



Hearts & Hands



Newsletter of Wyoming Services for Children who are Dual Sensory Impaired Serving Children with Dual Sensory Impairments, Their Families and Service Providers

Wyoming Department of Education, Deaf-Blind Project

Spring is just around the corner – enclosed are some ideas, strategies and upcoming events to place on your calendar.

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Up Dates

Technical Assistance (TA): The Project Director and the Parent Consultant are available to provide consultative assistance free to families and school personnel in the home and at the school. In addition to actual site visits, information can be provided through email, phone calls, letters or viewing video questions. For request please contact Joanne Whitson at 877.875.9467 or jwhits@educ.state.wy.us.

Wyoming Census of Students who are Dual Sensory Impaired: The new census forms will be mailed out to the Special Education Directors in the next month. OSEP is requiring new information so please read the forms carefully when you receive them. The census is mandated by the Federal Office of Special Education. The Wyoming Department of Education and the Wyoming Deaf-Blind Project are currently working together to assist the districts by incorporating the Dual Sensory Data collection into the 425 Data Collection so hopefully this will be the last year that you have to fill out separate forms. Thank you in advance for your cooperation with this endeavor. If you have any questions concerning the census process please contact Joanne Whitson toll free at 877.875.9467 or jwhits@educ.state.wy.us.

[We Want You for the Youth Slam!](#)

Do you currently have a student who is blind or visually impaired in high school, entering high school in the fall of 2007, or will have just graduated from high school in 2007? If so, we would like to recruit him/her for this event!

The Youth Slam will be the largest gathering of blind and visually impaired youth ever! It's a 4-day academy that will engage and inspire the next generation of blind and visually impaired youth to consider careers falsely believed to be impossible to enter. Blind and visually impaired people can learn and excel in science, technology, mathematics, and engineering subjects and careers! Even if you feel like you're not good at science and math, or feel like you're not currently interested in these fields, we would love for you to come and see what it's all about!

While staying at Johns Hopkins University in Baltimore, Maryland, you will be mentored by blind role models during fun, challenging, and inspiring activities meant to stretch the imagination, build confidence, and increase science literacy. The Youth Slam will culminate in an inspiring rally at Baltimore's Inner Harbor and a celebration at the NFB Jernigan Institute. Activities will take place with support from partners such as the National Aeronautics and Space Administration (NASA), and Johns Hopkins University Whiting School of Engineering.

When: The Youth Slam will take place [July 30th through August 4th, 2007](#) (these dates include 2 travel days). Students need to complete an application by **April 1, 2007**. Applicants who are accepted to the Youth Slam will be expected to pay a \$200 registration fee. This fee is **NOT** required at the time of application. THE REST IS FREE! Each student will receive air and ground transportation, room and board, and access to all Slam activities and materials (a \$3,000.00 value).

For more information, contact Jill Weatherd, Youth Slam Coordinator, National Federation of the Blind of Wyoming at 307-326-5775, or snowedin@carbonpower.net. Please visit www.blindscience.org/ncbys/youth_slam.asp web site for more information or to access the on-line application; which can be returned by mail or sent in on-line. If you'd rather, you can call Jill and she'll mail the application materials to you. If you would like to receive the application in Braille, just ask!

Get your application in as early as possible as participants will be selected on a first-come-first-served basis! Remember, you **DO NOT** need to have a strong interest in science, technology, engineering or math!

In addition, if you are interested in being a mentor at the Youth Slam, please fill out the on-line application, or print and fill out a hard copy application at www.blindscience.org/ncbys/youth_slam.asp or email youthslam@nfb.org.

Don't miss out on this fantastic opportunity!

Mark your Calendars!!!



Spring 2007 School Improvement Conference
Parkway Plaza Casper, Wyoming
March 6, 2007

“Emergent to Transitional to Conventional Literacy: Moving through the Beginning Literacy Framework,”

Dr. Caroline Musselwhite Presenter

Are you frustrated because your older students are still at the emergent literacy level, while other students are reading and writing to mediate learning? This workshop uses the Don Johnston Beginning Literacy Framework to support literacy development for upper, elementary, middle school, and secondary students with severe disabilities, including students who use augmentative and alternative communication.

Part 1 summarizes described text features at three levels of early literacy (emergent, transitional, and conventional).

Part 2 offers models of text across levels

Part 3 provides strategies for incorporating existing photos to create text appropriate for older students.

Part 4 supports participants in learning strategies to scaffold student learning such as guided readings, repeated readings and word study.

Dr. Caroline Musselwhite is an assistive technology specialist with more than 25 years of experience working with children and adolescents with severe disabilities, in a variety of settings, including Head Start, developmental day programs, and the public schools. She has also taught courses at several universities, including Northeastern University, West Virginia University, and Western Carolina University. Dr. Musselwhite has authored a number of textbooks and “how-to” books on a range of topics, including Emergent Literacy Success, Communication Programming for Persons with Severe Handicaps, and Reading Activities Project for Older Students (R.A.P.S.). She has also authored a number of software programs (Write to Talk, Social Scripts) and books (Learning to Work) for youth with disabilities. She has presented thousands of workshops throughout the world.

