



# SD School for the Blind and Visually Impaired

**SUBSTITUTE TEACHER  
STUDENT TEACHER / INTERN  
HANDBOOK**

# TABLE OF CONTENTS

<u>SUBSTITUTE TEACHER / STUDENT TEACHER / INTERN HANDBOOK (lavender)</u>	
BACKGROUND INVESTIGATIONS.....	5
BRAILLE ALPHABET.....	14
DINING ROOM GUIDELINES.....	7
EDUCATIONAL PROGRAM.....	1
ADMISSION.....	2
FEEDING PROGRAMS.....	7
HOW DO VISUALLY HANDICAPPED CHILDREN FIND THE FOOD ON THEIR PLATE? .....	13
HOW DO VISUALLY HANDICAPPED CHILDREN FIND THEIR CLOTHES AND TOYS? .....	14
HOW WILL THE VISUALLY HANDICAPPED CHILD GET AROUND THE CLASSROOM AND SCHOOL BUILDING? .....	18
INTRODUCTION.....	1
JOB DESCRIPTION - SUBSTITUTE TEACHER.....	3
LOUNGE.....	8
MAINTENANCE REQUESTS.....	8
ORIENTATION AND TRAINING.....	4
REPORT, REQUIRED.....	6
SUBSTITUTE TEACHER PAY.....	3
SUPPORT SERVICES.....	8
TEACHING CHILDREN WITH VISUAL IMPAIRMENTS.....	9
TEACHING SUGGESTIONS.....	11
CHARTS AND MAPS.....	12
CONCEPT DEVELOPMENT.....	12
LECTURING AND DEMONSTRATING.....	12
TESTING.....	13
WRITING ON THE CHALKBOARD.....	12
WRITING TOOLS.....	13
TIMECARDS.....	4

WHAT ARE SOME COMMON VISUAL IMPAIRMENTS? .....10

WHAT SPECIAL DEVICES WILL THE VISUALLY HANDICAPPED CHILD USE? .....15

WHO ARE VISUALLY IMPAIRED STUDENTS?.....10

WHO ARE THE PROFESSIONALS WHO WORK WITH THE VISUALLY HANDICAPPED? .....18

WORKDAY.....2

WORKER'S COMPENSATION CLAIMS PROCEDURE .....5

**ALSO REFER TO:**

- APPENDIX I: INTRODUCTION
- APPENDIX II: BUSINESS OFFICE PROCEDURES
- APPENDIX III: CONFIDENTIALITY
- APPENDIX IV: COMMUNICABLE DISEASE & AIDS
- APPENDIX V: COMMUNICATIONS
- APPENDIX VI: FIRE AND LIFE SAFETY & WORKING CONDITIONS
- APPENDIX VIII: STATE VEHICLES AND TRAVEL

## INTRODUCTION

The role of the South Dakota School for the Blind and Visually Impaired and its staff is, through the provision of learning experiences and by example, to provide the visually impaired students of this State with a foundation which will enable them to achieve to the best of their abilities, both as children and later as adults. It is a residential facility serving blind, visually handicapped and/or multihandicapped students from all parts of the state. In addition to the residential students, the School also serves day students who attend classes at the SDSBVI but live at home outside of the school day. Students may be classified as totally blind, legally blind, or partially sighted. Some have additional disabilities and may or may not be functioning at grade level. Some students have all of their classes at the SDSBVI while others are integrated into the Aberdeen public or parochial schools, the Hub Area Multi-District Vocational Center or the Aberdeen Adjustment Training Center. Many students, especially those 14 years of age or above have part-time jobs either on or off campus. Students also participate in such extracurricular activities as school plays, track, wrestling, swimming, goalball, bowling and cross-country skiing. Each child is under an Individualized Education Plan (IEP) which spells out what services he/she is to receive and how these will be delivered.

## EDUCATIONAL PROGRAM

The South Dakota School for the Blind and Visually Impaired has been working to improve its programs and services to children who are visually impaired since the school first opened. Developments in technology, educational philosophy and eye conditions themselves have necessitated many changes. It has been necessary to continually adapt the program to meet the needs of a diverse population and utilize the current "best practices" in the field.

The South Dakota School for the Blind and Visually Impaired provides a full academic program for students' kindergarten through high school. In addition to the subjects normally taught in public schools, special emphasis is given to adapting teaching materials and methodologies to meet the unique needs of the visually impaired. Specialized coursework in independent travel, Braille, activities of daily living, low vision utilization and use of specialized equipment is included. A completely individualized program is developed for each student to meet his/her needs. Parents, our vision specialists and local school district representatives are all involved in planning the students' IEP.

Specialized programs are used to meet special needs. An early learning classroom provides "readiness" activities for preschoolers who are visually impaired. A Functional Living Program meets the needs of a growing population of students who are visually impaired who have one or more additional disabilities which prevent them from functioning on grade level. The Deaf-Blind/Multihandicapped serves children who have handicaps in addition to their vision loss and need a multisensory program.

