

C O N S U L T A N T S'

O R N E R

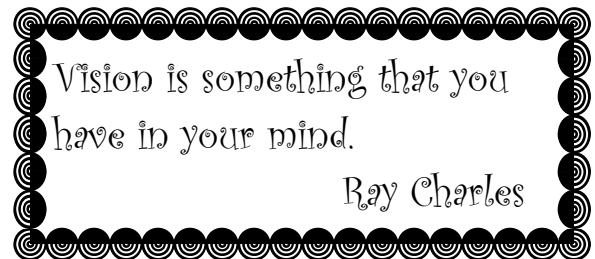


SD School for the Blind
and Visually Impaired

WINTER 2004 Volume 6 Issue 2

WELCOME 2004

The Bell in Time Square has dropped and we have officially begun another year. May 2004 bring all of you joy and peace.



Vision is something that you
have in your mind.

Ray Charles

CALLING ALL STUDENTS TO SDSBVI SUMMER PROGRAMS

Begin marking your calendars now and planning to attend some or all of the summer programs offered at SDSBVI in June and July 2004. The dates for these programs are:

Session I: Week 1—June 14-18

Week 2—June 21-25

Week 3—June 28-July 1

Session II: Week 4—July 6-9

Week 5—July 12-16

Week 6—July 19-22

SDSBVI Summer Programs specifically address and provide opportunities for students to focus on the Expanded Core Curriculum for Students with Visual Impairments. This Curriculum addresses the following areas:

- Compensatory Academic Skills, including Communication Modes
- Orientation and Mobility
- Social Interaction Skills
- Independent Living Skills
- Recreation and Leisure Skills
- Career Education
- Assistive Technology
- Visual Efficiency Skills



JANUARY—BRAILLE LITERACY MONTH

Louis Braille (1809-1852)

Six dots. Six bumps. Six bumps in different patterns, like constellations, spreading out over the page. What are they? Numbers, letters, words. Who made this code? None other than Louis Braille, a French 12-year-old, who was also blind. And his work changed the world of reading and writing, forever.

Louis was from a small town called Coupvray, near Paris. He became blind by accident, when he was 3 years old. Deep in his Dad's harness workshop, Louis tried to be like his Dad, but it went very wrong; he grabbed an awl, a sharp tool for making holes, and the tool slid and hurt his eye. The wound got infected, and the infection spread, and soon, Louis was blind in both eyes.

All of a sudden, Louis needed a new way to learn. He stayed at his old school for two more years, but he couldn't learn everything just by listening. Things were looking up when Louis got a scholarship to the Royal Institution for Blind Youth in Paris, when he was 10. But even there, most of the teachers just talked at the students. The library had 14 huge books with raised letters that were very hard to read. Louis was impatient.

Then in 1821, a former soldier named Charles Barbier visited the school. Barbier shared his invention called "night writing," a code of 12 raised dots that let soldiers share top-secret information on the battlefield without even having to speak. Unfortunately, the code was too hard for the soldiers, but not for 12-year-old Louis!

Louis trimmed Barbier's 12 dots into 6, ironed out the system by the time he was 15, then published the first-ever braille book in 1829. But did he stop there? No way! In 1837, he added symbols for math and music. But since the public was skeptical, blind students had to study braille on their own. Even at the Royal Institution, where Louis taught after he graduated, braille wasn't taught until after his death. Braille began to spread worldwide in 1868, when a group of British men, now known as the Royal National Institute for the Blind, took up the cause.

Now practically every country in the world uses braille. Braille books have double-sided pages, which saves a lot of space. Braille signs help blind people get around in public spaces. And, most important, blind people can communicate independently, without needing print.

Louis proved that if you have the motivation, you can do incredible things.

Source: http://www.afb.org/braillebug/louis_braille_bio.asp



TEST YOUR KNOWLEDGE QUIZ

for

COMMON ACRONYMS USED IN EDUCATION IN SOUTH DAKOTA

What do the following acronyms mean?



