



Transition Guide for Youth who are Deaf-Blind

Life is either a daring adventure or nothing . . .
Helen Keller

Deaf-Blind Program



Center for Disabilities

A University Center for Excellence in Developmental Disabilities Education, Research and Service

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Introduction

This guide is designed to be a resource for families, schools and other agencies involved in the life of transition-aged South Dakotans who are deaf-blind. A wealth of information is available both nationally and within the State of South Dakota on providing effective transition services to young people with disabilities. Adolescents who are deaf-blind benefit from these services also, therefore information on how to access these services is included in this guide.

There are, however, some unique aspects of deaf-blindness that can require specialized services and considerations in order for a deaf-blind individual to be successful. These specialized needs and the services available in South Dakota to meet those needs are the focus of this guide.

What is Deaf-Blindness?

Because I cannot see or hear, the thoughtless suppose life must be a blank for me.
Helen Keller

When most people hear the term “deaf-blind” they think of someone who has no vision or hearing - like Helen Keller. In reality, the term is used to cover a diverse group of children and adults who have some combination of a vision and hearing loss. Even a mild or moderate loss of one of these senses can create significant challenges when combined with a loss in the other sense. However, even though the losses of individuals who are deaf-blind may not be totally corrected by hearing aides, glasses or surgery, they can often learn to use their residual vision and/or hearing along with their remaining senses.

What are the Unique Needs of Individuals who are Deaf-Blind?

*True, I cannot see the stars scattered like gold-dust in the heavens,
but other stars just as bright shine in my soul.*
Helen Keller

Children and adults who are considered deaf-blind are a diverse group whose needs vary from person to person. Which challenges are most prevalent can depend on factors such as:

- when the vision and hearing loss began,
- which began first or if the losses occurred simultaneously,
- when the losses were diagnosed,
- the severity of the losses,
- and the presence of other physical and/or cognitive disabilities.

All these factors influence how a young person with deaf-blindness views and understands themselves and the world around them.

Vision and hearing are considered our “distance senses” meaning those are the ones that give us the vast majority of information about the world beyond our fingertips. A combination of a vision and a hearing loss can create difficulties ranging from an incomplete or inaccurate understanding of their world up to a lack of awareness of anything around them. This poses significant challenges in moving around and interacting with their environment.

The most significant need of children and adults who are deaf-blind is in the area of communication. Interacting and bonding with the significant people in our lives is the cornerstone of developing socially and is what gives our lives meaning. Difficulties in communication can result in isolation and an inability to successfully complete many tasks. These tasks can range from routine activities, such as recognizing and greeting friends to essential life tasks, such as letting someone know when you are sick or in pain.

What is Transition?

Education should train the child to use his brains, to make for himself a place in the world, and maintain his rights even when it seems that society would shove him into the scrap-heap.

Helen Keller

We all experience transitions in our lives as we move from one environment or period in our lives to the next. Ironically, change is one of the few constants in life. For young people, one of the most exciting periods of change comes when they finish school and look to the future as young adults, often moving out of the safety of home to new adventures in employment and/or post-secondary education. With this new found independence also comes new relationships and new ways of viewing and interacting with the “old” relationships of family and friends.

While this particular time can be challenging for any teenager, young people with disabilities often have significant difficulties making a successful transition from the relative safety of home and school to adult life. The type and severity of disability can impact this, but a larger influence is the presence or lack of a coordinated plan for transition that starts early and involves everyone in the young person’s life.

Recognition of these difficulties combined with discouraging statistics on the employment rates of persons with disabilities led the federal government in 1990 to mandate transition planning as part of the Individual Education Plan (IEP) beginning by at least age 14.

According to the South Dakota Transition to Adulthood Systems Change Project in their publication The Cornerstones of Effective Transition Planning . . . Self-Awareness and Involvement, “ ‘transition services’ means a coordinated set of activities that will help your child to move from school to post-secondary education, adult services, community participation, independent living and employment. The activities must be based on your child’s needs and take into account his/her preferences and interests for future outcomes. These transition service areas must be discussed and addressed in every individual's transition plan.”

Transition and Deaf-Blindness

*If we do not like our work, and do not try to get happiness out of it,
we are a menace to our profession as well as to ourselves.*

Helen Keller

Transition services and planning are as pertinent and vital to young persons who are deaf-blind as they are to other youths. An example of this need was documented by Jerry Petroff in his 1999 study for Temple University of 97 youths who are deaf blind. These youth left secondary education in 1996. The study was conducted nation-wide by surveying the parents of these 97 young people. In a sad reality, the results of the study indicated “that a large majority of youth who are deaf-blind are not working or are underemployed, living primarily with their parents with little hope for independent living in the near future and have a narrow span of participation in community activities. The most remarkable of these results show that half of these youth have no friends outside their families and/or people who are paid to be with them.”

Clearly, as with adolescents with other disabilities, individuals who are deaf-blind need opportunities to:

- practice self-determination,
- develop and clarify their interests and abilities,
- develop independent living skills to the greatest extent possible,
- learn methods to increase the depth and breadth of social relationships,
- and experience a wide variety of employment settings and activities.

As noted earlier, a large number of resources are available to assist in planning for and implementing these more “global” needs, therefore this guide will focus on the transition needs specific to young people who are deaf-blind.

Transition Needs of Individuals who are Deaf-Blind

*A person who is severely impaired never knows his hidden sources of strength
until he is treated like a normal human being and encouraged to shape his own life.*

Helen Keller

In addition to the global transition needs stated above, some areas of need are unique to those adolescents who have a combination of vision and hearing loss. These needs vary from individual to individual and can vary between environments. For example, a teenager who is deaf-blind may move easily around the home she has lived in all her life but may struggle and become fearful in new environments. Individuals who have had hearing and vision problems since birth or early childhood often have gaps in their knowledge or experience base which have nothing to do with intelligence or skill level. This applies to the young man going off to vocational school, living in his own apartment for the first time who thought the refrigerator was broken since there was no food in it.

Communication

Throughout the life of an individual who is deaf-blind, communication often remains the primary challenge. It is important throughout the educational life of a deaf-blind child to assess communication needs and goals with an eye toward expanding the range and depth of communication skills, including those that will be most useful as an adult.

Communication skills for children who are deaf-blind can range from spoken, written and/or signed formal language all the way to using behavior cues as the only means of expressing wants and needs. It is imperative that all forms of communication by a deaf-blind child be respected and that they are in an environment which encourages both their expressive and receptive communication attempts. This standard should also be used when planning for the future. What settings will provide the richest communication environment? What supports need to be in place to facilitate communication such as interpreters, interveners, adaptive equipment, etc.? How will others in the environment learn the communication methods used by this young person?

Establishing a baseline of communication needs for the future can often become the guiding force for the individual who is deaf-blind, their family, and his/her Individualized Education Plan (IEP) team when deciding where the individual will live, work and/or recreate as an adult.

Orientation & Mobility (O&M)

Orientation and mobility is an area vital to individuals with a vision and learning loss. Simply put, orientation refers to knowing where you are and mobility refers to getting where you want to go. O&M can be as simple as finding your way around a small room or as complex as independently navigating the streets of downtown to get to and from work. Independent travel is not only a symbol of the freedom of adulthood but has a very real daily impact on the individual's ability to work and/or go to school. For adults with disabilities, the lack of accessible transportation has been and continues to be a significant barrier to employment.

When planning for the future of a young person who is deaf-blind, safe and independent travel must be addressed. For some individuals, this may mean ensuring that the environments in which they live and work are safe and that provisions are made to teach the individual the layout of the area and how to navigate within it, whether by walking or using assistive mobility equipment. For other individuals, travel planning may involve finding employment and/or housing along bus routes and providing extensive instruction to the individual on the use of public transportation.

Assistive Technology (AT)

Many adults who are deaf-blind use a variety of devices and specialized computer technology to assist them in independent living and employment. Some of these items may be familiar to the student who is deaf-blind because they have used them for years, others may only be needed once the young person has left home. It is important to provide opportunities prior to adulthood to experience and experiment with a variety of AT to determine which devices will be most appropriate and useful for the individual. Devices used since childhood should also be re-assessed to determine if they are still the most appropriate or if more up-to-date technology or more age-appropriate items are available.

Some examples of assistive technology and devices would be:

- hearing aids,
- FM systems,
- cochlear implants,
- telephone amplifiers,
- TTY's,
- vibrating pagers,
- magnifiers,
- adaptive kitchen utensils,
- and a wide variety of assistive computer hardware and software; such as
 - screen enlargement programs,
 - text scanners,
 - and Braille input and output devices.

This is by no means an exhaustive list and many more devices are available to assist in many important life tasks both small and large.

