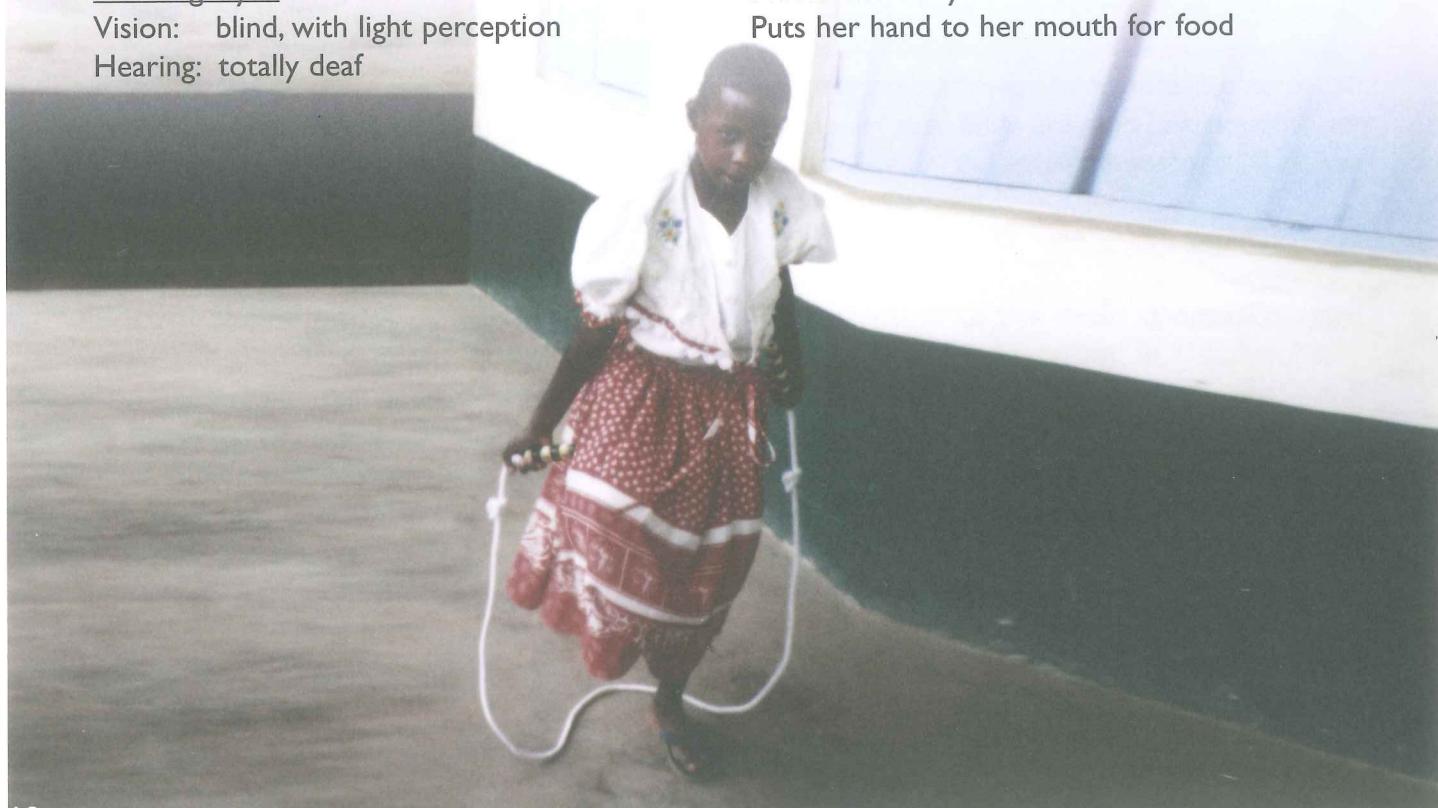
Banging her head

Bodily gestures:

Sits down when going to the toilet

Moves her body when she wants more

Puts her hand to her mouth for food



Partner communicates:

Confirm all expressions from Silvia by touch
Emotional expressions
Gestures from bodily games and shared experiences
Tactile signs for the basic activities like going to the toilet, eating etc
Objects of reference with the different activities

Activities:

- Contact and expectation games
- Body games and nursery rhymes
- Playing with the ball and the swing
- Toilet training
- Grooming
- Taking part in eating, washing, dressing
- Follow the tracking of the partner to the dormitory, school and dining hall
- Playing with musical instruments, drums and shakers
- Playing with water
- Explore the nearby environments with partner
- Take part in social games with peers

Things to remember:

When you contact Silvia, touch her on the body and wait for her to make contact
Be in close bodily contact whenever together with Silvia

Example : Dennis, 15 years old

Long-term goal for the coming year: To expand on his vocabulary and expand on his two words sentences. Introduce writing with drawing and numbers up to ten. Introduce new pre-vocational activities. Mastering personal hygiene.

Short-term goals:

- Excursions with preparation, commenting during the activity
And sharing in a conversation using drawings, writing and signs
- Introduce farming and carpentry
- Build up a routine for mastering personal hygiene
- Introduce ball games he can play with his peers

Learning style:

Vision: residual vision
Hearing: totally deaf

Main channel in:

Communication: tactile signs in complex and new situations
Visual signs in well known situations with one partner
Exploration: Visual, and for details tactful support
Moving around: Vision, and tactile support in new surroundings

Dennis communicates:

Bodily gestures and emotions
1 and 2 sign sentences
Vocabulary around one hundred signs
He draws simple pictures

Partner communicates:

Bodily gestures and emotions
Drawings and writing
Visual and tactful signs
Expansions of Dennis vocabulary and sentences
Focuses on conversations and shared experiences (topic work)

Activities:

- Excursions using the format of topic work
- Personal hygiene activities:
 - Bathing
 - Brushing teeth
 - Dressing
 - Washing his own clothes
- Functional academics:
 - Counting
 - Number concepts
 - Time
 - Money
 - Basic reading and writing supported by drawings
- Carpentry:
 - Using the basic tools
 - Make a stool
- Farming:
 - Digging the soil, plant, watering, using fertilizer, harvesting
 - Feed the hens



 **Sosial- og helsedirektoratet**
The Norwegian Directorate for Health and Social Affairs



 **Statped Vest**
Statlig spesialpedagogisk støttesystem

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