1. APH

- A. Advanced Placement History
- B. American Printing House for the Blind
- C. American Paint Horse

2. PT

- A. Physical Therapy
- B. Patient Therapy
- C. Parent Training



3. IEP

- A. Individualized Education Placement
- B. Individualized Education Program
- C. Individualized Education Plan

4. O&M

- A. Operations & Maintenance
- B. Orientation and Manners
- C. Orientation and Mobility

5. VI

- A. Very Important
- B. Visually Impaired
- C. Visual Involvement



(Answers: Page 8)

Phrases of Praise
 I LOVE YOU
 HOW ORIGINAL
 FANTASTIC
 YOU MAKE ME HAPPY
 YOU' RE A SUPER LISTENER
 YOU' RE #1
 REMARKABLE
 YOU' RE A CHAMP
 YOU DID IT
 KEEP TRYING
 YOU' RE VERY BRAVE
 YOU' VE MADE PROGRESS
 GREAT
 I LOVE YOU

TERMITE TORPEDO

If the seemingly endless hordes of bright orange and yellow termites are not stopped, the entire town of Woodville will be eaten. The challenge for the player is to save the city by clearing out the termites before that happens. Bright, high-contrast colors, excellent audio, and an engaging theme are the features that will make it hard for students to stop playing this new arcade-style PC game, and that's just fine! This PC game, available from the American Printing House for the Blind (APH), is designed to help students with low vision practice their vision skills. The longer the students play, the more practice they get in using visual skills such as locating, fixating, tracking, aligning, and following.

An enhanced version of Termite Torpedo is also now available from APH. It has all the features of the original version, but also makes it possible for a totally blind player and a low vision player to play the game together at the same time.

A free demonstration of Termite Torpedo is available on the APH web site. Select Termite Torpedo from the Software and Technology Products menu at www.aprh.org. Check it out!!



FOCUS ON THE EYE

OPTIC NERVE HYPOPLASIA

DEFINITION

Optic Nerve Hypoplasia (ONH) refers to the underdevelopment of the optic nerve during pregnancy. The dying back of optic nerve fibers as the child develops in utero is a natural process, and ONH may be an exaggeration of that process. ONH may occur infrequently in one eye (unilateral) but more commonly in both eyes (bilateral). ONH is not progressive, is not inherited, and cannot be cured. ONH is one of the three most common causes of visual impairment in children.

CAUSES

In most cases there is no known cause of ONH. Infrequently ONH has been associated with maternal diabetes, maternal alcohol abuse, maternal use of anti-epileptic drugs, and young maternal age (20 years of age or less), but these factors account for very few of the total number of cases. All races and socio-economic groups seem to be affected by ONH.

CHARACTERISTICS

- ONH may occur by itself or along with neurological or hormonal abnormalities. Hormonal problems not apparent in early life may appear later.
- Children with ONH demonstrate a wide spectrum of visual function ranging from normal visual acuity to no light perception. The effect on the visual field may range from generalized loss of detailed vision in both central and peripheral fields (depressed visual fields) to subtle peripheral field loss.
- A high percentage of children with ONH have associated involuntary rhythmic movements of the eye (nystagmus). In most cases, the nystagmus is associated with significant bilateral reduced visual acuity.
- ONH is a stable condition. Visual function does not deteriorate with time. A mild improvement in visual function may occur as the result of maturation processes of the brain. In some cases, reduced nystagmus may also occur.
- Depth perception may be more severe if vision loss is great.
- Mild light sensitivity (photophobia) may occur.