Vision & Hearing

As a young person who is deaf-blind leaves the education system, there can be a tendency to assume that any vision and/or hearing they have will remain stable and that any assistive technology they already use will continue to be appropriate. This can be a dangerous assumption. There are syndromes and disorders (such as Usher's Syndrome, diabetes, etc.) where one or both of the sensory losses are slowly progressive, leading to significant further loss of vision or hearing into adulthood. Also moving into a different environment after many years in the same home, school, etc. may uncover previously unrecognized vision or hearing disorders (such as beginning to work in a workshop with machinery for someone who cannot tolerate background noise).

For individuals with low vision, adaptive equipment can provide significant benefits in school, employment and home environments. However, some equipment is only beneficial in certain situations or are designed for specific activities. Ongoing assessments for low vision devices are important as individuals move into new environments or begin new activities. Similarly, the use of assistive hearing devices, such as hearing aids, FM systems and telephone amplifiers needs to be re-assessed on a regular basis to ensure the individual is using the correct equipment and using the equipment correctly. A young person who may have balked at using assistive listening devices or hearing aids as a youngster due to self-consciousness may be willing as an adult to try devices to improve hearing. A critical companion to utilizing hearing technology - especially for the first time - is the use of aural rehabilitation. This is an area of audiology designed to assist an individual in becoming accustomed to hearing in a new way with the use of technology, such as hearing aids or cochlear implants. Resources for more information on both vision and hearing assistive technology is included in the "South Dakota Resources" and "National Resources" sections of this guide.

Employment

Employment opportunities are often limited for young people who are deaf-blind for a number of reasons. Petroff's study showed that the most common reason parents indicated that their deaf-blind

child was not working was that the parent did not think their child was capable of working. Part of this feeling may stem from the fact that many young people who are deaf-blind also have other significant physical and cognitive disabilities.

Another reason for limited employment opportunities may be that children who are deaf-blind often have limited life experiences that have not allowed them to see and interact with a wide range of jobs. Sighted, hearing children see a myriad of people working throughout their childhood, many very incidentally. Think for a moment about a child's trip with mom and dad to the grocery store. During the trip, the child may see bus and cab drivers, police and firefighters, store clerks, stockers, managers, delivery people, etc. Most children also have at least a basic sense of what their parents, grandparents, aunts and uncles do for a living. In addition, they see many more employment opportunities portrayed in movies and on television. As they get older, they have opportunities to "practice" for future employment by doing chores around the house and providing services for others outside their own home such as babysitting, lawn mowing, etc. These early experiences may evolve into part-time paid employment before the young person graduates from school. Many of these incidental and practice experiences are not available to children who are deaf-blind.

Starting as early as possible, it is important for a child who is deaf-blind to build a knowledge and experience base regarding employment. This can begin with exposing the child to a variety of community experiences so they have interaction opportunities. As he/she moves into adolescence, providing opportunities for paid employment is a vital component of building that knowledge base. This can be a daunting task, especially in rural areas where jobs for young people in general may be hard to find. In South Dakota, a program called Project Skills has been developed to assist young people with disabilities in finding those vital work experiences. Information on accessing Project Skills is included in the Resource Section of this guide.

Another challenge for a young person with deaf-blindness in finding employment is a lack of understanding of their own interests and abilities and no sense of their own powers of self-determination. These self-limiting perspectives can be extremely detrimental to transition success and addressing them should begin in childhood. According to the National Technical Assistance Consortium for Children and Young Adults Who Are Deaf-Blind, activities to foster self-determination should include opportunities for decision-making and risk-taking and access to the environment through communication. These opportunities can begin as simply as allowing the child to choose between two toys, food items, etc. and can build up to trying a variety of work experiences and/or joining clubs and organizations of interest.

Social Life & Relationships

As mentioned previously, Petroff's study indicated that only half of young adults who are deaf-blind had any friends outside of family members and paid staff. This is likely due to several reasons:

- the limited environment many deaf-blind children function in,
- difficulty in recognizing when people are nearby,
- lack of awareness of and training in social cues - such as saying "hello" when passing in the hall,
- and an inability to communicate with those around them.

One way to assist a young person who is deaf-blind in making social connections with others is through the use of a third party trained to provide communication assistance. When working with children and adolescents, this person is typically referred to as an Intervener. Adults often utilize Support Service Providers (SSPs) for the same purposes. These can be paid or volunteer positions that can provide a communication bridge using the individual who is deaf-blind's method of communication. They can also serve to provide the individual with necessary visual information about the environment and other people. They can share some of the important social cues the individual who is deaf-blind may be missing, such as facial expression, body language and vocal inflection. An Intervener or SSP is different from an Interpreter, who is a trained and certified professional with a strict code of ethics which does not allow for the kinds of input that the Intervener/SSP needs to provide.

Deaf-Blind Services in South Dakota

*True teaching cannot be learned from textbooks
any more than a surgeon can acquire his skill by reading about surgery.*
Helen Keller

Two specialized service systems are available in the area of deaf-blindness across the lifespan for children and adults. These service spheres overlap during the transition years providing the benefits of both systems. Both service systems along with valuable collaborative entities are designed to be flexible and to work together to meet the needs of young people who are deaf-blind.

Center for Disabilities' Deaf-Blind Program

This is a federally-funded program available state-wide designed to provide technical assistance to those living and working with children from birth through age 21 years who are deaf-blind. The program is available to:

- conduct functional vision assessments,
- conduct functional hearing assessments,
- conduct functional communication assessments,
- conduct functional assessments of the deaf-blind individual's environment,
- provide consultation to families and service providers on developing programming for a deaf-blind child - including communication plans,
- and sponsor and/or conduct local, regional and state-wide trainings on the unique aspects of deaf-blindness, using in-state and national expertise.

All services of the Center for Disabilities' Deaf-Blind program are available at no charge.

Service to the Blind & Visually Impaired (SBVI)

SBVI is the adult service agency responsible for providing vocational rehabilitation services to individuals in the state who are blind, visually impaired or deaf-blind. As early as age 14 years, a student can be assigned an SBVI counselor to assist in transition planning. An important component of the SBVI system for students and adults who are deaf-blind is the Deaf-Blind Program Specialist.

The specialist is available to assist families, schools and individuals who are deaf-blind in planning for employment and independent living, including the provision of specialized trainings in-state or nationally. The specialist consults with and provides technical assistance to SBVI counselors and teachers as well as staff from the Rehabilitation Center for the Blind regarding clients who are deaf-blind. The specialist also provides consultation to the South Dakota Developmental Center and the adjustment training centers around the state who are working with deaf-blind individuals who also have a developmental disability.

In addition to providing vocational rehabilitation services, SBVI also operates the Rehabilitation Center for the Blind in Sioux Falls. This center provides assessment and training in the skills of blindness including computer use, orientation & mobility, communication, home management and manual arts. They also provide services in diabetic education and low vision. All services of the Rehabilitation Center for the Blind are also available to individuals who are deaf-blind.

These two systems - Center for Disabilities' Deaf-Blind Program and Service to the Blind & Visually Impaired - work together to ensure that issues facing transition-aged young people who are deaf-blind are addressed. The system is fluid to allow for both programs to serve the individual and their team as needed. For example, the Center for Disabilities' Deaf-Blind Program, by federal regulation, does not provide direct service to a young person who is deaf-blind. However, direct service may be provided by the Deaf-Blind Specialist from SBVI. The two systems have also co-sponsored joint training events to benefit service personnel and families from across the lifespan.

Collaborative Partners

The heart of a friend gives out sufficient light for us in the dark to rise by.
Helen Keller

Transition Specialists

Both the South Dakota School for the Blind & Visually Impaired and the South Dakota School for the Deaf employ Transition Specialists who may provide assistance, consultation and resources to the transition planning of a child who is deaf-blind. One of the many resources they provide is Project Skills, the program discussed earlier, that provides paid work experiences to students with disabilities.

Helen Keller National Center Regional Representative

The Helen Keller National Center in Long Island, New York is the only national training center devoted exclusively to skills training for individuals who are deaf-blind. As part of their national outreach, they have Regional Representatives who provide on-site consultations as well as assisting those attending the Center in New York. The Rocky Mountain Regional Office which serves South Dakota is located in Denver, Colorado.

We are not afflicted just because we cannot see or hear. If we can love, work, play and help others to be happy . . . we are capable of attaining all precious things.
Helen Keller

Center for Disabilities' Deaf-Blind Program

The Center for Disabilities' Deaf-Blind Program is part of a federal initiative to ensure that the unique needs of children who are deaf-blind are met with high-quality, appropriate services.

Deaf-Blind Program Director
Center for Disabilities
Health Science Center
1400 West 22nd Street
Sioux Falls, South Dakota 57105

Phone: (605) 357-1437 or toll free 1-800-658-3080 (Voice/TTY)

Website: www.usd.edu/cd

Communication Service for the Deaf (CSD)

Communication Service for the Deaf is a private, nonprofit organization dedicated to the provision of broad-based services, ensuring public accessibility, and increasing public awareness of issues affecting the deaf and hard of hearing.

