

DORMITORIES AND NURSING HANDBOOK

Preparing students to step forward with confidence and a vision of lifetime success



SD School for the Blind
and Visually Impaired

Dear State of South Dakota Employees,

Public service is essential to maintaining our democratic society, providing services to our citizens, and helping the state and country prosper. Thank you for your dedication to the State of South Dakota and its citizens.

Beyond day-to-day duties, each State employee, regardless of title or pay grade, is responsible to help maintain the public trust. Any misappropriation of resources, conflict of interest or other illegal activity, undermines the confidence citizens have in our State government. It overshadows the otherwise good work being done for society.

In addition to reading and abiding by the personal responsibility policies outlined here, you are asked to report acts that you believe violate these policies. If you see something, please say something. To create a comfortable atmosphere for recounting such concerns, an internal control officer has been appointed in each department. If you do not feel comfortable discussing your concerns with the internal control officer in your department, you may reach out to an internal control officer from another department or contact your human resources manager.

Thank you in advance for representing yourself and your fellow State employees with integrity.

Sincerely,

Governor Dennis Daugaard

Dear Board of Regents Employees,

Integrity. Ethics. Transparency. Protecting the public trust. You and I not only have the responsibility to maintain the very highest standards in these areas, but also to pass these values along to our students. Our society has long depended on higher education to enhance the ability of our democracy to function effectively and fairly for all of the people that call our nation and state home. We must assist students in their search for knowledge, in understanding themselves and their cultural and physical environments, and in developing the wisdom and skills necessary to function as responsible citizens in society.

As a Regental system employee, you play an integral role in carrying out that mission. Each and every employee has a responsibility to demonstrate to each other, our students, and the citizens of the State of South Dakota, a commitment to making stewardship and ethical behavior a part of our everyday activity. Thank you for representing the Board of Regents and your institution with honesty and integrity, and leading by example for the future leaders of South Dakota.

Sincerely,

A handwritten signature in cursive script that reads "Mike Rush".

Mike Rush
Executive Director and CEO

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RESIDENTIAL LIVING PROGRAM

The purpose of the Residential Living Program is to provide an environment which assists the students' physical, social, mental, and emotional development. It is an essential component to learning the independent living skills which are necessary to achieve a satisfying, productive, and optimally independent adult life, commensurate with individual capabilities.

The Residential Program implements the Expanded Core Curriculum in daily living skills. Students have goals set annually in the Individual Education Plan and implemented through a cooperative effort between the Case Managers and Dormitories Supervisor. A quarterly Dormitory Report is completed by the Case Manager and sent home with the report cards.

In addition, students' behavior is influenced and molded by individual Behavior Management Programs which are created and supervised by a team involving parents, Case Manager and Case Teacher.

The SDSBVI students also have frequent opportunities to be involved in community activities. Outside groups and individuals have contributed time and funding to provide programs and activities.

CASE MANAGEMENT SYSTEM

PHILOSOPHY - The Case Management System is a method that dormitory and teaching staff can use to help meet the needs of students in a more efficient personal way. The students benefit from the one-to-one contact they receive from the Case Managers and communication is increased.

Dorm Case Managers will work with faculty Case Teachers on student programs during IEP meetings and prestaffings. There will also be informal meetings between the students' "case people" weekly. This arrangement will promote a better working relationship between dorm staff and faculty members and increase the service provided to the students.

CASE MANAGERS - The Case Managers are assigned by the Dormitories Supervisor and have the following responsibilities:

1. In conjunction with Case Teacher and other faculty, participate in implementing IEP goals for students in the dorm in the areas of daily living skills, social/emotional and recreation/leisure skills.
2. Consult with Case Teacher at least weekly. This can be done informally but record of it must be kept in the student's binder.
3. Attend meetings on case students making necessary arrangements with Dormitories Supervisor.
4. Request team meetings when necessary.
5. Communicate with parents on a regular basis either by telephone or correspondence. Frequency of contact can be mutually determined.

PROCEDURE - Each dorm employee will be given a list of students for whom s/he will be assigned as Case Manager. This person will be responsible for meeting with each student both individually and in a group on an informal basis.

Weekly sessions need not be long and should be used to build rapport with the students and aid in meeting their needs.

Case Managers will maintain student binders for each of their case students. Information includes student schedules, activities, behavior programs, parental contacts, and record of their weekly meeting. Case Managers should keep all reports and records confidential and use discretion when sharing information with other staff members and persons outside of school. This will greatly help in building credibility with the students. The files and daily log book must be locked in an area where they will not be accessible to students or unauthorized individuals.