VISUAL AND BEHAVIORAL CHARACTERISTICS

- The child's vision is characterized by a lack of detail (depressed field), but this lack of detail is not comparable to the blurred reduction in vision when a person removes her glasses.
- In certain cases of ONH a specific field defect occurs. Children may not be aware of people or objects in the periphery.
- Children with ONH may be unable to locate objects in space precisely due to a lack of depth perception.
- Some children with ONH have mild photophobia. These children may squint, lower their head, avoid light by turning away, or resist participating in outdoor activities.
- When one eye is affected more than the other, an ophthalmologist may recommend a trial of patching the stronger eye, since the visual loss may be due to amblyopia.
- Some feeding issues are associated with hormonal problems. Lack of interest in eating may be due to absent or diminished sense of smell and taste. Children with ONH may have very restricted food preferences. Some children exhibit excessive lip smacking while eating.
- Behaviors of some children with ONH may be due to associated medical conditions, such as inattentiveness and irritability due to low blood sugar levels (hypoglycemia).
- The child with associated central nervous system problems may be easily distracted, quickly frustrated and act in a disorganized or an impulsive way.

DIAGNOSIS

ONH is diagnosed by direct examination of the eye by an ophthalmologist. No current laboratory or radiographic tests will establish the diagnosis. Many infants who are diagnosed with Optic Nerve Atrophy are, in fact, children with ONH. Sometimes visual functioning can be predicted from the appearance of the optic discs. However, it is very difficult to predict visual acuity on this basis alone.

(Continued on next page)

CONDITIONS ASSOCIATED WITH ONH

Associated brain and hormonal abnormalities are common in children with nystagmus and bilateral severe vision loss, and are less common in cases where vision loss is mild or unilateral. Abnormalities include:

1. Midline anomalies of the brain: septo optic dysplasia (absence of the septum pellucidum and the corpus callosum), encephaloceles, anomalies of the ventricles, anencephaly, cerebral atrophy, and rarely, tumors.
2. Hormonal insufficiencies: thyroid, growth hormone, pituitary, adrenal, anti diuretic hormone (ADH).

Associated midline brain anomalies can be identified by either an MRI or CT scan. Hormonal insufficiencies require an examination by a specialist in hormonal disorders (pediatric endocrinologist). *Children particularly at risk for having associated hormonal insufficiencies are those who had neonatal low blood sugar (hypoglycemia), had prolonged jaundice (hyperbilirubinemia), failed to grow normally (failure to thrive), have difficulty regulating body temperature in connection with viral illnesses, and/or had a CT or MRI scan showing an absence of tissue connecting the brain to the pituitary gland (the pituitary stalk).*

MYTHS

The following statements are **NOT TRUE** according to current research:

- ONH occurs in clusters due to use of pesticides in the environment.
- The associated midline brain anomalies have a profound effect on the visual outcome and/or spatial orientation of these patients.
- All mothers of children with ONH were drug users during pregnancy.

TEACHING STRATEGIES

- Each child should receive medical monitoring and comprehensive, ongoing, functional and educational assessment.
- Teachers need to increase the size, contrast, and lighting of materials for a child who has nystagmus and bilateral severe visual loss because of generally depressed fields.
- When a specific field loss is identified, materials need to be presented within the child's visual field. The child should be encouraged to turn his head to look for people and objects outside his visual field.
- A child with ONH needs the opportunity to develop learned aspects of depth perception through fine and gross motor activities, including container play, nesting and stacking, ball tossing and rolling, pouring activities, and lots of practice with stairs, slides, foam wedges for crawling, and cardboard box play.
- The effects of light sensitivity can be minimized by adjusting lighting levels, wearing tinted lenses, and minimizing glare on surfaces.
- A child with ONH often has other conditions that need to be considered when developing an individual education plan.
 - A child who is easily distracted, frustrated, disorganized, and impulsive may be helped by predictable physical environments, dependable daily routines, and limited distractions.
 - Slowing the pace of activities and providing predictable transition routines may help reduce resistant and irritable behavior.
 - Offering frequent snacks to children diagnosed with hypoglycemia may be helpful.
- When a child does have feeding problems, parents and professionals need to agree on recommended strategies to create a positive feeding experience.
- When a child has no functional vision, an approach that uses all the senses for learning is needed.
- Evaluation by an instructor of Orientation and Mobility is essential in meeting the child's needs, due to loss of detail vision and vision field loss.