Communication Service for the Deaf
3520 Gateway Lane
Sioux Falls, South Dakota 57106

Phone: (605) 367-5759 (Voice/TTY) or toll free 1-800-642-6410 (Voice)

Website: www.c-s-d.org

DakotaLink

DakotaLink can provide free assistance to individuals of all ages to help locate, acquire and use the latest available assistive device(s) that best meets an individual's need to improve or maintain their independence at home, work, in the classroom or in leisure activities. DakotaLink seeks to identify and design strategies that eliminate or overcome barriers to individuals with disabilities accessing assistive technology in a timely manner.

DakotaLink
1925 Plaza Boulevard
Rapid City, South Dakota 57702

Phone: (605) 394-1876 (Voice/TTY) or toll free in South Dakota 1-800-645-0673

Website: www.dakotalink.tie.net

Division of Developmental Disabilities

The mission of the Division of Developmental Disabilities is to assist individuals with developmental disabilities to control their own destiny and to achieve the quality of life they desire.

Division of Developmental Disabilities
Department of Human Services
Hillsview Plaza, East Highway 34
c/o 500 East Capitol
Pierre, South Dakota 57501

Website: www.state.sd.us/dhs/dd

National Federation of the Blind - South Dakota

Founded in 1940, the National Federation of the Blind (NFB) is the nation's largest membership organization of blind persons.

National Federation of the Blind - South Dakota President
919 Main Street, Suite 15
Rapid City, South Dakota 57701-2686

Phone: (605) 342-3885 or (605) 348-8418

Website: www.nfb.org

Service to the Blind & Visually Impaired (SBVI)

Service to the Blind & Visually Impaired is a state agency in the South Dakota Department of Human Services. SBVI employs professionally trained rehabilitation specialists who work with eligible individuals via jointly developed individualized service programs.

Aberdeen District Office
315 South Wilson
Aberdeen, South Dakota 57401

Phone: (605) 626-2395 (Voice)
(605) 626-2398 (TTY)
Toll Free: 1-800-439-3417

Rapid City District Office
Time Square Plaza
111-A New York Street
Rapid City, South Dakota 57701

Phone: (605) 394-2253 (Voice)
(605) 394-2261 (TTY)
Toll Free: 1-800-439-8861

Sioux Falls District Office
811 East 10th Street
Department 22
Sioux Falls, South Dakota 57103

Phone: (605) 367-5330 (Voice)
(605) 367-5323 (TTY)

Website: www.state.sd.us/dhs/sbvi

South Dakota Association of the Blind (SDAB)

South Dakota Association of the Blind provides opportunities for all individuals who are blind or visually impaired, throughout the state, in areas such as understanding the skills of blindness, leadership and self-advocacy training, support for parents of children who are blind or visually impaired, and information on the Americans with Disabilities Act.

South Dakota Association of the Blind
P.O. Box 1622
Sioux Falls, South Dakota 57101

Website: www.w3.dtgnet.com/sdab

South Dakota Association for the Deaf (SDAD)

The South Dakota Association for the Deaf is associated with the National Association of the Deaf (NAD).

South Dakota Association for the Deaf
3520 Gateway Lane
Sioux Falls, South Dakota 57106

Phone: (605) 367-5760 (Voice) or (605) 367-5761 (TTY)

Website: www.nad.org/openhouse/affiliates/SAs.html

South Dakota Parent Connection (SDPC)

South Dakota Parent Connection, Inc. is a Parent Training and Information Center. They are a non-profit organization formed by parents, educators and service personnel to provide information and training to parents of children with disabilities or special needs throughout the state of South Dakota.

South Dakota Parent Connection
3701 West 49th Street, Suite 200B
Sioux Falls, South Dakota 57106

Phone: (605) 361-3171 or toll free 1-800-640-4553 (Voice/TTY)

Email: sdpc@sdparent.org

Website: www.sdparent.org

South Dakota School for the Blind and Visually Impaired (SDSBVI)

The Outreach Transition Program is a joint effort between the School for the Blind and Visually Impaired and Service to the Blind & Visually Impaired. A specialist is able to assist students (14 years or older), their families and school district personnel in the development and implementation of an appropriate transition program. Project Skills can be accessed through SDSBVI.

South Dakota School for the Blind and Visually Impaired
423 17th Avenue SE
Aberdeen, South Dakota 57401

Phone: (605) 626-2580 or toll free 1-888-275-3814

Email: Birrenks@sdsbvi.northern.edu

Website: www.sdsbvi.sdbor.edu

South Dakota School for the Deaf (SDSD)

The South Dakota School for the Deaf was established in 1880 and is the only statewide resource for the education and accommodation of children who are deaf or hard of hearing in the State of South Dakota.

South Dakota School for the Deaf
2001 East 8th Street
Sioux Falls, South Dakota 57103

Phone: (605) 367-5200

Email: sdsd@sdsd.sdbor.edu

Website: www.ris.sdbor.edu/sdsd/Main.htm

Transition Services Liaison Project

The State of South Dakota has three regionally based staff to provide support and technical assistance to students with disabilities and their families, local education agencies, and agencies seeking information on transition planning.

Eastern Region
800 West Avenue North
Sioux Falls, South Dakota 57104

Central Region
221 South Central
Pierre, South Dakota 57501

Western Region
PO Box 218
Sturgis, South Dakota 57785

Phone: (605) 331-0067

Phone: (605) 224-5336

Phone: (605) 347-4467

Website: www.state.sd.us/deca/special/transproj.htm



National Resources

American Association of the Deaf-Blind (AADB)

American Association of the Deaf-Blind is a national consumer advocacy organization for people who have combined hearing and vision impairments.

American Association of the Deaf-Blind
814 Thayer Avenue, Suite 302
Silver Spring, Maryland 20910

Phone: 1-800-735-2258 (Voice) or (301) 495-4402 (TTY)

Email: info@aadb.org

Website: www.aadb.org

DB-LINK

DB-LINK is a federally funded information and referral service that identifies, coordinates and disseminates (at no cost) information related to children and youth who are deaf-blind (ages 0 to 21 years).

Perkins School for the Blind
175 North Beacon Street
Watertown, Massachusetts 02172

Phone: 1-800-438-9376 or 1-800-854-7013 (TTY)

Website: www.tr.wou.edu/dblink

Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC)

The Helen Keller National Center for Deaf-Blind Youths and Adults is the only national program which provides diagnostic evaluation, short-term comprehensive rehabilitation and personal adjustment training, job preparation and placement for individuals who are deaf-blind.

Helen Keller National Center for Deaf-Blind Youths and Adults
Technical Assistance Center
111 Middle Neck Road
Sands Point, New York 11050

Phone: (516) 944-8900 (Voice) or (516) 944-8637 (TTY)

Website: www.helenkeller.org

National Association of the Deaf (NAD)

The National Association of the Deaf, established in 1880, is the oldest and largest constituency organization safeguarding the accessibility and civil rights of 28 million deaf and hard of hearing Americans in education, employment, health care and telecommunications.

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

Phone: (301) 587-1788 (Voice) or (301) 587-1789 (TTY)

Website: www.nad.org

National Family Association for Deaf-Blind (NFADB)

National Family Association for Deaf-Blind is the largest national network of families focusing on issues surrounding deaf-blindness.

National Family Association for Deaf-Blind
111 Middle Neck Road
Sands Point, New York 11050

Phone: 1-800-255-0411, ext. 275

Email: NFADB@aol.com

Website: www.NFADB.org

National Technical Assistance Consortium for Children and Young Adults Who Are Deaf-Blind (NTAC)

The National Technical Assistance Consortium for Children and Young Adults Who Are Deaf-Blind is a federally funded project that provides technical assistance to families and agencies serving children and young adults who are deaf-blind (ages birth to 28 years).

NTAC
Teaching Research Division
Western Oregon University
345 North Monmouth Avenue
Monmouth, Oregon 97361

Email: NTAC@wou.edu

Website: www.tr.wou.edu/ntac

Phone: Regional Office that serves South Dakota: (913) 677-4562 (Voice) or (913) 677-0604 (TTY)
Center for Disabilities Deaf-Blind Program



Resources in the Wegner Center

The following resources are available in the Wegner Health Science Information Center (Wegner Center). You can access these resources by stopping by the Wegner Center at 1400 West 22nd Street in Sioux Falls, South Dakota or you can call the Center for Disabilities at 1-800-358-3080 (Voice/TTY). You can also contact your local library for help in locating transition resources.

The following resources are directly related to transition and youths who are deaf-blind.