If the Case Manager feels uncomfortable in handling a specific problem, s/he is encouraged to seek help from the Dormitories Supervisor first, but decision making is an essential part of the job. Problems of a serious nature will be referred to the Student Services Director by the Dormitories Supervisor.

RESIDENTIAL STAFF RESPONSIBILITIES - Residential staff bear the responsibility for the well-being and safety of the children in his/her charge. All children are to be treated fairly and favoritism is not to be shown. An efficient means of communication and discipline encourages the development of respect from the children for the staff members. **ABUSIVE LANGUAGE AND CORPORAL PUNISHMENT ARE NOT PERMITTED.** Established Non-Violent Crisis Intervention procedures are to be implemented and behavior programs implemented.

The Case Managers and Houseparents need to have positive contacts with parents. Frequently, parents may need to be referred to the proper authority, including the academic administration. Any pertinent information, provided by parents, also needs to be shared with the appropriate teachers, administrators, or dormitories supervisor. Always be honest and TACTFUL when answering parents' questions and don't discuss other students with parents.

DORMITORY PRIVACY GUIDELINES

A person may enter a student's bedroom only after knocking or signaling in a manner the student can detect. The student must give affirmative indication before the room is entered. After three (3) attempts without an affirmative reply, the person seeking entry must leave the area for at least five (5) minutes before trying again. This guideline applies to all staff, students, and visitors.

No one can enter a student's bedroom unless the student is physically present. Exceptions to this are dorm staff on duty, Daily Living Skills Instructor, Dormitory Supervisor, or Student Services Director. These people may walk through any bedroom or bathroom while engaged in a search for a missing student or to identify health and safety hazards. The nurse on duty may need to get something for a student who is in the Infirmary.

Janitorial and maintenance staff will enter students' bedrooms only to the extent necessary to perform assigned duties. Students will be provided with advance notification of any work to be done, other than routine cleaning or in the event of emergency repairs.

If there is reason to believe the student has violated the law or institutional regulations, the Superintendent, Student Services Director, and/or Dorm Supervisor are to be notified. They will then investigate the situation, including possible entry into the student's room. At least two (2) of these people must go into the room together.

Personal things may not be opened, looked into, removed, or replaced in the dorm rooms without the permission of the student. This includes closets, drawers, luggage, etc. Any action must be approved by the student and s/he must be physically present. It is always preferable for a second staff person to be present for any such action that is not part of a regular instructional activity.

A staff person may enter a student's bathroom or shower area only if it is within their assigned area of responsibility at the time. In doing so, the staff member shall make every reasonable attempt to alert any present student and gain affirmative indication that it is all right to enter. Interaction with a student in these areas shall occur only as part of a regular training program.

A staff person may view or interact with a student who is partially undressed only during the time when it is within their area of direct responsibility. When doing so, the staff person shall make every reasonable attempt to preserve the student's privacy.

A staff person may touch a student's body only when the student is under their direct responsibility and as part of an ongoing one-on-one training program. Parts of the student's body that are being touched shall be only those appropriate to touch in the present situation. The staff person shall make every reasonable attempt to keep the extent of such touching to a minimum. Students have no reason to touch one another except as part of a normal greeting, expression of comfort or affection, etc. Staff shall be responsible for monitoring the nature and frequency of such interactions and recommending or providing guidance as necessary.

Visitors have no reason to touch students, except as part of an introduction or if well known to the student, i.e., friend or family member. The guideline of mutual desirability shall always prevail.

All persons in the dormitory are responsible at all times to assure that these guidelines are strictly followed. Every effort should be made to teach students the important elements of their personal right to the privacy of their bodies, belongings, and personal space.

Written exceptions to these guidelines, including wake up routines, may be developed and approved by the student's case management team. All exceptions shall be included in the student's residential binder.

EXCEPTIONS TO THESE GUIDELINES MAY OCCUR IN THE CASE OF CLEAR AND PRESENT DANGER TO THE STUDENT. FIRE DRILLS ARE ALSO AN EXCEPTION TO THESE GUIDELINES. ALL EXCEPTIONAL ENTRANCES MUST BE NOTED IN THE DORM LOG.

REPORT, REQUIRED

1. Always complete the BEHAVIOR REPORT (pink form) and an ACCIDENT, INCIDENT & UNSAFE CONDITION REPORT (yellow form) when student behavior involves self-injury, injury to others or intentional destruction of property. The Behavior Report (pink form) must always be filled out and, when possible, complete the "Behavior" link in Infinite Campus.
2. These forms are to be completed and distributed or emailed 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 of the yellow form only if there was an injury and the original is turned into the Risk Manager.
3. 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.
4. Write simply, clearly and concisely about direct observations only and remember the A-B-C format. (A = Antecedent, B = Behavior, C = Consequence)

SUPERVISORY STRUCTURE

All problems in the dorms must be directed to the Dormitory Supervisor, and in the Infirmary to Student Services Director. If an issue is presented to the department supervisors and not handled to the satisfaction of the employee, the employee must follow the chain of command.