Faculty and staff at the South Dakota School for the Blind and Visually Impaired are dedicated to creating an environment in which students can learn the skills necessary for an independent and successful adult life. Our teachers are trained in vision in addition to their academic certification. This means that the SDSBVI can offer a team of educators who understand the impact of vision loss on the students' learning and who work together to help the students meet the challenges.

**ADMISSION** -Students are referred for admission to the SDSBVI through the local public schools. When a placement team, including the parents, local school district representatives and others as desired, has evaluated a child with a visual impairment and determined that an appropriate educational program cannot be provided within the local school district, placement may be requested at the SDSBVI. Upon receipt of a referral the SDSBVI Admissions Committee reviews the request and all available student data. If necessary, additional evaluations are requested or observations of the child are conducted.

The SDSBVI Admissions Committee makes its decision based upon the child's visual status, identified needs, program requested by the local placement team and child's medical status. Each placement is based on the child's needs at a given point in time, and none run beyond one year. Options include day program, either full-time or part-time, residential or foster care and a combination of services provided by the Aberdeen public and parochial school systems, Hub Area Vocational School, Aberdeen Area Adjustment Training Center, Northeastern Mental Health Center and St. Luke's Midland Regional Medical Center. Once a child is accepted for placement, the SDSBVI administrators, faculty and staff meet with the parents and representatives of the local public school to develop an appropriate Individual Educational Plan. This plan is reviewed at least annually, and the child's need for continued services is assessed.

## WORKDAY

The class day for most permanent faculty of the SDSBVI runs from 8:00 a.m. - 3:45 p.m. The last class ends at 3:00 p.m. and the period of time from 3:00 p.m. to 3:45 p.m. is reserved for meetings, class preparation and other functions. Some faculty may work hours other than 8:00 a.m. - 3:45 p.m., but the number of hours worked per day or week will be comparable. The office working hours are from 7:30 AM to 5:00 PM, Monday through Friday.

The faculty member for whom you are substituting will leave adequate plans so that you can work most effectively with the student. The plan should be found in a marked file folder, the location of which should be written in the Lesson Plan Book and should contain:

1. The name(s) of student(s)
2. The daily schedule
3. Lesson plans (any supplementary plans)
4. Title(s) and locations of text(s) used for each class
5. Any other information that may be of benefit to you, including specific behavior programs

Each classroom instructor will also have available a backup plan or "rainy day" folder for use by a sub in class should for any reason a "Plan B" needs to be implemented in place of the planned activity. Each classroom portfolio for the sub will also contain the SDSBVI Student At A Glance file as well as any special staff information/instructions for the students with regard to any class or activity.

## JOB DESCRIPTION - SUBSTITUTE TEACHER

This position reports to the Chief Academic Officer (Principal).

1. Review Substitute Teacher Handbook to become familiar with policies established to promote a safe and efficient atmosphere for the students.
2. Follow the daily schedule and/or plans outlined by the classroom teacher/staff, regarding educational and, when appropriate, behavior programs.
3. Be aware of individual student differences (physical handicaps and limitations) and plan for their education/activities accordingly.
4. Prepare a written record of activities and progress and other related information from the class, day, or time subbed, to keep the regular instructor or staff member up on progress.
5. Maintain a safe and attractive learning environment for students.
6. Cooperate with other teachers, staff, and departments to promote optimal learning for all students.
7. Post record of student absences.
8. Complete your timecard as required.
9. Participate in faculty meetings, special staff meetings, committee meetings, etc. as directed or requested.

### SUBSTITUTE TEACHER PAY

	<u>Hourly</u>
Non-certified (high school or GED)	\$ 9.60
BA Degree (not state certified)	\$10.52
BA Degree (state certified)	\$11.22
State Certification + Special School Certification	\$13.33
State Certification + Special School Certification (after the 10th consecutive day)	\$15.41

Because of the differing class schedules within the building a substitute teacher's work day will be determined according to each individual teacher's schedule.

All substitutes will be paid for each classroom hour/period. If there are no students, due to absentees or illnesses and substitutes are scheduled, they will be paid for these scheduled periods only if they remain on campus. For the most part a substitute teacher's day will end at 3:45 p.m.

When a substitute is scheduled to work a certain amount of classroom hours/periods for one part of a day and then scheduled to work again later in the day, they will only be paid for the classroom hours/periods they are scheduled for. Substitutes can leave the campus during hours/periods in which they are not scheduled.

## ORIENTATION AND TRAINING

Before a newly hired Substitute Teacher is placed in the classroom, the following procedures shall be implemented.