Interagency Collaboration for Young Adults with Deaf Blindness: Toward Common Transition Goal

by Jane M. Everson, Patricia Rachal, and Martha G. Michael, 1992

Supporting Young Adults who are Deaf-Blind in Their Communities: A Transition Planning Guide for Service Providers, Families, and Friends

edited by Jane M. Everson, 1995

The following resources are related to transition and youths who have a disability.

Assess for Success: Handbook on Transition Assessment

by Patricia L. Sitlington, et al., 1996

Connecting Transition Partners

by South Dakota Transition Project, 1998

Cooperative Programs for Transition from School to Work

by National Institute of Handicapped Research, Office of Special Education and Rehabilitative Services, United States Department of Education, 1985

Curriculum Content for Students with Moderate and Severe Disabilities in Inclusive Settings

by Diane Lea Ryndak and Sandra Alper, 1996

Developing Transition Plans

edited by Paul Wehman, 1998

Effective Transition Planning: A Guide for Parents and Professionals

by Kathleen D. Shelby, Hyla Cushner and Melissa Springer, 1990

From School to Adulthood: Special Education Students in Transition: A Technical Assistance Guide

by South Dakota Department of Education and Cultural Affairs, Office of Special Education, 1994

Improving Student Outcomes: Promising Practices and Programs

by Paula D. Kohler and Bonnie J. Troesken, 1999

Life Beyond the Classroom: Transition Strategies for Young People with Disabilities

by Paul Wehman, 1992

Planning for Transition: An Implementation Guide for Administrators and Teachers

by Katharin A. Kelker, et al., 1986

Self-Determination Strategies for Adolescents in Transition

by Sharon, Field, Alan Hoffman and Shirley Spezia, 1998

Teaching Self-Determination to Students with Disabilities: Basic Skills for Successful Transition

by Michael L. Wehmeyer, Martin Agran and Carolyn Hughes, 1998

Transition Planning: Creating a Positive Future for Students with Disabilities: A Manual for Students, Parents, Educators, and Adult Service Providers

by Pat Sample, Karen Spencer and Grace Bean, 1990

Transition Strategies that Work: Profiles of Successful High School Transition Programs

by Minnesota Curriculum Services Center, 1991

Glossary of Terms

The following terms are taken from the Dictionary: for Parents of Children with Disabilities. You can find the complete Dictionary on the Center for Disabilities website at <www.usd.edu/cd/dictionary>.

acoustic: Pertaining to sound. It generally applies to properties or physical characteristics associated with sound.

acoustic aids: Any means of assisting a person to hear.

adaptive equipment: Fabricated devices or addition to equipment that better enhances function while taking into consideration physical abilities, energy expenditures, coziness, resources, time expenditure, and space. See also "access device" or "assistive device".

adventitiously deaf: Those who are born with normal hearing, but in whom the sense of hearing became nonfunctional later through illness or accident.

adventitious: Accidental; acquired; not hereditary.

adventitious deaf-blindness: An individual that experiences both visual and hearing losses after infancy. Most common cause is infection or trauma.

adventitious hearing loss: A loss of hearing occurring any time after birth.

American Sign Language (ASL): A visual language (uses hand gestures) for persons who are deaf or hearing impaired that contains it's own vocabulary, grammar, idioms, and syntax. It's vocabulary and grammar differ from the English language. ASL is the most common form of sign language used in the United States. Also referred to as "sign language".

amplifier: A component of a hearing aid that increase the intensity (or loudness) of the electrical signal.

approved program: As used in the rules pertaining to special education: A written description of a school district's policies and procedures for implementing its special education program that is found by the division to comply with the laws of the state.

assessment: 1. A collecting and bringing together of information about a child's learning needs, which may include social, psychological, and educational evaluations used to determine assignment to special programs or services; a process using observation, testing, and test analysis to determine an individual's strengths and weaknesses to plan, for example, his or her educational services. Also referred to in some instances as "evaluation". 2. As related to early childhood programs, assessment is the ongoing observations and monitoring of progress by qualified personnel throughout the period of a child's eligibility to identify the child's unique needs; the family's strengths and needs related to development of the child; and, the nature and extent of early intervention services that are needed by the child and the child's family to meet the needs of the child.

assessment team: A team of people from different areas of expertise who observe and test a child to determine his or her strengths and weaknesses.

assistive device: Any item, piece of equipment, or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities of a person with a developmental disability. Examples would include visual alerting systems for a person with a hearing impairment, or a Braille printer for a person who is blind.

assistive technology: The systematic application of technology, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by persons with developmental disabilities in areas including education, employment, supported employment, transportation, independent living, and other community living arrangements. This term includes assistive technology devices and assistive technology services.

audiology: 1. The science or study of hearing. 2. Detection and management of aural (hearing) factors associated with communication.

audiometer: An electric device used to detect a person's response to sound stimuli.

audiometry: The measurement of hearing using calibrated, electronic instruments.

audition: The act or sense of hearing.

auditory: Pertaining to hearing.

auditory brainstem response (ABR): A very reliable test used when more information is needed to complete an in-depth evaluation of hearing or the auditory system, or when other methods of evaluation have not given reliable results. Most commonly used with infants and other individuals who are hard to test and can be performed while they are sleeping. Sensors (electrodes) are placed on the scalp or forehead and on or behind the ears. Series of sounds are presented, usually through earphones. The electrodes pick up electrical energy produced by the auditory nerve and the brain in response to the sound. A computer averages the responses and produces a waveform that shows the brain response. Careful analysis of the ABR pattern can help identify the presence of certain medical conditions that affect hearing, such as tumors along the auditory pathway or diseases like multiple sclerosis. Also referred to as "auditory evoked potentials measurement" or "brainstem evoked response audiometry (BSER)".

auditory cortex: That portion of the brain that is associated with hearing.

auditory discrimination: The ability of the listener to distinguish likenesses and differences between sounds.

auditory evoked potentials measurement: See "auditory brainstem response (ABR)".

auditory perception: The ability to interpret or organize the sensory data received through the ear knowing the child does not have a hearing loss.

auditory processing: A type of learning disability in which the person has difficulty understanding what one hears, or problems distinguishing one sound from another.

auditory training: Teaching a hearing impaired individual to make the best possible use of his remaining hearing by structured practice in listening, hearing aid use, learning to modify communication situations, etc. It is ordinarily integrated with other training, such as speech reading instruction, vocabulary development, etc.

auditory-oral: See "aural-oral".

augmentative communication: Any approach designed to support, enhance, or supplement the communication of individuals who are not independent verbal communicators in all situations.

aural: Of the ear or hearing.

aural-oral: An approach to teaching deaf people communication skills that includes a combination of the oral and auditory methods (includes speech, speech reading, and hearing; but not signing or finger spelling). Also termed "auditory-oral".

battery: A component of a hearing aid that serves as the power source for the electrical circuits.

behavioral play audiometry: The use of games and toys in modified pure tone and speech audiometry testing.

behind-the-ear hearing aid (BTE): A hearing aid that hangs behind the ear and usually attaches to a tube leading into the ear canal.

bilateral: Pertaining to or affecting both sides of the body (two-sided). Example: having a hearing impairment in both ears.

binaural: Using, pertaining to or involving the function of both ears.

binaural hearing aids: The complete hearing aids, one for each ear.

blind: A person either without sight or having very poor eyesight.

body hearing aid: A hearing aid with a microphone, amplifier and battery worn on the chest and with a cord-connected receiver worn at the ear.

Braille: A system of writing used by many people who are blind, involving combinations of six raised dots punched into paper, which can be read with the fingertips.

Braille teacher: An individual who assists classroom teachers in the instruction of reading and writing through the use of Braille.