SCHOOL DAY

Students will be released from the dormitory at 7:55 a.m. and teachers are to be in their assigned rooms. Classes will begin at 8:00 a.m. In the normal schedule, the class day will end at 3:00 p.m.

IN-SERVICE AND STAFFING

Employees will participate in all required in-service training.

The dormitory and nursing staff meet on the final day of school prior to each homegoing to discuss various topics dealing with the students and situations at the SDSBVI.

In addition, each year a longer in-service may be provided for Residential Child Care Staff on a needed topic.

Residential Child Care Staff and Nurses are also encouraged to take additional outside training in accordance with the South Dakota Bureau of Human Resources guidelines.

VISITATION GUIDELINES

Parents, relatives, and friends are welcome in the dormitories, but there are a few guidelines to protect students' privacy. Please make arrangements with staff on duty. No visitors of the opposite gender, other than parents, should go past the "exit" signs in the dorm. Visiting hours are posted by each dorm. It is the SDSBVI policy that all bedroom doors must be open any time there is guest and also at bedtime.

DORMITORY VISITING HOURS:

Monday -- Friday: 3:00 PM – 5:00 PM and 6:30 PM – 9:00 PM

Saturday: 12:00 PM – 5:00 PM and 6:00 PM – 10:00 PM

Sunday: 12:00 PM – 5:00 PM and 6:00 PM – 9:00 PM

TELEPHONE (revised September 2016)

Students, along with their Case Managers, will make one phone call home a week. This call should be no longer than 20 minutes. Family members are also encouraged to call their children. Personal phone calls will not be allowed during meal times and after 10:00 PM (except for emergencies).

CELL PHONE POLICY – RESIDENTIAL STAFF (August 2016)

- Cell phones need to stay in the dorm offices except for study hall and after the kids go to bed.
- Cell phones can be taken on outings in case of emergencies or to take any pictures from that outing to be used for school media.
- Case managers can communicate with parents via text message; it just needs to be done in the office during work hours.

CELL PHONE / iPad POLICY - STUDENTS (revised September 2016)

All students whom have a cell phone or iPad are encouraged to read and sign the SDSBVI Cell Phone/iPad Policy. The contract points include:

- Students can have phones during the school day, but must be kept in the student's backpacks.
- The phones must be turned off and vibrate cannot be used except between 12:30 PM and 1:00 PM in the dormitory.
- No texting or talking in the halls. The only exception is if the phone is being used as a medication reminder or when requested for the teacher for classroom instruction.
- Other than lining up transportation, phones cannot be used while at work.
- Phones cannot be used during meal times and activities.
- Telephone and iPad privileges will be based on the Levels System. The alarm clock and a quiet music playlist, on a timer, can be set at bedtime. The equipment can be used, again, at 7:00 AM.
- The phones can be taken for out-of-town outings; the rules set by the adults in charge are to be followed. SDSBVI staff will not be responsible for the student's equipment.
- Student agrees to not argue with the adult in charge when told to turn off or turn in phone.
- The consequence for not following these contract guidelines is the loss of the phone for one week.

OFF-CAMPUS ACTIVITIES, GUIDELINES FOR STUDENTS ATTENDING

Parental permission (either in writing or on the telephone with two witnesses) must be obtained before a child can attend any activity not sponsored by SDSBVI, including church. Specific parental notation should address worship services and organized youth groups. This permission can be provided for routine attendance, at the beginning of the year, but permission must be gotten for each situation that is not routine; i.e. swimming, skiing, etc. Any requests must be discussed with Dormitory Supervisor and the Student Services Director prior to contact being made with parents.

Guidelines for youth-group attendance:

- Age appropriate activities are necessary – younger students may attend with older ones only if the activities are so designed.
- If an activity is planned somewhere other than in the church, the dorm staff need to be notified the week prior to the planned activity so parental permission may be obtained.

Involvement in activities must follow established SDSBVI safety policies, including:

- Students must always wear seatbelts in vehicles.
- Students need to come back to school immediately following the activity, unless prior arrangements have been made with staff.
- If the student travels with a cane, s/he must always use it when off-campus.

INDEPENDENT LIVING EXPERIENCES -- THE APARTMENT (revised February 2016)

Living in the apartment, students will work on the identified objectives. Before beginning in the Apartment Living Program, the student will be given a complete review of all areas which will be graded and the standards which will be used. He/she will also be informed of all the rights and responsibilities which are part of the program and will be asked to sign a lease for the apartment. Once a student takes up residence in the apartment, he/she is expected to fulfill the terms of the lease.