1. Prospective substitute teachers will be interviewed by the Principal.
2. Principal notifies Director of Human Resources of decision to hire.
3. The Substitute Teacher will contact the SDSBVI Director of Human Resources to set up an appointment to be oriented to the school's personnel, payroll policies and scheduled paydays as well as to complete forms and provide data as follows:
  - A. Forms To Be Completed
    1. W-4
    2. Personal History Form
    3. Employee Eligibility Verification
    4. Background Investigation Form
  - B. Data To Be Provided
    1. South Dakota State Application
    2. Driver's License
    3. Social Security Number
    4. University/College Transcript or High School Diploma/GED
    5. South Dakota Teacher's Certificate (if certified)
    6. Background Investigation Check
4. The Substitute Teacher will meet with the Administrative Assistant to be oriented to operating procedures.
5. The Substitute Teacher will be given a tour of the building by his/her supervisor and a general orientation to the programs offered at the SDSBVI.
6. To view various mandatory films as designated by supervisor and SDSBVI administration.
7. The immediate supervisor will review the Substitute Teacher Handbook and answer any questions.
8. Prior to the first substitute teaching assignment, the new substitute will meet with the teacher who will be gone for an orientation to the class. Additional meetings or telephone conversations will be encouraged. Teachers are required to have detailed weekly lesson plans available for use by the substitute.
9. Substitute Teachers will be notified of, and encouraged to attend, the annual SDSBVI professional development activities and other training sessions held each year.
10. Orientation and Mobility experience.

## TIMECARDS

When reporting to work you must check in at the Human Resources Office to receive and complete a timecard. Before leaving work you need to complete your timecard with the number of classroom hours/periods worked for the day. These timecards are left in the Human Resources Office until the end of each pay period, when the Director of Human Resources retrieves them. The pay cycle runs from the 22<sup>nd</sup> of the month through the 21<sup>st</sup> of the following month.

Payday is the last working weekday of the month. Direct deposit slips will be made available on payday.

## BACKGROUND INVESTIGATIONS

In order to ensure the protection of our students, it is the South Dakota School for the Blind and Visually Impaired's policy that each new employee whether they are permanent or temporary, full or part-time, paid or unpaid, this includes volunteers and student labor workers, will undergo a background investigation conducted by the South Dakota Department of Criminal Investigation and/or FBI. Any person found to have a background involving crimes against persons will either not be offered a position at the SDSBVI or may be dismissed from it if the person has already commenced employment.

## WORKER'S COMPENSATION CLAIMS PROCEDURE

As a South Dakota state employee, you are covered by an insurance program that pays medical and disability benefits for work-related injuries and diseases. The Worker's Compensation Program for state employees is administered by the Bureau of Personnel.

**Injury Reporting Procedure:** If you are injured or contract an occupational disease on the job, you must report it as soon as possible. Report the circumstance of the injury or disease to your **immediate supervisor and/or the Director of Human Resources for filing the electronic First Report of Injury form, no later than three (3) business days after the occurrence.** Failure to notify your supervisor or the Director of Human Resources may result in denial of your claim. Within seven (7) calendar days after the employer has knowledge of the injury, the electronic First Report of Injury form must be filed within the Bureau of Personnel.

The web link for filing is <https://www.bopweb.com/SiteNavTemplateA.asp?id=850>.

**If you fail to report your claim on time, it may be denied.** Keep in touch with your human resource office to assure the claim is properly filed and monitored. All claims will be thoroughly investigated by the Bureau of Personnel.

**Selection of Medical Practitioner:** You have the right to initially select a medical practitioner. Before seeing your practitioner you need to obtain a Workmen's Compensation Work Status Report Form from the Director of Human Resources. These forms are also located in the infirmary, staff lounge and houseparent supervisor's office. This form needs to be completed by the practitioner and then returned to the Director of Human Resources. **If you want to change medical practitioners, you must submit a written request to the Bureau of Personnel for approval.** If your medical practitioner refers you to another practitioner for further treatment, you do not need permission to see that practitioner. **But remember--if another medical practitioner is consulted for a second opinion without referral or the Bureau of Personnel's approval, it will be at your own expense!**

**You also need to give prior notification to the State's Managed Care Program for hospitalization or surgery, unless it is an emergency.**

If you have already seen a medical practitioner about your injury or disease, be sure that your employer includes the medical practitioner's full name and complete address on the Employer's First Report of Injury form. If the medical practitioner's name and address are not on the Employer's First Report of Injury form, please send that information to the Bureau of Personnel as soon as possible. This same information applies to hospital or other medical practitioners.

Your medical practitioner must submit a report to Dakota Care fourteen (14) days after treatment. A medical bill should be attached to the report for faster processing. You must get prior approval from the Bureau of Personnel to purchase orthopedic devices or physical therapy equipment.

**Filing for Disability Benefits:** You cannot be paid for lost work time unless you are incapacitated for seven (7) consecutive days. Make sure the person who files worker's compensation reports in your department notifies the Bureau of Personnel when you have been off work beyond this period. No compensation for lost time payments can be made until the Bureau of Personnel has received such notice.

If you are placed on Temporary Total Disability (according to SDCL 62-4-3), it is your responsibility to:

1. Provide the Bureau of Personnel with a medical practitioner's slip indicating the period of time you will be unable to work.
2. Notify the Bureau of Personnel if your medical practitioner releases you to return to work or if you intend to resign or change employers.

If you fail to furnish this information, your benefits could be delayed or suspended. Legal action is possible in cases of fraudulent claims, for example, if a person returns to work while receiving disability benefits.