Brailist: A person who produces materials in braille by the use of a manual braille writer, slate and stylus, or computer.

canal hearing aid: A hearing aid that fits mostly in the ear canal with a small part of it extending into the concha. It has a case molded to the user's ear.

career guidance and counseling: Those programs: 1) which pertain to the body of subject matter in related techniques and methods organized for the development in individuals of career awareness, career planning, career decision-making, placement skills, and knowledge and understanding of local, state, and national occupational, education, and labor market needs, trends, and opportunities; and 2) which assist them in making and implementing informed educational and occupational choices.

central auditory processing: Perception of sound. It includes skills such as attention to sound, long and short term memory for sound, selective listening, and localization of sound.

closed-caption: A process by which people with hearing disorders are provided translated dialogue from television programs in the form of subtitles. Also called the line-21 system, since the caption is inserted into blank line 21 of the picture.

cochlea: A structure in the inner ear that converts sound coming from the middle ear into electrical signals that are transmitted to the brain.

cochlear implant: An electrode or electrodes placed in the cochlea and attached to an induction coil buried under the skin near the ear. Another unit is worn on the body that converts sound to an electrical stimulus which electrically stimulate neurons of the eighth nerve. It provides limited hearing to those who cannot benefit from conventional hearing aids.

communication: The process of transmitting or receiving thoughts or messages from one person to another in a way that they both understand (facial expression, body language, gestures, sign language, speech pictures, written words, etc.).

community supports: Providing activities, services, supports, and other assistance to persons with developmental disabilities, and the families and communities of such persons, which are designed to: (A) assist neighborhoods and communities to be more responsive to the needs of persons with developmental disabilities and their families, (B) develop local networks which can provide informal support, and (C) make communities accessible and enable communities to offer their resources and opportunities to persons with developmental disabilities and their families. Community supports includes community education, personal assistance services, vehicular and home modifications, support at work, and transportation.

community-living activities: Priority area activities that will assist persons with developmental disabilities in developing or maintaining suitable residential arrangements and supports in the community (including non-financial supports, individual, family, and community supports).

compensatory skills: The skills of independent living which are available to be taught to a blind/visually impaired individual to assist his/her in living a more fully productive life. Some of those include orientation-mobility, home management tasks like cooking and sewing, and communication skills such as Braille, large print, etc.

conditioned play audiometry: Audiological evaluation method used by an audiologist whereas the child participates in a play activity (putting a ring on a cone, a block in a box, etc.) each time the signal is heard.

confidentiality: The process of keeping private information private, notifying involved persons for permission prior to the sharing of information.

congenital blindness/adventitious deafness: An individual who has been visually impaired or blind since birth or early childhood and experiences hearing loss after infancy. Most common cause is trauma or infection.

congenital deaf-blindness: An individual who has been visually and hearing impaired since birth or early childhood. A common cause is Congenital Rubella Syndrome as a result of maternal Rubella during pregnancy.

congenital deafness/adventitious blindness: An individual who has been hearing impaired or deaf from birth or early childhood and experiences vision loss after infancy. Most common cause is Usher's Syndrome, the combination of congenital deafness and Retinitis Pigmentosa.

congenital deafness: Hearing loss is present at birth. Those who are born deaf.

consultant: A specialist whose expertise is in a specific area (examples: vision impairments/blindness, or hearing impairments/deafness, etc.) who assists a team in planning the educational programs for children with disabilities. A consultant also serves as a support person for parents and school staff in terms of special materials, classroom set up, management of assistive technology or supplementary aids, etc. A consultant does not work directly with the child, judge school personnel on their performance, or make final decisions regarding placements.

consultation: Addresses problems by enabling others to work more effectively on educational goals, or specialized expertise is used to facilitate the workings of the educational team.

consultive services: Assistance provided by specialists to improve the quality of education or other intervention for a person with a disability.

cooperative education: A method of instruction used in vocational education programs for individuals, who, through written cooperative arrangements between the school and employers, receive instruction (including required academic courses and related vocational instruction) by alteration of study in school with a job in any occupational field. The two experiences must be planned and supervised by the school and employers so that each contributes to the student's education and employability. Work periods and school attendance may be on alternative half days, full days, weeks, or other periods of time in fulfilling the cooperative program.

cued speech: A communication method used by people with hearing disorders, which combines hand signals (cues) with speech-reading. Gestures provide additional information regarding sounds not identifiable by lip reading.

deaf: 1. A term used to categorize individuals who have hearing losses greater than 75 to 80 dB, have vision as their primary input, and cannot understand speech through the ear even with the use of hearing aids. The sense of hearing for a person who is deaf is nonfunctional for the ordinary purposes of life. 2. As defined in P.L. 94-142: Hearing impairment so severe as to impede the child from processing linguistic information through hearing, with or without amplification, and which adversely affects educational performance.

deaf-blind: A term used to describe a person who has a degree of loss of both sight and hearing, which combined, results in functional difficulties in the areas of development, education, vocation and/or independent living. One of the losses may be progressive, which in combination with the other sensory loss, may lead to severe dual sensory impairments.

decibel (dB): A unit of measuring the intensity (loudness) of sound; a unit of hearing or audition. Extent of hearing is expressed as the number of decibels necessary for the person to hear pure tones above the baseline used to measure normal hearing. A person's hearing ability is graphed on a dB scale.

direct audio input (DAI): Allows direct connection of a hearing aid to a telephone handset, radio, TV, movie projector, stereo, or other special listening system.

direct services: Providing services in a manner which addresses individualized needs that require specialized intervention strategies which can be performed only by the specialist providing the service (i.e., occupational therapist). Generally requires frequent contact between the child and the therapist.

dual enrollment: When a student attends both a public and private (or specialized) school to receive his/her education. An example is for a child who is deaf, to attend classes at the SD School for the Deaf, and also have some classes in the public school system with the assistance of an interpreter.

earmold: A plastic piece that is molded to fit the user's ear and generally has a short tube attached. It channels sound from the receiver of a hearing aid into the ear canal.

electroacoustic aids: A general term referring to electronic devices that assist a person to hear.

eligible student: As used in the rules pertaining to special education: A person under the age of twenty-one years who is a resident of the state of South Dakota who requires special education or special education and related services because of his educational needs.

employability skills: Skills relating to choosing a career, getting and keeping a job, making job and career changes, and career advancement.

employment activities: Priority area activities that will increase the independence, productivity, or integration of a person with developmental disabilities in work settings.

environment: The world around you.

evaluation: 1. As applies to educational settings: A way of collecting information (includes testing, observations, and parental input) about a student's learning needs, strengths, and interests. The evaluation is part of the process of determining whether a student qualifies for special education programs and services. 2. A process conducted by mental health professionals that results in an opinion about a child's mental or emotional capacity, and may include recommendations about treatment or placement. See "assessment".

exploratory courses: Courses designed to give students initial exposure to the skills and aptitudes associated with a broad range of occupations in order to assist them in making informed decisions regarding their future academic and occupational goals.

expressive language: The ideas, concepts and feelings the child is able to share through speech, signing, gestures, body language, object manipulation, etc.

expressive language skills: Skills required to produce language for communication with other individuals. Speaking, signing and writing are expressive language skills.

Extended School Year (ESY): A term referred to school programs for children with disabilities that extend beyond 180 days, came into wide use in the 1980's with litigation to extend the school year for some children.

family: Primary nurturing care givers and others who assume major long-term roles in a child's daily life. Includes parents, siblings, relatives and significant others, including non-related persons in the household and those with significant impact on the child's and family's life.

feedback: The squeal from a hearing aid receiver that is produced when amplified sound from the receiver is picked up by the microphone and reamplified.

field of vision: Refers to the breadth or degree of angle that a person can see without turning his or her head or moving the eyes: includes the limits of peripheral sight or that which lies to the sides of straight ahead.

figure-ground discrimination: The process of distinguishing an object from its background

fingerspelling: Use of a manual alphabet (26 handshapes and positions that represent the 26 letters of the written alphabet) to spell words. It is a form of sign language commonly used in both ASL and Signed English systems, for proper names and other terms for which there are no generally accepted signs.

FM amplification system: A system in which the teacher wears a microphone and an FM transmitter that broadcasts his/her voice to students who wear combination receivers and hearing aids.

free appropriate public education (FAPE): A key requirement of the federal legislation, Public Law 94-142, which requires that special education and related services are provided to all eligible children, and meet the following requires: (a) Are provided at public expense, under public supervision and direction, and without charge; (b) Meet the standards of the state board of education and the laws pertaining thereto; (c) Include preschool, kindergarten, elementary school, and secondary school education; and (d) Are provided in conformity with an individualized educational program (IEP).

frequency modulation (FM): The system of radio broadcasting or transmission that uses varying frequencies of carrier waves in the air to transmit sound. Hearing aids and auditory trainers (FM systems) relay sound through the FM waves in the air.

functional communication: Refers to the skill and performance in using equipment or systems to enhance or provide communication such as writing equipment, computers, and augmentative communication systems.

hard-of-hearing: 1. A term used to categorize individuals with either permanent or fluctuating hearing impairments who can understand and communicate verbally with or without the use of hearing aids. 2. Having a hearing impairment which adversely affects a student's educational performance, but which is not included under the definition of "deaf". A person who is hard-of-hearing has enough hearing left for practical use.

hearing aid: An electronic instrument that amplifies sound waves for a person who has a hearing impairment.

hearing impaired: Any individual who has a hearing loss that requires special assistance (such as a hearing aid) or educational adaptation. This term includes both persons who are hard-of-hearing and who are deaf.

hearing impairment: Having a reduction in hearing that affects a person's educational, academic, and/or social performance. Hearing losses are classified by hearing sensitivity at various frequencies within the audible range. These frequencies are termed "decibels" or "dB". An individual is considered to have normal hearing if the hearing threshold is above the 25 dB range. Hearing losses are categorized as follows: Mild - hearing within the 25 to 40 dB range; Moderate - within the 40 to 55 dB range; Moderately Severe - within the 55 and 70 dB range; Severe - within the 70 to 90 dB range; and Profound or Deafness - exceeding 90 dB range. See also "hearing impaired".

hertz (Hz): A unit used to measure the frequency of sound in terms of the number of cycles that vibrating molecules complete per second.