During the school year, selected SDSBVI students will be provided the opportunity for experience in independent living. This experience will be designed to meet the needs of the individual student. The student will live in the apartment in either Herseth Hall or Spicer Hall, and will be responsible for his/her own meals, laundry, housekeeping, etc. based on his/her abilities. This will allow the student to gain firsthand knowledge of the skills they will need in maintaining their own homes after leaving SDSBVI.

GUIDELINES FOR APARTMENT LIVING

There are the basic guidelines which may be amended as the need arises. Students whose abilities and maturity levels prohibit full-time residence in the apartment will have programs specifically designed to meet their needs.

GENERAL RULES

1. Students living in the apartment will move in with everything needed for their stay, as they are not to return to their dorm room until the end of the evaluation period.
2. Dormitory rules in regard to lighted candles, smoking, drug, or alcohol use on campus DO apply to the apartment student.
3. The student will set his/her own bedtime and rising time, be responsible for allowing time to study, and must see that he/she is to school and work on time.
4. The student living in the apartment may stay out until 10:00 PM on school nights and as late as 12:00 Midnight on Friday and Saturday nights, with parental permission. The student must inform the Case Manager on duty when he/she will be back so that provisions can be made to let them back into the building.
5. Whenever leaving the apartment, the student will close the door. Treat the apartment as if it is your home.
6. SDSBVI staff will not provide transportation to the apartment student unless it is for grocery shopping, a school function, or in the case of an unusual circumstance.
7. The Dorm Supervisor will set up designated observation periods to determine the student's progress, strengths, and weaknesses.

INDEPENDENT LIVING SKILLS

1. The student will schedule use of the laundry facilities in the dorm.
2. Apartment living students will eat their lunch meals in the school dining room.
3. There will be simulated bill paying experiences and a lease will be signed.
4. Students will prepare a shopping list in accordance with their budget and will be accompanied by the dorm staff to purchase grocery items needed to prepare their weekly meals. They will receive a \$40 weekly allotment.
5. The apartment student may have guests for meals providing they inform the Dorm Supervisor of their plans one day in advance; one meal "out" per week is allowed.

VISITATION

1. There will be no visiting in the apartment by dorm students before school hours. The same goes for the apartment student in the dorm.
2. The apartment student may "visit" in the dorm until 10:00 PM Sunday thru Thursday and until 11:00 PM Friday and Saturday.
3. Outside visitors and SDSBVI students must be out of the apartment by 9:00 PM Sunday thru Thursday and 10:00 PM on Friday and Saturday.
4. The apartment student may have an overnight visitor providing they inform the Dorm Supervisor one day in advance of their intention to have an overnight guest.
5. Male/female visitors will be permitted in the Herseth and Spicer apartments; the door must be left open. The bedroom and bathroom areas are off-limits to guests.

DINING ROOM GUIDELINES (revised February 2016)

- Each child will be offered servings from the three basic food groups.
- 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 their personal likes/dislikes.
- The students should be encouraged to try (at least three bites) 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 and vegetables can be provided any time; even if the main course wasn’t finished.
- No “seconds” on milk or 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 low fat and chocolate milk is “no fat” with no more than two servings per meal per student.
- Bread is available upon request.
- 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.
- Shoes, flip flops, or sandals must be worn in the Dining Room. Going barefoot or wearing socks is not allowed in the Dining Room.

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.

BULLYING DISCIPLINE PLAN (revised September 2015)

Bullying is the repeated and intentionally harmful behavior between students that is based on the abuse of power and control. Bullying of students for any reason will not be tolerated, including on the basis of sex, race, color, creed, religion, national origin, ancestry, citizenship, gender, gender identity, transgender, sexual orientation, age, disability, genetic information or veteran status, or any other status that may become protected under law against discrimination or on any other grounds.

Behavior	1st Incident	2nd Incident	3rd Incident	Additional Incidents
Verbal, Social & Cyber Bullying	Consequence Group I	Consequence Group I or II	Consequence Group II or III	Develop Individual plan
Physical Bullying	Consequence Group I	Consequence Group II	Consequence Group III	Develop Individual plan
Threats of Violence & Ongoing Harassment	Consequence Group II	Consequence Group III	Consequence Group III or Develop Individual Plan	Develop Individual plan
Unwanted Sexual Comments, Gestures, or Contact	Consequence Group I	Consequence Group I or II	Consequence Group III or Develop Individual Plan	Develop Individual plan
Dating Violence or Stalking	Consequence Group III and Develop Individual Plan			

If the law has been broken, the school may inform the police.