An agreement regarding compensation and a voucher payable to the injured employee will be mailed to your employer's office which filed the Employer's First Report of Injury. You must sign the agreement and the voucher and return them to the Bureau of Personnel.

Every effort will be made to allow you to return to work as soon as possible. At a minimum, you should maintain weekly contact with your supervisor or Director of Human Resources.

#### REPORT, REQUIRED

1. Always complete the BEHAVIOR REPORT Form when student behavior involves self-injury, injury to others or intentional destruction of property. This form is available on the "H" drive in the SDSBVI folder under "Forms".
2. To qualify as "injury," the results of student behavior must require attention at the Infirmary. Superficial scratches that stop bleeding after washing with soap and water and blotting are not injuries, except in the case of specific students with special medical needs as directed by the Nurses. Scratches or cuts that require a bandage are considered injuries.
3. Write simply, clearly and concisely about direct observations only.
4. The form is to be completed and distributed or e-mailed before leaving the present work shift. Copies are to be given to the Case Teacher, Case Manager, Principal, Student Services Director and Dorm Supervisor. The Nurses and Superintendent receive a copy only if there was an injury.
5. If an ACCIDENT, INCIDENT OR UNSAFE CONDITION occurs, the standard state form should be completed with copies distributed or e-mailed to the Risk Manager, Student Services Director and Superintendent. This form is also available on the "H" drive in the SDSBVI folder under "Forms".
6. Only the ACCIDENT, INCIDENT OR UNSAFE CONDITION Form is used when the accident, incident or unsafe condition is not related to a student's behavior.

## DINING ROOM GUIDELINES (revised May 2009)

- Each child will be served the federally mandated portions (3 oz.) of three basic foods.
- When possible, there will be choices available within the food groups (i.e. raw or cooked vegetables). If the person helping the student gets his/her plate knows the preference, please tell the kitchen staff. Also, the adults should try not to “bias” the kid’s choices based on personal likes/dislikes.
- The students should be encouraged to try (at least one bite) of each item on the plate.
- In order to receive a sweet dessert (cake, cookies, bars, pudding, ice cream) the student needs to eat  $\frac{3}{4}$  of what’s on the plate. Fresh fruit, canned fruit, Jell-O and applesauce can be provided any time; even if the main course wasn’t finished.
- No “seconds” on sweet desserts will be provided.
- Liquid intake should be monitored to make sure the student is not going to drink so much that s/he will not “have room” for the meal.
- The evening snack guidelines are the same as those for dessert. If supper isn’t eaten, the student will still be offered an evening snack of fruits or vegetables.
- Access to both the candy/snack and pop machines is available to the students after school until 4:00 PM and from 7:00 – 9:00 PM. On weekends, the hours run from 1:00 p.m. – 4:00 p.m. and 7:00 p.m. — 9:00 p.m.
- Whole or skim milk will be on the table for those students identified in eating programs; otherwise, all milk is 1 percent.
- If not on the tables, bread is available at the serving counter.
- No pop is allowed in the dining room.
- Students should be encouraged to drink water with each meal and frequently throughout the day, particularly in warm weather or when exercising.

## FEEDING PROGRAMS

All SDSBVI students will have a feeding skills evaluation completed at the time of their placement. This evaluation will be done by the Dormitories Supervisor when the student is an independent eater and who is using no adaptive equipment. When there are chewing/swallowing concerns or issues related to positioning or adaptive equipment, the evaluation will be conducted by the Speech/Language Pathologist with consultation from the Dormitories Supervisor and the Occupational Therapist as needed. Any modifications to diet textures, adaptive equipment, assistance, and set-up at meals will be determined as a result of the evaluation.

All permanent and temporary dorm staff, teaching staff and instructional assistants will be trained on general dining skills related to visual impairment at the time of hire. All permanent and temporary dorm staff, teaching staff and instructional assistants will be trained on specific feeding procedures for individual students who need them by the Speech/Language Pathologist on an ongoing basis. No staff will assist in feeding students without training. The Director of Human Resources has the list of employees who have gone through the training.

The feeding procedures for students who require assistance and adaptive equipment will be posted in the dining room. Any concerns related to feeding procedures will be referred to the Dormitories Supervisor or Speech/Language Pathologist for reevaluation. Any concerns related to nutrition and hydration or weight will be referred to nursing.

Any recommended changes in either feeding procedure and adaptive equipment or hydration and nutritional intake make by parents or health professionals should be reported to the Nurses and the Speech Language Pathologist and documented in writing.

## LOUNGE

The Staff Lounge should be a pleasant and relaxing place to take a break. It is a place to be used by all staff, and the following suggestions are made relative to the Lounge.

1. Everyone should do their part to keep the Lounge clean at all times. Sign up on the calendar in the Lounge to take your turn at weekly cleaning.
2. No meetings should be scheduled in the Lounge.
3. Student behaviors or student related problems should not be discussed in the Lounge.
4. The Lounge is not a workroom - offices, classroom or respective areas should be used for work.
5. During working hours breaks in the Lounge should be kept to 15 minutes (excluding lunch time).
6. Coffee drinkers are expected to contribute to the coffee stock.