IDEA: See "Individuals with Disabilities Education Act".

IEP: See "Individualized Education Program".

IEP goals and objectives: The long and short-term behaviors that are the targets of special education or therapeutic intervention. IEP objectives are almost always written in behavioral terms.

IFSP: See "Individualized Family Service Plan".

IFSP outcomes: Statements of the changes families want to see for their children or themselves.

immittance audiometry: Tympanometry and acoustic reflex measurement.

in-the-ear hearing aid (ITE): A hearing aid that fits entirely in the concha of the ear.

inclusion: 1. The philosophy, and practice of educating students with disabilities in general education classrooms. 2. Ideals of inclusion include having the child attend the neighbor school he or she would attend if they did not have a disability, attending general education classrooms for all or part of the day, attending classes with age appropriate peers, achieving the students individual goals, and having the student receive the supports and services he or she needs to remain in the general education classroom.

independence: The extent to which persons with developmental disabilities exert control and choice over their own lives.

individual supports: Services, supports, and other assistance that enable persons with developmental disabilities to be independent, productive, and integrated into their communities, and that are designed to: (A) enable the person to control his or her environment, permitting the most independent life possible, (B) prevent placement into a more restrictive living arrangement than is necessary, and (C) enable the person to live, learn, work and enjoy life in the community. Individual supports include personal assistance services, assistive technology, vehicular and home modifications, support at work, and transportation.

Individualized Educational Program (IEP): A written education plan for a school-aged child with disabilities developed by a team of professionals (teachers, therapists, etc.) and the child's parents. IEP's are based on a multidisciplinary evaluation of the child, describes how the child is presently doing, what the child's learning needs are, and what services the child will need. They are reviewed and updated yearly. IEP's are required under Public Law 94-142, the Individuals with Disabilities Education Act (IDEA). For children ages birth through 2 years, an IFSP is written.

Individualized Family Service Plan (IFSP): A plan of intervention for an eligible child (age birth through 2) and his/her family, similar in content to the IEP, which has been developed by a team of people who have worked with the child and family. IFSP's must contain: statements regarding the child's present development level, strengths, and needs; the family's strengths and needs; major outcomes of the plan, a description of the specific interventions and delivery systems to accomplish outcomes, statement of natural environments, name of service coordinator, dates of initiation and duration of services, dates for evaluation of the plan, and a transition plan.

Individuals with Disabilities Education Act (IDEA): Mandates that states and local divisions provide special education for children with disabilities.

institution of postsecondary education: A college or trade school that provides education to students beyond the secondary (high school) school level.

Kurzweil reading machine: A reading device for people who are blind that converts printed matter into synthetic speech.

laser cane: A mobility device for people who are blind that converts infrared light into sound as light beams strike objects.

legally blind: It refers to a person having less than 20/200 vision in the better eye (with correction) or a very limited field of vision (peripheral or tunnel vision) of 20 degrees or less. To have vision of 20/200 means that the person sees at twenty feet what a person with good vision sees at two hundred feet. This term is used in the educational context to describe students with visual impairments.

local education agency (LEA): A school district, board of education, or other public authority under the supervision of a state educational agency having administrative control and direction of public elementary or secondary schools in a city, county, township, school district, or political subdivision in a state, or any other public educational institution or agency having administrative control and direction of a vocational education program.

low vision: A term used in the educational context to describe students with visual impairments. It refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They use a combination of vision and other senses to learn, although they may require adaptations in lighting or the size of print, and sometimes, Braille.

low-vision specialist: An ophthalmologist or optometrist trained to give examinations and training in the use of vision.

major life activities: Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

manual communication: Use of sign language and fingerspelling as the primary mode of communication, with or without use of oral/aural communication.

microphone: A component of a hearing aid that changes acoustic (sound) signals into electrical signals.

microphone-telecoil switch: A two-position hearing aid control for changing from microphone input of a sound signal to corresponding telecoil input of the signal; for use with compatible telephone receivers and some special listening systems. See also "telecoil".

minimum response levels: The lowest intensity level at which a child responds reliably to an acoustic stimulus. The signal stimulus level may be barely audible (at threshold) or well above threshold.

mixed deafness/hearing loss: A type of hearing impairment which is a combination of conductive and sensorineural hearing losses. For example, a child with a hereditary sensorineural loss also having an ear infection or other ear disease.

noise suppression: Some hearing aids have circuitry designed to control unwanted background noise, for example; automatic gain control, compression amplification, automatic signal processing, and noise suppression switches. Some hearing aids are programmable and use digital technology to automatically adjust hearing aid settings for different listening environments.

nondiscriminatory and multidisciplinary assessment: One of the provisions of Public Law 94-142. This component requires that testing be in a child's native or primary language; procedures are selected and administered to prevent cultural or racial discrimination; assessment tools used are validated for the purpose they are being used; and that assessment is conducted by a multidisciplinary team using several pieces of information to formulate a placement decision.

ocular: Pertaining to the eye.

Optacon: A tactile scanner for reading by people who are blind, that does not use the Braille system. The Optacon "reads" printed material and reproduces it on a finger pad through a series of vibrating pins.

ophthalmologist: A medical doctor who diagnoses and treats disease, infections, injuries, or birth defects that affect vision. Ophthalmologists can prescribe and administer treatment such as medication, correct defects (such as "lazy eye"), laser therapy, microsurgery, and corrective lenses.

ophthalmology: Branch of medicine dealing with the eye.

optician: A person trained to grind, shape, and assemble lenses and frames for eye glasses which have been prescribed by an optometrist or ophthalmologist.

optometrist: Doctors of Optometry (OD's) who specialize in eye examinations for vision problems; prescribe eye glasses, contact lenses, and vision exercises; and provide counseling and special devices for low-vision problems. Optometrists are not medical doctors, and they do not treat disease.

orientation: Awareness of where one is in relation to time, place, and person.

orientation & mobility (O & M): This term refers to the teaching and training of skills to a blind/visually impaired person that will familiarize him/her with surroundings and enable him/her to travel safely and independently throughout the environment.

orientation and mobility specialist: An individual trained to teach travel concepts and techniques to blind and visually handicapped persons.

partially sighted: 1. A term used in the educational context when describing a student with a visual impairment that indicates that some type of visual problem has resulted in a need for special education. 2. According to the National Society for the Prevention of Blindness, refers to persons with a visual acuity less than 20/200, but not greater than 20/70 in the better eye after correction.

Pidgin Sign English: A "pidgin" language results from the combined use of ASL, Signed English, and fingerspelling. It is not strictly ASL or English, but can be understood by users of both methods.

placement: The classroom, program, and/or therapy that is selected for a student with special needs.

postlingual deafness: Hearing impairment occurring after the development of speech and language.

prelingual deafness: Loss of hearing sensitivity that occurred at birth or earlier than the development of speech and language (before 2 - 5 years of age). Hearing loss may be congenital (born with) or adventitious (having occurred after birth, acquired).

print-on-palm: A form of communication in which capital block letters are traced with the index finger into another person's palm.

program(s): In special education, a service, placement, and/or therapy designed to help a child with special needs.

Public Law 94-142 (P.L. 142): A law passed in 1975 requiring that public schools provide a "free, appropriate public education" to school-aged children ages 3-21 (exact ages depend on your state's mandate - SD is 3-21), regardless of handicapping condition. Originally referred to as the Education for All Handicapped Children's Act (EHA), and reauthorized as the Individuals with Disabilities Education Act (IDEA).

Public Law 99-457 (P.L. 99-457): A federal law providing free and appropriate education and "related services" to preschool age children with handicaps, and an optional Part H program for states to provide early intervention and related services to eligible infants and toddlers, birth - two years of age who have developmental disabilities. This law is amendment to P.L. 99-142, passed in 1986. See also "Amendments to the Education of the Handicapped Act, 1986".

raised alphabet card: A communication device in which the alphabet is printed above the same letters in Braille. The speaker places the consumer's index finger on the Braille letters, thereby spelling words.

receptive language: Language that is spoken, signed or written by others and received by an individual. The receptive language skills are listening, reading, or reading sign language visually or tactually.

residential school program: An approved, specialized educational program provided in a facility that a child attends 24 hours a day.

residual hearing: The auditory abilities of an individual with a hearing impairment.

resources: Internal resources are the strengths, capabilities and motivations of the child and family. External resources are the formal (professionals and agencies), informal (ministers, support groups, volunteers), and natural (friends, relatives) network of the child and family.