Consequence Group I

- Visit with the Counselor
- Visit with the Principal
- Written promise not to repeat
- Spoken or written apology (offender’s idea)
- Telephone call to parent from student
- Loss of activities
- Demotion one level in residential program
- Loss of computer/cell phone usage
- Detention

Consequence Group II

- Spend time with a staff member
- Repair or replace damaged property
- Telephone call to parent from counselor
- Letter to parent
- Student/parent conference call
- Detention
- Demotion two levels in residential program

Consequence Group III

- Repair or replace damaged property
- School/community service
- Skills training
- Positive Behavior Intervention Plan developed
- Suspension
- Demote three levels in residential program
- Detention
- Civil authorities will be contacted

CRISIS INTERVENTION POLICY

THE GOAL DURING A CRISIS SITUATION IS TO INSURE THE CARE, WELFARE, SAFETY, AND SECURITY FOR ALL INVOLVED.

To minimize the probability of a crisis resulting from student behavior, always be aware of the apparent anxiety and stress level. If a child appears anxious or agitated, be supportive. Remember to be aware of your body space and communicative responses (both verbal and nonverbal). Empathic, nonjudgmental listening is very important. Remember – this is a shared experience and how one person acts/reacts affects how the other person acts!

If the anxiety continues to increase and the child becomes defensive, calmly be directive and set limits that are clear, reasonable, and enforceable. Offer the student two behavior choices -one the desired action and the other the consequence of noncompliance. Discipline is always the most effective when the responses/consequence are given directly by the adult involved rather than bringing in a third party, such as the Principal or Dorm Supervisor.

If the agitation continues, allow the student to “release steam” so the tension can be reduced, even if this means swearing or yelling. Do not try to move an upset student! If you think the student is not going to calm down and there is a risk of danger, remove all other students from the area – either to the hallway or a nearby room. If a personal threat is made to you or others, take it seriously.

If the student’s agitation continues to escalate and there is a clear danger to people, get help immediately with either the intercom system or by yelling down the hall. Any physical intervention is potentially dangerous and should be considered as an emergency response procedure.

The only acceptable form of physical restraint is the techniques taught through the Non-Violent Crisis Intervention Training Program. If other techniques are used, there is the possibility of disciplinary action against the employee.

After the student and staff members have calmed down and the tension has been reduced, it is important that all people involved re-establish rapport and communication. As much as possible, the situation and possible other actions should be discussed. Any consequences from the limit setting should also be implemented during postvention. The staff member's immediate supervisor and the school counselor will also be involved, as needed.

Before leaving work, the Behavior Report needs to be completed and if there was an injury, so does the Injury, Accident, or Unsafe Condition report.

Remember, using common sense and remaining emotionally detached may keep an incident from turning into a crisis!

BEHAVIOR INTERVENTION POLICY

The SDSBVI's Behavior Intervention Policy is based on the educational principles required to help children become civically responsible and socially competent. Positive behavioral techniques will be utilized as much as possible, with the emphasis being on natural and logical consequences that are aimed at developing personal responsibility.

If maladaptive or harmful behaviors do not decrease through the use of positive intervention techniques, the use of more restrictive methods may become necessary. At all times, however, the student's personal rights will be protected, as outlined in the American School Counselors Association (ASCA) Standards and South Dakota Codified Laws #27B-8-50 through #27B-8-55.

- I. GENERAL GUIDELINES** - When staff members attempt to manage maladaptive behaviors, they will:
- A. Utilize techniques outlined in the Non-Violent Crisis Intervention training to provide the best care, welfare, safety, and security for the students and staff members.
 - B. Use techniques which represent the least restrictive but most effective alternatives.
 - C. Assure the protection of the rights of the student(s) involved.
 - D. Include proactive rather than reactive reinforcement techniques.
 - E. Under **no** circumstances, use corporal punishment, i.e. striking or spanking a child.
 - F. Avoid name-calling, yelling, or swearing at students.
 - G. Discontinue any behavior intervention program if the child is ill or has sustained a physical injury.
 - H. Not deny a child a meal.
- II. CONDITIONS FOR USE OF BEHAVIOR INTERVENTION TECHNIQUES** - Behavior management techniques will be used when a child's behaviors affect his/her ability to deal with daily life. Therefore, when restrictive programming is implemented, there must be documentation to show:
- A. There was danger to the child or others. **or**
 - B. The behavior was interfering with the child's learning. **or**
 - C. Immediate action was necessary to avoid a crisis situation.

III. BEHAVIOR INTERVENTION TECHNIQUES - All staff members who deal directly with students will be trained in Non-Violent Crisis Intervention. Note: The Director of Human Resources has the list of trained staff; supervisors are responsible for monitoring their department.