## MAINTENANCE REQUESTS

Requests for minor room changes such as light bulbs, moving of furniture or requests for the maintenance staff to fix minor items not related to the safety or well-being of staff and students should be reported on a Maintenance Request Form and placed in the Physical Plant Manager's mailbox in the Staff Lounge. Maintenance requests may also be made by e-mail; be sure all maintenance department employees receive these requests.

UNSAFE CONDITIONS should be reported immediately through the use of a REPORT OF ACCIDENT, INCIDENT OR UNSAFE CONDITION Form which may be obtained from the Business Manager. Dorm staff may obtain copies from the Dorm Supervisor.

## SUPPORT SERVICES

The following support services are available at the SDSBVI and may be located as follows:

<u>Service</u>	<u>Room</u>	<u>Phone</u>
a) Student Services Director	153	626-3189
b) Infirmary	202	626-2279
c) Technology Specialist	245	626-2333
d) Speech	248	626-2580
e) OT/PT	270	626-2580
f) Maintenance	Garage & Lions Den	626-3990 & 626-7832
g) Principal	222	626-7833
h) Educational Secretary	226	626-2581

## TEACHING CHILDREN WITH VISUAL IMPAIRMENTS

### WHAT DO YOU THINK?

Some ideas we have about the visually impaired are things we've heard but not thought about...

How many of your ideas are myths and how many are fact?

- |  |      |       |
|--|------|-------|
| 1. Blind people hear better than sighted people.   | TRUE | FALSE |
| 2. He'll hurt his eyes if he holds a book too close to his eyes.                         | TRUE | FALSE |
| 3. He'll lose sight if he uses his eyes too much.  | TRUE | FALSE |
| 4. They need bright light to see better.   | TRUE | FALSE |
| 5. One "bad" eye means that she's lost half her vision.                                  | TRUE | FALSE |
| 6. All visually impaired kids need glasses.  | TRUE | FALSE |
| 7. All visually impaired children can be helped if they were given books in large print. | TRUE | FALSE |

Answers:

1. FALSE; The visually impaired need to be trained to make maximum use of their listening skills. They cannot hear better, simply because they cannot see well.
2. FALSE; It does not harm the visually impaired to hold their books close to their eyes. They do this to see the print better.
3. FALSE; Unless there is a medical prescription to the contrary, the visually impaired should be encouraged to use their vision.
4. FALSE; Depending upon the child, he/she may need bright or dim lighting. As a result of some eye conditions (cataracts, albinism), a child may require dim lighting in order to feel more comfortable.
5. FALSE; Losing vision in one eye affects depth perception and width of visual field but usually does not affect other aspects of vision. Psychological aspects may become important.
6. FALSE; Glasses do not always correct vision. The visually impaired may wear glasses for some tasks and not for others.
7. FALSE; Not everyone. Sometimes large type can be a detriment depending upon the cause of the visual impairment

## WHO ARE VISUALLY IMPAIRED STUDENTS?

Visually impaired children are those whose vision prevents them from functioning educationally, without special materials, training and/or other assistance. This includes children who:

1. See at 20 feet what a person with “normal vision” sees at 70 feet (20/70 acuity).
2. Read big E on Snellen Chart (20/200 acuity - legally blind).
3. Identify forms or objects from various distances.
4. Count fingers from various distances.
5. Acknowledge hand movements.
6. Have light perception.
7. Have no light perception (totally blind).
8. The above (1-7) relate to visual functioning. How well a child actually sees is called functional vision and is dependent upon many environmental factors.

How a child uses vision (Functional Vision) is the most important consideration for the classroom teacher. Educationally, visually impaired students can be grouped in these ways:

1. Read standard print.
2. Use magnification devices with standard print.
3. Read large print.
4. Use Braille but can see light (useful for mobility).
5. No light perception (Braille users).

## WHAT ARE SOME COMMON VISUAL IMPAIRMENTS?

Albinism - A hereditary condition in which there is a lack of pigment throughout the body, including the eyes. It is usually accompanied by a nystagmus condition (see below). Children with albinism are very sensitive to light and sometimes wear tinted glasses.

Astigmatism - Blurred vision caused by defective curvature of the refractive surfaces of the cornea, as a result of which light rays are not sharply focused on the retina.

Cataract - A condition in which the normally transparent lens of the eye becomes cloudy or opaque.

Glaucoma - A condition in which pressure of the fluid inside the eye is too high. Depending upon the type of glaucoma, visual loss may be gradual, sudden, or present at birth. When visual loss is gradual, it begins with decreasing peripheral vision.

Hyperopia - A condition in which the eyeball is too short from front to back, causing farsightedness.

Myopia - A condition in which the eyeball is too long from front to back, causing nearsightedness.

Nystagmus - Involuntary, rapid movement of the eyeballs from side to side, up and down, in a rotary motion, or a combination of these.