Section 504: A part of the Rehabilitation Act of 1973. This section states that no program or activity receiving federal funds can exclude, deny benefit to, or discriminate against any person on the basis of disability. It also requires access for people who are disabled to all public buildings. Also known as 504.

self-advocacy: Representing one's own rights and interests and seeking solutions to a problem by oneself. This form of advocacy is the goal of all other forms of advocacy.

self-care skills: Skills related to hygiene, feeding, dressing, and generally taking care of oneself.

self-help skills: Skills and performance of daily personal care, with or without adaptive equipment, such as dressing, washing, toileting, etc.

self-limitations: Limitations a person puts on him/herself.

sensory awareness: Ability to receive stimuli from the environment; visual, auditory, tactual, olfactory, taste.

sensory stimulation: Provide input to the different sensory systems to be received, differentiated and interpreted.

sign language: A form of manual communication in which words and concepts are represented by hand positions, fingerspelling, body language, and facial expressions. Sign language includes both American Sign Language (ASL) and Signing Exact English.

sign systems: Approaches to communication that are different from sign language in that they attempt to produce equivalents or oral language through manual and visual means.

Signing Exact English: A form of sign language used by people who are not verbal or are hearing impaired which represents English vocabulary, syntax and grammar.

social skills: Skills related to social interactions with peers.

sonicguide: An electronic mobility device for people who are blind, which is worn on the head, emits ultrasound, and converts reflections from objects into audible noise.

spatial orientation: The ability to organize space in terms of the individual relating his physical self to the environment with reference to distance, size, position and direction.

special education (SPED): Instruction specifically designed to meet the unique needs of a student with a disability, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. See also "special education programs and services".

special education programs/services: Programs, services, or specially designed instruction (offered at no cost to families) for children over 3 years old with special needs who are found eligible for such services. These include special learning methods or materials in the regular classroom, and special classes and programs if the learning or physical problems are serious.

support services: 1. Transportation, financial help, support groups, homemaker services, respite services and other specific services to children and families. 2. Activities and services which contribute to the enhancement of quality in vocational education programs, including activities such as dependent care services and transportation, teacher training, curriculum development, and encouraging the removal of sex stereotyping in vocational education.

supported employment (SE): Vocational training and ongoing support provided to an individual who is working competitively at an integrated job site in the community. Supported employment may be provided for someone who has not yet been employed in an integrated setting; or for persons for whom competitive employment has been interrupted or intermittent as a result of a developmental disability, and who because of their disability need on-going support services to perform such work.

supportive educational environment: A setting in which acoustics, lighting, and teaching styles are adjusted to fit the learner's needs. Examples of a supportive environment for students with hearing impairments would be: carpeting in rooms and hallways, blinds/shades on windows, using acoustical tile on ceilings, keeping noise levels at a minimum (students, heaters, fans, lockers, etc.), using visual aids, keeping class size small, being a good language model for children, making sure auditory equipment works and is utilized, and being an active team member.

tactual sign: A form of sign language in which signs are made while individuals face each other and touch hands to feel the movement.

Telecommunication Device for the Deaf (TDD): An electronic keyboard device that sends, receives, and prints typed messages over the telephone lines so that individuals with hearing impairments can communicate over the telephone. A telephone number followed by TDD means that an agency or company (or other person who is deaf) has a device for communicating electronically with other deaf individuals.

telephone amplifier: A device that attaches to your phone and makes the voice you hear louder so you can hear it better.

telephone ring signaler: A device that tells you when the phone is ringing by a flashing light signal.

teletypewriter (TTY): A typewriter that converts typed letters into electric signals which are then sent through telephone lines and printed on another typewriter connected to a phone on the other end. This device is used by people with hearing disorders.

tellatouch: A portable typewriter-like machine that enables a person to type a message which is printed out in Braille.

total communication: A philosophy requiring the incorporation of appropriate aural, manual and oral modes of communication to ensure effective communication with and among hearing impaired people. This philosophy encourages the use of all viable methods. Within this system, not all methods are used to the same extent by all people and in all situations.

transition: The process of bridging the time and environments between two settings, programs, or life situations (e.g., from home to school, school to school, or from school/home to employment/independent living).

transition plan: A designed program outlining the transition of a person from school to adult life, by identifying the services needed for that specific individual, the activities that must occur during the school years, and the timelines and responsibilities for completion of these activities. In SD, transition planning begins at age 16. See also "transition services".

transition services: A coordinated set of activities for a student, designed within an outcome oriented process, which promotes movement from school to integrated employment (including supported employment), postsecondary education, vocational training, continuing and adult education, adult services, independent living, and community participation. These activities shall: (a) be based upon the individual student's needs; (b) take into account students' preferences and interests; and (c) include, but not be limited to, instruction in community experiences, the development of employment and other post-school adult living objectives, and when appropriate, the acquisition of daily living skills and functional vocational evaluation and services. See also "transition plan".

visual acuity: The sharpness or clearness of vision.

visual aids: Any materials or machines or actions that allow students to see information. Examples of visual aids are: chalkboards, overheads, filmstrips, TV/VCRs, pictures, films, pantomimes, and computers.

visual closure: The ability to identify an object from an incomplete visual presentation.

visual discrimination: The ability to match or determine exact characteristics of two forms when one of the forms is among similar forms. Distinguishing likenesses and differences between symbols.

visual disorder/impairment: Having reduced vision in one or both eyes that results in difficulties with educational performance and/or an independent lifestyle. Visual losses may be classified by the degree of visual acuity, peripheral vision, and the ability to track, shift gaze, and scan. The terms partially sighted, low vision, legally blind and totally blind are used in the educational context to describe students with visual impairments. Eye disorders which can lead to visual impairments can include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that result in visual disturbances, corneal disorders, diabetic retinopathy, congenital disorders and infection.

visual motor coordination/integration: The ability to coordinate the eyes with the movements of the hand and/or body and the thought processes of the brain to achieve a specific motor task such as writing, sorting, and sewing.

visual perception: The capacity to identify, organize, and interpret or give meaning to what is seen.

vocational program: A planned sequence of instruction, courses, services, or activities designed to meet an occupational objective.

volume control: A control for changing the amplification level or sound through a hearing aid or assistive device. This control is usually set so that most incoming sounds are heard at a comfortable loudness level. However, the volume control can be adjusted by the user for different listening situations.

white cane law: This is a South Dakota State statute which grants certain civil rights and protections to blind/visually impaired individuals who carry a white cane or use a guide dog in harness.

work experience program: A school-supervised program that, through part-time employment, provides experiences in the work environment to assist potential school leavers in acquiring the necessary human relations skills, work attitudes, and common knowledge required for successful employment and for choosing a vocation and/or a vocational training program. The content of this program is related to the occupational objective of the student.

Appendixes

Appendix 1

Transition Checklist for Youth Who are Deaf-Blind

Appendix 2

Transition Student Referral

Appendix 3

Transition Student Portfolio

My Vision and Hearing

My Medical Information

My Communication Methods

My Adaptive Equipment

What I Like

What I Don't Like

Please feel free to remove and use or copy the forms in the appendixes to use in assisting youths who are deaf-blind through the transition process.



Center for Disabilities Deaf-Blind Program

Transition Checklist for Youth Who are Deaf-Blind

The activities listed are designed to give a general guideline to students, families and professionals. The items included on the checklist are largely those specific to deaf-blindness. As stressed earlier, many excellent resources are available in the area of transition for youth with disabilities which can also be accessed for deaf-blind adolescents and are not included on this checklist.

Each student is unique and not every item will apply to everyone. The timelines listed are also intended to be flexible. Remember - activities designed to develop career awareness, independent living skills and self-determination should begin early in childhood and continue throughout life!

Age Fourteen

- Referral of student to Service to the Blind & Visually Impaired's Deaf-Blind Program. This referral can be made by the Center for Disabilities' Deaf-Blind Program. The referral should include the most up-to-date vision, hearing and medical information in addition to educational reports.
- Referral of student to appropriate Transition Specialist from South Dakota Special Schools - South Dakota School for the Deaf or South Dakota School for the Blind and Visually Impaired.
- A statement of transition service needs should be included in the students Individualized Education Program (IEP).

Four to Five Years Prior to Leaving School

- Consider updating or initiating a Personal Futures Planning or similar activity to gauge interests, abilities, supports and needs of the student.
- Assess receptive and expressive communication skills with consideration toward adult communication needs. If needed, consider expanding the forms or depths of student's communication array.
- Conduct a vocational assessment to further clarify the student's interests and abilities. This assessment should be conducted with the input and assistance of family and professionals knowledgeable on the unique needs of students with vision and hearing loss.