- A. Communication - Use both verbal intervention and para-verbal communication techniques
- B. Analysis of function of child's behavior - Utilize documentation and observations to determine the purpose of student's actions
 - 1. Case teachers & case manager complete Functional Analysis Screening
 - 2. Baseline done to identify Antecedent-Behavior-Consequences to identify behavior reinforcers:
 - a. maintained by social positive reinforcement (attention)
 - b. maintained by social negative reinforcement (escape)
 - c. maintained by automatic positive reinforcement (sensory stimulation)
 - d. maintained by automatic negative reinforcement (pain attenuation)

IV. RESTRICTIVE TECHNIQUES - These methods may not be utilized without prior parental approval and continued monitoring by the External Behavior Management Team.

A. PHARMACOLOGICAL THERAPY

- 1. Parents/guardians can request information about using medication to deal with behavior issues and appointments with mental health professionals may be scheduled.
- 2. The Nurses and Student Services Director work together in scheduling appointments and all follow-up procedures.
- 3. The Nurses will inform the student's educational team of any unusual medication side effects of which to be aware. Staff members are encouraged to report any unusual behaviors or physiological changes to either the Nurses or Student Services Director.

B. RESTRAINT GUIDELINES

- 1. Physical restraint procedures are used so as not to cause physical injury to the child and to minimize physical and psychological discomfort.
- 2. Only the minimum amount of restraint necessary to control behavior is used and only until the child is calm.
- 3. Staff will use only the restraint and transport techniques for which they have been specifically trained.
- 4. Only employees who are certified through the Crisis Prevention Institute (NVCI) can use physical restraint.

V. POSTVENTION

Postvention provides the opportunity to review the behavior event that just occurred. The purpose is to establish facts, look for behavior triggers and patterns, and identify methods to increase acceptable behavior.

After the Behavior Report form is completed, the staff person directly involved is encouraged to complete the Personal Crisis Interview Review form. This form objectively addresses how the behavior event was dealt with, based on the Non-Violent Crisis Intervention components.

The day after the behavior event, the involved staff person will meet with his/her supervisor and the Student Services Director to discuss the incident. The Personal Crisis Interview Form and the Behavior Report forms are the foundation for discussion.

Also, after everyone involved in the event is calm, and if the student is able, it is recommended that the staff person and student have a discussion about what happened. Some possible suggestions so this situation doesn't rise again should also be developed.

VI. BEHAVIOR MANAGEMENT TEAMS

A. EXTERNAL BEHAVIOR MANAGEMENT TEAM

1. Members
 - a. Dormitory Supervisor
 - b. Principal
 - c. Superintendent
 - d. Student Services Director
 - e. SD Board of Regents Attorney (Ex officio)
 - f. Mental Health/Social Services Consultant
 - g. Special Education Consultant
2. Committee meets every other month or as circumstances warrant
3. Agenda and Minutes are developed by the Student Services Director
4. Review all documentation and behavior intervention programs that have been implemented
5. Suggest any modifications for present programs

B. INTERNAL BEHAVIORAL TEAMS

1. Each child will have an individual committee that meets when problems are being exhibited. The Case Manager and/or Case Teacher should notify his/her supervisor, who will then determine if action is necessary. If so, the Dormitories Supervisor or Principal schedules a behavioral staffing.
2. Members
 - a. Case Teacher
 - b. Case Manager
 - c. Principal
 - d. Dormitories Supervisor
 - e. Student Services Director
 - f. Nurse
 - g. Any additional people who work directly with the student(s) and may have pertinent information.
3. The first Internal Team Meeting
 - a. At first meeting all information is reviewed, including observed behaviors, personal strengths, weaknesses and motivators are discussed.
 - b. Target behaviors are identified
 - c. A time frame is established for the collection of basal information about target behaviors.
 - d. Another meeting is then scheduled for the end of the basal period to review data.

4. The second Internal Team Meeting
 - a. Based on documentation, specific behavior management procedures are devised.
 - b. The behavior intervention program is written and disseminated.
 - c. A time frame for periodic review and possible program alterations is developed

VII. LEVELS SYSTEM/RESIDENTIAL PROGRAM (revised August 2014) - This is an individualized program which allows privileges to be earned through responsible behavior. The Levels System encourages a child to earn the level of freedom that s/he can successfully manage and is designed to be a concrete, unbiased part of the dormitory structure.