SOURCE: **BLIND BABIES FOUNDATION**
 5016 Mission St San Francisco
 CA 94112 (415)586-6140
http://www.blindbabies.org/factsheet_ona.htm



Playground, Oh Playground!

The teeters were tottering,
The swings had been swung
The slides had come down
The bicycles had had their run

The basketball hoops were no more
Even the outdoor playhouse had been shown the door
Forty years had taken the playground fun
All that was left was for the students to run

Those with visions of a playground anew
Saw that they had a job to do
Even if it meant another bunch of committee and planning meetings to endure
The SDSBVI playground needed a new start -- that was for sure

Brainstorming, dreaming, and wish lists were a start
To build a playground that would warm everyone's heart
The group began to form a plan
That would be the best for our clan

Companies and vendors came to share with the group
Just what they had to offer to our energetic dreaming troop
One by one decisions were made
What would be in the sun, and what would need some shade

After the plan was done
Time came for the real fun
Fundraising and seeking the dollars that were needed
To see that the new playground dream would indeed be completed

Lions Clubs from all across the state, near and far
Responded to the call

Many a presentation, many the request
The response was tremendous on our behest

Cinderella had her fairy godmother
SDSBVI had our "big brother"
A group of anonymous donors stepped up to the plate
Saying "You gotta get this done before it's too late!"

Groundwork was done, big parts and small, to prepare the site
Delivery trucks came, many times, day and night
The dates were selected
For when this playground would be erected.

Early summer was the chosen time to begin the task
Excitement grew as the plan began to gleam
For volunteers and helpers we did ask
"Come to our place and build a dream!"
With help and guidance from our Minnesota crew
With Aberdeen Lions and community helpers too
Our new playground rose to the sky
As people drove by and said "Oh, my!"

It took but two days to put the plan in place
Poles, nuts, bolts, steps and bridges, all came together at a dizzying pace
Holes dug, concrete poured
"When can we play?" the children implored.

The last few steps of the preparation came to a peak
(Even as on the grounds to play the kids did sneak)
A labor of love came out of need
Now we do have a playground, a playground indeed!

By: Mark Krogstrand, SDSBVI Principal
SDSBVI Playground Dedication
Friday, October 3rd, 2003

Video Views

The CAN DO! Video Series was developed to show parents and professionals some practical and sound ways to assist the young child who is blind or visually impaired to develop needed skills and take off on the road to independence. The series consists of 11 videos demonstrating a progression of skills in crucial areas of development for the child who is visually impaired.

Video Eight— *“Hands-On Experience—Tactual Learning and Skills”*

In this video, six families of visually impaired children model in their own homes some very basic and important practices in parenting the visually impaired child.

Children who are blind or visually impaired need to be able to use their other senses to gain information about the world. The sense of touch provides a major means to help compensate for their loss of sight. However, babies, toddlers, and preschoolers who are visually impaired need a lot of encouragement and opportunities for hands-on experiences to build their tactual skills. This video discusses the importance of tactual learning, the progression of tactual skills from infancy through preschool needed for preparing children for Braille reading, the relationship between tactual defensiveness and Braille readiness, and how parents and teachers can help.

This is an excellent video with lots of good, practical, and easy to implement ideas and examples. It is modern, up-to-date, and colorful.

For further information on these videos, or on other videos previously viewed in this column, please contact your area Outreach Vision Consultant.

ANSWERS TO ACRONYM QUIZ

1. B
2. A
3. C
4. C
5. B



See You in the Spring!
Amy, Indi, and Riki
Amy, Indi, and Riki

Indira Dillon
SDSBVI Outreach Vision Consultant
PO Box 1046
Mitchell, SD 57301-1046
Phone: 605-995-8191
indira.dillon@state.sd.us