Two to Three Years Prior to Leaving School

- Update current status of vision, hearing and other pertinent medical conditions.
- Re-assess current and future receptive and expressive communication skills and needs, including the use and appropriateness of objects, touch cues, symbol systems, signs, large print and Braille. The Center for Disabilities' Deaf-Blind Program can assist in this assessment.
- Assess need for and provide training on any assistive devices for vision and/or hearing, such as hearing aids, FM systems, phone amplifiers, magnifiers, CCTVs, etc. Service to the Blind & Visually Impaired, Communication Services for the Deaf and the South Dakota School for the Deaf are available to assist in these assessments.

- ❑ Conduct assistive technology assessment with consideration toward students possible post-secondary setting. This assessment should be completed with the input and assistance of family members and professionals knowledgeable on the unique needs of students with vision and hearing loss. Assistive technology assessments should include, when appropriate, use of computer technology such as screen readers, scanners, screen enlargement software, and/or Braille output software and devices. Service to the Blind & Visually Impaired, the South Dakota School for the Blind and Visually Impaired, and DakotaLink are available to assist in the assessment and use of these specialized technologies.
- ❑ Assess orientation & mobility needs in current and possible future environments. The School for the Blind and Visually Impaired and the Center for Disabilities' Deaf-Blind Program can assist in this assessment.
- ❑ Refer the student to the Transition Specialists from the School for the Blind & Visually Impaired and/or the School for the Deaf for assistance in providing employment experiences such as Project Skills.
- ❑ Refer the student to the Helen Keller National Center's regional office in Denver, Colorado. This referral can be done by the Deaf-Blind Program Specialist from Service to the Blind and Visually Impaired.
- ❑ Update Personal Futures Plan. Through this process, identify potential future living, working and/or educational environments appropriate and accessible to the student. Arrange to visit those potential sites with the student to gauge appropriateness and accessibility with or without modifications.
- ❑ Develop a list of support services needed and agencies available to provide student with successful transition to post-secondary environment. These would include Service to the Blind & Visually Impaired and could also involve Communication Services for the Deaf, the South Dakota Department of Developmental Disabilities, the Social Security Administration along with advocacy organizations such as the American Association of the Deaf-Blind, the National Federation of the Blind, the American Council of the Blind, the National Association of the Deaf, and their state and/or local chapters.

References:

Educational and Transitional "Best Practice" Guidelines for Youths who are Deaf-Blind,
Houghton and Everson, 1994

The Cornerstone of Effective Transition Planning . . . Self-Awareness and Involvement,
South Dakota Transition to Adulthood Systems Change Project, 2001



Center for Disabilities Deaf-Blind Program Transition Student Referral

Date: _____

Referral to: _____

Student's Name: _____

Local School District: _____

Attendance Center: _____

Date of Birth: _____

Home Address: _____

Parents' Names: _____

Email Address: _____

Telephone Numbers: _____

Referral Source: _____

Address: _____

Phone: _____

Email Address: _____

Suggested Attachments

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Transition Portfolio | <input type="checkbox"/> Functional Visual/Hearing/Communication Assessment (if available) |
| <input type="checkbox"/> Most Recent Audiological Assessment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Most Recent Vision Evaluation | |



Center for Disabilities Deaf-Blind Program

Transition Student Portfolio

This portfolio can be completed by the student, their family, and/or educational personnel. It is designed to provide important student information to adult service providers in a concise, easy to read summary. It is not meant to replace required medical, educational, and vocational documents. Not all parts of the student portfolio will be necessary or appropriate for all students.

In addition to the written information provided, it may be helpful to include photographs of the student at school, work and home, photos of the student using particular assistive devices, photos of any unique communication systems the student uses, or videotapes of these same activities and devices.

This portfolio contains:

- My Vision and Hearing
- My Medical Information
- My Communication Methods
- My Adaptive Equipment
- What I Like
- What I Don't Like
- My Dream Future

The information contained in the portfolio is CONFIDENTIAL and should be appropriately protected.

This portfolio was adapted for South Dakota from:

“Could you Please Tell My New Teacher?” A Parent/Teacher Guide to Successful Transitions. Demchak and Elquist. Nevada Dual Sensory Impairment Project. University of Nevada, Reno. 2001.

HomeTalk. A Family Assessment of Children who are Deafblind. Mar, Roland, Schweigert, et al. Oregon Institute on Disability & Development. Oregon Health and Science University. 2002.

My Vision and Hearing

Vision

- I wear glasses.
- I do not wear glasses.

This is the name of my visual impairment: _____

This is how well I see WITHOUT glasses:

This is how well I see WITH glasses:

These are the modifications that I use in my classroom:

Hearing

- I wear hearing aids.
 - Right Ear
 - Left Ear
- I do not wear hearing aids.
- I have a cochlear implant. (Date of implantation: _____)
- I use an assistive listening device.
 - FM system
 - Infrared system

This is the level of my hearing loss (in decibels):

	500 Hz	1000 Hz	2000 Hz	4000 Hz
Right Ear				
Left Ear				

My Medical Information

In addition to my vision and hearing losses, I have the following medical conditions:

1. Name of condition:

How it affects me:

Name of my physician:

2. Name of condition:

How it affects me:

Name of my physician:

3. Name of condition:

How it affects me:

Name of my physician:

4. Name of condition:

How it affects me:

Name of my physician:

Medications I take on a regular basis:

My Communication Methods

I use spoken words to communicate: Yes No

- My words might be hard to understand, please listen to me closely.
- I can put _____ (#) of words together when I talk with you.
- I can use some complete sentences to talk with you.
- I need _____ (# of seconds) before I respond to you.

Here are some ideas to increase my understanding of what you say to me.

I use sign language to communicate: Yes No

- My signs might be hard to understand, please watch my signs closely.
- I can put _____ (#) of signs together to communicate with you.
- I can use some complete sentences to sign to you.
- I need _____ (# of seconds) before I sign back to you.

Here are some ideas to increase my understanding of what you sign to me.

- Sometimes I use objects to tell others what I want. These are the objects and the communicative meaning that I use:

Object

Communicative Meaning

- When others give me objects, it helps me understand what is going to happen to me or around me. These are the objects and communicative meanings that I use.

Object

Communicative Meaning

My Communication Methods - Continued

- Sometimes I use gestures to communicate.
 - I nod my head yes.
 - I shake my head no.
 - I point to things I want.
 - I use other gestures:

Gesture

Communicative Meaning

- I use photos/line drawings to communicate.
- I have a dictionary of photos/line drawings I keep with me.
Here are some examples:

Sometimes I use ways of communicating that are not always seen as communication by others but are my only way to tell others what I want or how I feel. Some of these are:

Method of Communication	What It Means
<input type="checkbox"/> Crying	
<input type="checkbox"/> Aggression	
<input type="checkbox"/> Tantrums/Self Injury	
<input type="checkbox"/> Eye Gaze	
<input type="checkbox"/> Proximity	
<input type="checkbox"/> Pulling Other's Hands	
<input type="checkbox"/> Touching/Moving Other's Face	
<input type="checkbox"/> Grabbing/Reaching	
<input type="checkbox"/> Walking Away	
<input type="checkbox"/> Vocalization/Noise	
<input type="checkbox"/> Facial Expressions	
<input type="checkbox"/> Other (specify) _____	

I use a voice output device to help me communicate: Yes No
 (Type of Output Device: _____)

Ways to help me use my voice output device(s):

My Adaptive Equipment

For mobility, I use:

- A Wheelchair
- A Walker
- A White Cane
- Braces or Orthotics
- Other (specify): _____
- Other (specify): _____

I have received Orientation & Mobility (O&M) training. Yes No

Name and Agency of O&M Specialist: _____

For independent living, I use:

- Telephone Amplification Equipment
- A TTY
- Braille
- Adaptive Writing Instruments (specify): _____
- Adaptive Kitchen Gadgets (specify): _____
- Adaptive Personal Care Items (specify): _____

I use the following assistive technology for the computer:

I use the following adaptive equipment for recreation or other activities:

Recreational of Other Activity

Adaptive Equipment

Name and Agency of Physical Therapist (PT): _____

Name and Agency of Occupational Therapist (OT): _____



What I Like

These are some of my strengths and talents:

These are some of my favorite activities:

These are some of my (or my family's) dreams for my future:

These are some of the important people in my life:



What I Don't Like

These are some things that are difficult for me:

These are some activities I don't like to do:

These things (activities, items, people) make me upset:

These things (activities, items, people) make me anxious or frightened:

Behaviors I display when I'm:

- Angry:
- Bored:
- Upset:
- Lonely:
- Sad:
- Sick:



My Dream Future

According to me and my family, my dream life would look like this:

Where will I live?

What will I do for work?

What kind of social life will I have?

What will my hobbies and interests be?

Who will I connect with? (friends, family, pets, etc.)