- A. Individual participation will be determined and outlined by the following people: Dormitories Supervisor, Student Services Director, student, and Case Manager. Individual responsibilities will be determined and explained to the student at the beginning of the year. The student's team will then meet at least once every month to review progress and possibly make program revisions.
- B. The program starts at the beginning of each school year and each student's progress will be reviewed at semester time. The team will then determine if the student can be dismissed from the program.
- C. Each student will begin on Level IV. The student's team will determine whether s/he will be allowed all of the privileges of Level IV. The decision will be based on individual strengths, needs, age, maturity, and independence.
- D. Students will remain on each level for a minimum of 10 days. Only days the student is actually at school can be counted in the 10-day time period, including the weekends. The student may request to move up a level after a successful 10-day period.
- E. The student must be given a specific verbal warning that the behavior(s) engaged in are not acceptable. On a second occurrence, a written reminder may be given.
- F. It is advisable to think through and discuss a situation with the student prior to writing a reminder. Be sure you have all of the information and understand the situation from the student's viewpoint, as well as the adult's.**
- G. The student is allowed to receive one written reminder within a 10-day period. A second written reminder indicates the inability of the student to meet the requirements of that level and so s/he is demoted to the next lower level. If two written reminders are given within 10 days, the student is demoted for 10 days.
- H. If a student fails on Level I (gets 2 written reminders), s/he will be restricted to his/her room for up to 5 hours or perform community service work of 1 hour each day for 5 days. The Dormitory Supervisor will determine the type and length of discipline, with input from others on the student's team. If the offense occurs during the weekend, the student will lose all privileges and must be within view of the dorm staff during all activities. The student may be referred for individual counseling as well.

- I. Instant Demotion: A student may be demoted to Level I or Level II for committing any of the following misbehaviors, but only after consulting with the Dormitories Supervisor and/or Student Services Director. If neither of these people can be reached, the student will be restricted from all scheduled activities until contact can be made.
 - 1. physical injury to self or others
 - 2. verbally or physically threatening behavior
 - 3. use of drugs, alcohol, inhalants, and tobacco
 - 4. intimate sexual contact with another student
 - 5. destruction of school property
 - 6. taking other's possessions without their permission

- J. Students who achieve Level III or IV can abide by the rules of the apartment during their independent living experience. Those on Level I or II will be held to the restriction of those levels, including community service and room restrictions.

- K. Staff are expected to write reminders during the shift in which the incident occurred. This will encourage discipline rather than punishment. Copies of the reminder will be given to the student, his/her Case Manager, Case Teacher, Dormitories Supervisor, Student Services Director, and Principal.

- L. Students are able to petition up any time they have not received two written reminders in a 10-day period. Students, with the assistance of the Case Manager, need to monitor the time frame for getting the petitions signed. The form allowing the move to be made to a higher level should be signed by the Case Manager, but if this person is not scheduled to work, then the Dormitories Supervisor can sign it. If the decision is made that the student is not ready to move up, the Case Manager needs to notify both the Dormitories Supervisor and the Student Services Director, in writing, why this decision was made.

- M. If a student feels s/he has not been treated fairly, a Grievance Committee meeting will be arranged within 3 days of receiving the discipline. In addition to the student, person who wrote the reminder, and any witnesses of the incident, two of the following people will be included in the Grievance Committee: the Case Manager, Student Services Director, Dormitory Supervisor, and/or Principal. It is the student's responsibility to arrange the meeting with the committee members, with assistance from the Dormitory Supervisor. The committee will determine if the discipline was appropriate and act accordingly.

VIII. PRIVILEGES AND RESPONSIBILITIES OF LEVELS (revised August 2014) - All students are expected to meet the following responsibilities, as determined by student, Case manager, Dormitory Supervisor, and Student Services Director, to the best of their personal ability. In addition to the following, individual responsibilities will be added as the student attains more privileges:

- A. Consistently bring all necessary materials to school and then back to dorm.
- B. Independently dress and groom themselves, to the best of their abilities.
- C. Keep room orderly, neat, and clean.
- D. Demonstrate respectful behavior towards self and others.
- E. Be on time for school.
- F. Comply with school and dorm rules.

LEVEL IV - PRIVILEGES

- A. Student sets own study time. If a time other than the normal study time is chosen, the student is expected to stay away from the other students whom are in study hall. The student can leave campus with permission from the Case Manager/Houseparent on duty.
- B. Students must be in their own room with lights out by 11:00 p.m. Sunday through Thursday, unless otherwise determined by parent/guardian. On weekends 1:00 a.m. will be the time to be in bed, unless special permission is given by the Dormitories Supervisor to stay up later.
- C. Off-campus privileges as permitted by parents, O & M Specialists, and team members. Any unusual circumstances need to be approved, in advance, by the Dormitories Supervisor. Students need to list activity/destination, time leaving and returning. If the team determines the student is responsible enough, the student's activity plan may allow for some unsupervised time to be spent in the dorm.