Early Hearing Detection and Intervention (EHDI) Conference in
Lander, Wyoming, April 4-5, 2007.

“Lost Dreams and Hope”

Dr. Ken Moses Presenter

Dr. Moses will be speaking to parents and professionals about the process that parents may find themselves going through when it is learned that their child has an unexpected special need. With critical time an element that applies to getting children with hearing loss early intervention services, the grieving process can some times delay the process.

Dr. Ken Moses will be discussing the viewpoint of the grief cycle for parents of children with disabilities which is unique; he developed the model based on modifications from Dr. Kulber Ross's work on the subject grief. Dr. Moses was the first to document that the grief cycle pertains to the loss of the dream of the typical child. He is an internationally recognized speaker and has provided training on this topic.

Wyoming First Step Diagnostic Clinic

April 27, 2007 Lander WY

If you are interested in having your child or student attend, please access the application on the website www.k12.wy.us/svi/index.html or contact Joanne Whitson for an application. Space is limited, so please consider your needs.

"Emergent Literacy for Older Students: A Project Based Approach"

June 11 – 12, 2007 Location to be announced!

Dr. Caroline Musselwhite Presenter

Do you feel overwhelmed with the literacy needs of your students with severe disabilities, including students who use augmentative and alternative communication? This workshop addresses the needs of upper elementary through high school students with significant cognitive impairments. A primary focus will be locating appropriate reading materials, then helping students access them through a Project based approach. For examples, students can work on a recycling project, with related literacy materials for supporting language and literacy. The participants will come away with "What's Cooking" CD with two stories and scores of support activities to use in the classroom.

For more information on any of the upcoming conferences, please contact Joanne Whitson at 777.875.9467 or jwhits@educ.state.wy.us

An Introduction to Dr. Lilli Nielsen's Active Learning

Stacy Shafer, Early Childhood Specialist, TSBVI Visually Impaired Outreach

Dr. Lilli Nielsen has worked as special education adviser at Refsnaesskolen, National Institute to Blind and Partially Sighted Children and Youth in Denmark since 1967. She was trained as a preschool teacher and psychologist. She has performed research in the area of spatial relations with infants who are congenitally blind and has written several books and articles about educating children with visual impairments and multiple disabilities. Dr. Nielsen's approach is called Active Learning. She has presented week-long training sessions on developing the full potential of young children with visual impairments and multiple disabilities in countries around the world.

All young children learn through play. They need to be encouraged to explore their environment and objects in their environment. Dr. Nielsen believes that all very young children learn by being active, rather than passive recipients of stimulation. We need to observe typical children to see how they learn to move their own bodies (raising their heads, reaching for objects, sitting up, etc.). The child uses his/her body to explore the surroundings including any and all objects and actively participates in interactions with

other people. A visual impairment prohibits a child from having enough opportunities to develop these abilities and have these experiences without intervention. Therefore, Dr. Nielsen encourages the adults to set up the child's environment so that it is conducive to exploration.

Dr. Nielsen's recommendations when developing the child's environment

Observe the child. It is imperative that we know what the child can do, what activities the child enjoys, and the child's likes and dislikes. Assessing the child's existing skills and preferences is the first step in programming. Observation will help you note the current developmental skills the child has. A child's preferences are indicators of the underlying strengths of his system. These preferences can guide you in the selection of objects and activities. You need to know a child's repertoire so you can notice change and improvement.

Provide the child with more activities and objects that are similar to those he enjoys. This will encourage the child to explore and experience new things and broaden his/her knowledge base. Young children with visual impairments need to be encouraged to explore not only toys from the toy store, but also everyday objects around the house.

Give the child opportunities to practice and/or to compare. As adults, we are often tempted to remove materials as soon as the child shows that she can use them. We all relate new information to things we already know. For example: The first time you successfully drove a car around the block, you still need more experiences driving in different environments, on different types of roads and highways, different vehicles, different times of the day and night, in different types of traffic, with the radio on and off, and with friends in the car, before you have mastered all the skills and concepts about driving. When a child begins to bang one object on another one, he/she needs to be given the opportunity to bang plenty of different objects on a lot of different surfaces. (The sound produced when banging a metal spoon on the couch is much different than banging it on the coffee table or a metal mixing bowl.) Children need to be able to repeat an action many, many times, in order to learn.

Provide a few materials and activities that are at a slightly higher developmental level to provide a challenge for the child, so he/she doesn't become bored. When you present information to the child, you only model how to use the objects or complete the activities. You do not expect him/her to imitate what you do until he/she begins to imitate of his/her own accord.

Do not interrupt a child by talking when she is actively engaged in play. Most of us have had the experience of talking to an infant who is busily kicking his/her legs and having the child stop kicking to listen to our voice. When a child is exploring or playing with an object or practicing a new movement, don't interrupt with a comment. We need to wait to talk with the child about what he/she was doing until he/she turns to us to share her experience, or at least until he/she takes a little break in the activity. This does not mean that we need to stop talking to our young children with visual impairments, just that we need to pick our moments.