Retinitis Pigmentosa - A hereditary degeneration of the retina beginning with night blindness and producing a gradual loss of peripheral vision. Though some persons with this disease lose all of their vision, many do retain some central vision.

Retrolental Fibroplasia (RLF) (Also called Retinopathy of Prematurity - ROP) - Visual impairment caused by oxygen given to incubated premature babies.

Strabismus - Eyes not simultaneously directed to the same object as a result of an imbalance of the muscles of the eyeball.

## TEACHING SUGGESTIONS

1. When approaching a blind student, unless he knows you well, always state your name. Voices are not always easy to identify, particularly in crowds or stress situations.
2. A totally blind child or a child with severe visual impairment may exhibit certain mannerisms (fingers in the eyes or eye poking, rocking, extra movements). Encourage good posture and consult with the resource or itinerant teacher for dealing with this behavior.
3. Tell your student what's going on. Sometimes a conversation doesn't make sense or may convey the wrong meaning if you can't see the expressions on people's faces.
4. For the safety of the visually handicapped child as well as for all other children, doors and cupboards should be all the way open or all the way shut. The visually impaired child should also be told of any changes in the position of classroom furniture.
5. Do not avoid words such as "look" and "see". The visually impaired use these words and other vision oriented words just as the general public does.
6. Be fair and firm. In general, maintain the same standards as the regular classroom teacher. Some visually impaired may try for sympathy. What they should have is empathy and a realization that you are not going to expect less of them than their regular teacher unless there is a good reason for deviating.

7. A visually impaired child will probably operate more slowly than a child with normal sight because the information gathering mechanism is not as efficient.
8. When you are talking about an object or a place, be descriptive. Avoid pointing at an object and saying something like, "its right over there."
9. Do not expect the blind child to get too much out of strictly visual methods of teaching.
10. Good lighting is not always bright lighting.

**CONCEPT DEVELOPMENT** - The child who has been severely visually handicapped since birth or the first few years of life must be taught those body image and spatial concepts which the sighted child normally develops as a matter of course. For example, a child may need to learn such spatial concepts as "above," "below," and "next to" in relation to himself and others. Older students may have difficulty understanding the concepts of rotation and revolution. In addition to developing body image and learning spatial concepts, the visually handicapped child needs concrete educational experiences.

### **LECTURING AND DEMONSTRATING**

1. Be descriptive.
2. Let the student handle the materials before, during or after a demonstration.
3. Let the student stand/sit near or next to the demonstration.
4. Do not lecture with your back to the window, forcing students to look into the light.
5. Do not expect the blind child to get anything out of strictly visual methods of teaching. If you are presenting something strictly visual and it cannot be put into something that can be felt or be told orally, give the student a different, but related, assignment.

### **WRITING ON THE CHALKBOARD**

1. Write in large, broad print.
2. Read aloud as you write.
3. Use thick, white chalk.
4. Keep the board clean to maximize the contrast.
5. Try not to clutter the board with so much information that students have difficulty seeing materials.

### **CHARTS AND MAPS**

1. Inquire about large print, Braille and tactual maps and globes.
2. Maps on handouts should have clear, bold boundaries.
3. Make tactual maps with yarn and Elmer's glue.

## WRITING TOOLS

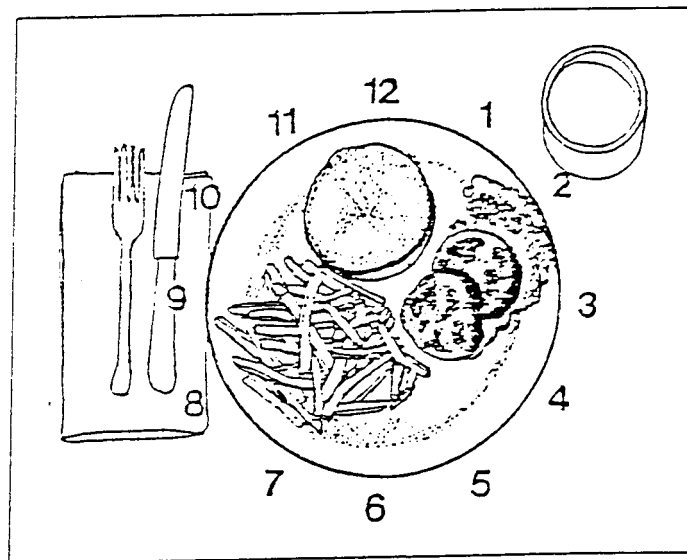
1. Have the student use thick, soft pencils and/or black felt-tip pens.
2. Use nonglossy paper.
3. Use pens/pencils that have thick strokes.

## TESTING

1. The student may answer orally, in writing, by typing or by taping.
2. Partially sighted students may need large print tests.
3. You might want to tape the test.
4. You may need to allow extra time for these students to complete exams. Usually, time-and-half is acceptable.

## HOW DO VISUALLY HANDICAPPED CHILDREN FIND THE FOOD ON THEIR PLATE?

To find food on a plate, visually handicapped imagine the plate is a clock. They are told at what time the food is placed. On this plate, the hamburger is at 12 o'clock, the salad is at 3 o'clock and the french fries are at 8 o'clock. Visually handicapped kids, just like you, think dessert should be all the time! (NOTE: This technique is only useful for students who have an understanding of an analogue clock face.)



What time is milk at? (2 o'clock)

## HOW DO VISUALLY HANDICAPPED CHILDREN FIND THEIR CLOTHES AND TOYS?

Visually handicapped kids have to be very neat. They aren't always but they should be. They have to put their things in the same place every day in order to find them.

To pick out what to wear in the morning, visually handicapped kids may feel the texture of their clothes. They know jeans feel different than wool pants. They may remember in what order their clothes are hung in their closet or use some other system.

In order to decide what top matches what bottom, aluminum clothing tags can be sewn in each piece of clothing. On the tags, there are Braille markings indicating the color. Visually handicapped children must learn what colors go together.

## BRAILLE ALPHABET

The basis of Braille is a rectangular "cell" formed by six raised dots, two horizontal by three vertical.

	1..4	..	4..1	
For Writer Work	2..5	..	5..2	For Slate Work
	3..5	..	6..3	

The dots have been numbered arbitrarily. In the above illustrations, one side is labeled "For Writer Work" and the other side is labeled "For Slate Work." The student who uses a braillewriter writes from left to right; the student who uses a slate writes from right to left.

The symbols for the first ten letters of the Braille alphabet use only Dots 1, 2, 4 and 5. The symbols for the next ten letters are formed by adding Dot 3 to each of these symbols. Since Louis Braille was a Frenchman, and there is no "w" in the French language, the Braille alphabet which he devised conformed to the pattern of adding Dots 3 and 6 to the symbols for the first five letters of the alphabet to form the symbols for the last five. However, a symbol for "w" has been created, and therefore the pattern is broken.

## For Writer Work

a	b	c	d	e	f	g	h	i	j
⠁	⠃	⠉	⠙	⠑	⠋	⠗	⠈	⠊	⠚
k	l	m	n	o	p	q	r	s	t
⠅	⠇	⠓	⠝	⠕	⠏	⠖	⠞	⠟	⠞
u	v	x	y	z		w			
⠥	⠦	⠭	⠽	⠵		⠪			

Letter	Dots	Letter	Dots	Letter	Dots
a	1	k	1-3	u	1-3-6
b	1-2	l	1-2-3	v	1-2-3-6
c	1-4	m	1-3-4	w	2-4-5-6
d	1-4-5	n	1-3-4-5	x	1-3-4-6
e	1-5	o	1-3-5	y	1-3-4-5-6
f	1-2-4	p	1-2-3-4	z	1-3-5-6
g	1-2-4-5	q	1-2-3-4-5		
h	1-2-5	r	1-2-3-5		
i	2-4	s	2-3-4		
j	2-4-5	t	2-3-4-5		

What is shown is known as Grade I Braille, that is, there is a Braille character for every print character. Grade I Braille is used very little nationwide. Most blind people who use Braille, and that includes the Braille reading students here, use what is known as Grade II Braille. Grade II Braille, in order to save space, utilizes approximately 190 short forms and contractions. There is also a Grade III Braille, which has about 500 contractions, but this is used primarily by college students for taking notes. Nemeth Code utilizes the same 6 dots but uses them to convey mathematical signs, symbols, and numbers. The designs formed by the same 6 dots are also used to express musical notation.

### WHAT SPECIAL DEVICES WILL THE VISUALLY HANDICAPPED CHILD USE?

Some children may need only a few adaptive materials while others require a combination of several devices. These devices are generally categorized as optical or nonoptical and should only be provided by a special teacher of the visually handicapped or an eye specialist. A partial list follows.

**NONOPTICAL AIDS** - These are devices that are not individually prescribed and may or may not be designed specifically for the visually handicapped.

#### A. Visual Aids

1. Bookstands - These help to reduce postural fatigue by bringing the work closer to the reader's eyes. When a bookstand is not available, one may be improvised by placing other books beneath the book that is to be read.
2. Felt Tip Pens - Usually preferred in black, and available in varying widths, these produce a bold letter or diagram. Using different colored markers will often help a student to emphasize sections of his notes when scanning would otherwise be quite difficult.
3. Acetate - Usually preferred in yellow, though available in various colors, acetate placed over the printed page will tend to darken the print itself as well as heighten the contrast of the background paper.
4. Lamps with Rheostats - With variable intensities and positioning, lamps can provide the additional or dimmed illumination that a visually handicapped child may require.
5. Large-Type Books - For comfort or for those children who cannot read regular print at close distance even with an optical aid, large-type is helpful. Its quality or typeface is as important to legibility as its size. Spacing between letters and lines is also important.
6. Bold-Line Paper - For children who find it difficult to see the lines on regular writing paper, bold lines are available in various formats, e.g., graph paper, large print slaves for music notation.
7. Page Markers and Reading Windows - These may be especially helpful to a child who finds it difficult to focus on a word or line of print.
8. Sun Visors and other Shields - Children with light sensitivity (photophobia) may need to block out some of the light and glare in the environment.