Slow down, when interacting with a child. We must be willing to wait and give the child time to take a turn in the interaction. When playing with a child, Dr. Nielsen tells us to give the child time to explore an object alone, rather than jumping in and showing her/him how to use it. At a conference, during a child demonstration, Dr. Nielsen offered a battery operated facial brush to a child. She let him explore the brush in his own way. He held the brush against various body parts, moved it from hand to hand, turned it over, put it on a tray, moved it against other objects on the tray, picked it back up, put it to his lips, and did many other things with it. Then he turned to Dr. Nielsen to share the experience. That was the moment she talked with him about the facial brush and the things he had done while playing with it.

Let the child have control of her/his own hands. Dr. Nielsen feels it is important when we are interacting with a child who has a visual impairment, that we not take her/his hand and bring it to the materials. Instead, we need to develop alternate strategies for presenting objects to the child (e.g., gently touching the toy to the child's arm or leg to alert him of the object's presence, making noise with the object to arouse his curiosity to encourage him to reach out, placing several objects so that they are touching the child's body or very close to it so any movements he might make will bring his body in contact with an object).

Dr. Nielsen has developed several pieces of equipment to provide children with visual impairments the opportunities to actively participate with their environment. One of these "special environments" is the Little Room. The Little Room consists of a metal frame supporting three side panels and a Plexiglas ceiling from which a variety of objects are suspended which the child finds interesting and enjoyable. This gives the child the opportunity to experience the properties of objects, to compare different objects, and try out different things to do with the object on his own without adults interpreting that experience for him. Since the objects are stable, it allows the child to repeat his actions with an object as many times as he needs to, at one to two second intervals, without dropping and losing it. The immediate repetition enables the child to store the information gained from the experiences in his memory.

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What is the "Little Room"

One method in which to facilitate the *Active Learning Approach* is through the use of the "Little Room". This is an environment in which nothing happens unless the student makes it happen. Lilli Nielson developed the "Little Room" to facilitate the child's achievement of spatial relations and reaching behavior. The "Little Room" reduces outside environmental sounds and amplifies the inside sounds. The combination of movement and tactile experiences make the child aware of auditory sounds he produces.

Stages of Behavior in the Little Room (as described by Lilli Nielsen)

- Stage 1** Accidental movement resulting in the beginning awareness of objects hanging in the little room.
- Stage 2** Pushing or Touching Objects.
- Stage 3** Grasping and letting go very soon followed by gasping and keeping objects.
- Stage 4** Immediate repetition of an activity.
- Stage 5** Varied handling of an object.
- Stage 6** Listening at the same time performing a kinesthetic-tactile activity or carry out a tactile search of an object while involved in a Kinesthetic auditory activity. Thus once that happens other sensory modalities can be integrated.
- Stage 7** While making a tactile search of one object the child quickly performs a quick search of another object to compare the tactile qualities, the child will also start playing games involving sequence of specific actions.

According to Dr. Nielson one should adhere to the following steps before using the "Little Room"

1. Before exposing a learner to the Little Room read the book "**Space and Self**". Available at Vision Associates. [website: www.visionkits.com]
2. Provide the learner with an **original Little Room**.
3. Assemble the Little Room in the **size that will fill the learner's need**.

4. **Equip the Little Room according to the learner's level of development**, size of hands, ability to move arms, hands, fingers, mouth, and legs/feet. Also, equip the Little Room so that the learner has opportunity to "work" on the next step of learning.
5. **Observe the learner**. If he/she does not move at all for more than 45 minutes, the equipment should be changed. Maybe the size should be changed too.
6. If the learner fell asleep after having been active for shorter or longer time the sleep could be of an assimilational nature, that is that the learner is performing a perceptual process in his brain. To be sure not to interrupt such a process it is important to allow the learner to complete the process by **allowing him to "sleep"** while still in the Little Room and without any interference or disturbance by talking to him or touching him. If the sleep has been an associational sleep the learner will most often wake up after 10 to 15 minutes and immediately become more active than ever.
7. Refrain from pushing a learner into the Little Room. Rather push slowly or **lower the Little Room over the learner**. Also, refrain from dragging the learner out of the Little Room. Rather remove the Little Room followed by talking to the learner about what he/she has just been doing.
8. Perform a **proper assessment** of the learner's abilities, so that the Little Room can be equipped according to the learner's need. Use the Functional Scheme - Level 0-48 month. Available at Vision Associates.
9. Since the Little Room is developed to facilitate the learner's achievement **of early spatial relations and early object concept** it would be fruitful to **study** available books and articles dealing with these subjects.
10. **Change the equipment** of the Little Room when the learner has become less active or obviously is habituated to the items. **Refrain from removing** the object the learner has chosen as his/her **transition object**

The use of the Little Room will assist students with development of object location, exploration, manipulating objects, recognizing objects and comparing objects.

For more information on the **Little Room** access the web sites:

www.lilliworks.com/newsletter.htm, or www.tsbvi.edu/recc/mivi.htm.

References:

Functional Literacy for Children and Youth with Significant Support Needs Including Deaf-Blindness, Kathee Keller Scoggin, October 2005

www.lilliworks.com/newsletter.htm,

www.tsbvi.edu/recc/mivi.htm.