#### B. Tactual Aids

1. Braillewriter, Slate and Stylus - A braillewriter is a manually operated, six-key machine which, as its name indicates, types Braille. The slate and stylus, used to take notes, is easily carried in a pocket or on a clipboard. The slate is a metal frame with openings through which Braille dots are embossed with the aid of a pointed stylus.
2. Raised Line Drawing Board - A rubber covered board on which the blind child can draw or write on acetate with a pen or similarly pointed object, and feel the lines "raise up" as they are made. The geometric shapes, script letters or other line diagrams thus reproduced are generally simple inform for tactual understanding.
3. Cubarithm Slate - This aid enables the blind child to do mathematics using standard Braille characters. Cubes with raised Braille notation fit into square recesses in a waffle-like frame.
4. Abacus - Teachers are now instructing students in the use of the Cranmer Abacus, especially adapted for the blind.

5. Raised Line Paper - (writing paper, graph paper, etc.) - Raised line paper allows a student to write script “on the line” or to maneuver a graph either by placing markers onto the graph paper or by punching holes to indicate specific points.
6. Templates and Writing Guides - Made out of cardboard, plastic, or metal, these open rectangular forms allows signatures of other information to be written within their boundaries. Many blind people use these guides to sign their names.

### C. Auditory Aids

1. Cassette Tape Recorders - Children use the recorder to take notes, listen to recorded texts or formulate compositions or writing assignments.
2. Talking Book and Other Recording Programs - The Library of Congress (Talking Book Program) and other organizations provide free library services to visually handicapped persons, offering a wide variety of texts and leisure reading on discs and cassettes. Because the speeds at which these discs and cassettes are played differ from the speeds of commercially manufactured recordings, the Library of Congress lends special Talking Books and cassette machines to eligible persons.
3. Variable Speed Attachments - Attached to a tape recorder or Talking Book machine (some are built into the machine itself), these can be used to vary the speed at which the student listens to the tape, thereby speeding up or slowing down the rate of listening. (Speeding up the tape increases pitch.)
4. Speech Compressors - These devices speed up recorded materials without changing the pitch.

D. Technological Advances in Electronic Aids - The following aids, while are available at the present time, are often too expensive for schools or individuals to purchase. It is hoped that sometime in the near future they will be available to all who can benefit from them.

1. Talking Calculator - This hand-held calculator speaks each entry and result. It is capable of performing all the computations of a nonadapted electronic calculator. (Earphones are available.)
2. Optacon - This “Optical to Tactual Converter” (produced by Telesensory Systems, Inc.) transforms print into letter configurations of vibrating reeds that are read tactually.
3. Closed Circuit Television - The closed circuit television electronically enlarges printed material onto a television screen and can also change polarity; black print on a white background can be viewed as white print on a black background. Contrast and illumination can also be altered.

## HOW WILL THE VISUALLY HANDICAPPED CHILD GET AROUND THE CLASSROOM AND SCHOOL BUILDING?

Sometimes a visually handicapped child may choose to (or need to) utilize a sighted guide. For ease and safety of movement the child should grasp the guide's upper arm, just above the elbow (a younger child walking with an adult may hold the adult's wrist) so that the thumb is on the outside and the fingers are on the inside of the guide's arm. Both the visually handicapped child and the guide hold their upper arms close to their own bodies. This should automatically position the child one-half step behind his guide.

## WHO ARE THE PROFESSIONALS WHO WORK WITH THE VISUALLY HANDICAPPED?

Brailist or Braille Teacher - A paraprofessional who has completed the required coursework to assist a classroom teacher working with a student who is blind; may teach Braille.

Low Vision Specialist - A person trained to assess student's functional vision in everyday settings and recommend adaptations. Can assist educators in understanding medical eye reports.

Ophthalmologist - A physician (M.D.) who specializes in diagnosis and treatment of all defects and diseases of the eye by prescribing drugs and glasses, performing surgery and other types of treatment.

Optician - A maker of glasses: grinds lenses to prescription, fits them into frames and adjusts frames to the wearer.

Optometrist - A licensed, nonmedical practitioner who measures refractive errors (irregularities in the size or shape of the eyeball or surface of the cornea) and eye muscle disturbances. The optometrist's treatment is limited to the prescribing and fitting of glasses.

Orientation and Mobility Specialist - Teaches students to familiarize themselves with new surroundings and to travel independently both in and out of doors; also works with younger children on concept development as it relates to body image and spatial awareness.

Teacher of Visually Impaired - A teacher who has a major or minor in teaching students who are visually impaired, and is certified by their own stated education agency.

Technology Specialist - A person who is knowledgeable in the various technologies used by people with disabilities to access computers.

Transition Specialist - A person who is knowledgeable about the laws, processes and practices to aid students and their families in preparing for post high school experiences.