LEVEL III - PRIVILEGES

- A. Study Hall between 5:45 p.m. and 6:30 p.m. "Entertainment equipment" may be on but should not be loud enough to be heard outside of student's dorm room.
- B. Off-campus privileges on Friday, Saturday, and Sunday, as visiting hours and orientation and mobility passes permit.
- C. Students must be in their rooms by 10:30 p.m., with a bedtime of 11:00 p.m. Sunday through Thursday. On weekends 1:00 a.m. will be bedtime, unless special permission is given by the Dormitories Supervisor to stay up later.

LEVEL II - PRIVILEGES

- A. Student's door may be closed during 6:00 p.m. study hall but no "entertainment equipment" may be on.
- B. Student may go off-campus on Saturday and Sunday and participate in group off-campus activities.
- C. Students must be in their dorm rooms by 10:00 p.m. with a bedtime of 10:30 p.m. Sunday through Thursday. On weekends 11:00 p.m. will be the time to go to bed, unless special permission is given by the Dormitories Supervisor to stay up later.

LEVEL I - PRIVILEGES

- A. During study hall, the bedroom door must remain open and no "entertainment equipment" may be on.
- B. Student may participate in the activities approved by the committee.
- C. Student may spend unstructured time in individual dorm area.
- D. Bedtime is 9:30 p.m. on Sunday through Thursday and 10:00 p.m. on weekends.

BEHAVIOR AND CONDUCT (revised August 2014)

Individual behavior programs will be developed by Case Managers, Teachers, Student Services Director, Principal, and Dormitories Supervisor. Students earn privileges through responsible behavior. Students may be restricted in the amount of noneducational activities they may participate in if they do not demonstrate appropriate behavior.

As students show themselves to be responsible, they are given more freedom in taking on responsibilities that are of interest to them or in an area where they need work. Each student's program is individually designed by a committee consisting of Case Teacher, Case Manager, Student Services Director, Dormitories Supervisor, Student, and Parent/Guardian (if available.)

Parents are encouraged to be involved in their child's program by keeping in contact by phone, letters, and personal contact with the SDSBVI.

Students are expected to conduct themselves in a manner which is a credit to themselves as well as to their families and school. Student misconduct will be evaluated and an appropriate course of action (including possible notification of law enforcement personnel) determined on an individual basis by the SDSBVI.

Most misbehavior will be responded to with a warning, or as outlined in individual programs. The following behaviors merit strict discipline and an "instant demotion" if on the Levels System:

- a. Purposeful injury to self or others
- b. Purposeful destruction of property
- c. Use of drugs, alcohol, inhalants (without medical prescription), or tobacco
- d. Intimate sexual activity
- e. Stealing

SMOKING, CHEWING TOBACCO AND INHALANTS - No smoking or chewing tobacco or use of inhalants is allowed on campus. If tobacco products are found in the dorm, dorm room, or on the person, of a student who is under the age of 18, they will be confiscated. Any chemical misuse for the purposes of intoxication is against the law and such products will be confiscated and may lead to legal intervention.

ALCOHOL AND CONTROLLED SUBSTANCES - Alcohol and other controlled substances are not allowed on the SDSBVI campus. By Executive Order all state agencies are established drug-free workplaces and prohibit the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance.

The South Dakota Board of Regents strictly prohibits the unlawful possession, use, or distribution of alcohol, marijuana, or controlled substances by its students or employees while on property controlled by the Board of Regents or while participating in any capacity in activities or employments sponsored by it. All state laws related to controlled substances apply. Compliance with these standards of conduct is mandatory.

Any student who violates the provisions of State law and Regental policy will be subject to disciplinary action. The parent or guardian will be notified of a first offense, a conference will be held and disciplinary action(s) taken. For any subsequent offense, the provision of Student Due Process as detailed in the Administrative Rules of South Dakota Chapters 24:07:01, 24:07:02 and 24:07:03 will apply.

The South Dakota School for the Blind and Visually Impaired will also maintain age-appropriate drug and alcohol education and prevention programs for students in all grades. These drug and alcohol programs will address the legal, social and health consequences of drug and alcohol use, provide information about effective techniques for resisting peer pressure to use illicit drugs or alcohol and convey to students that the unlawful use and possession of illicit drugs and alcohol is wrong and harmful.

If parents or students desire information about alcohol and controlled substances or treatment options, please contact the Student Services Director.

BEDTIME GUIDELINES (for those not on the Levels System) - In addition to the Levels System, bedtimes are determined by the student's success with their individual behavior program and health conditions. The following is a guideline that the staff agrees is appropriate for various ages of children, but which may vary for each student.

Primary Pupils (Grade 3 and Younger):	Sunday through Thursday:	8:30 pm
	Friday and Saturday:	9:00 pm
Intermediate Pupils (Grades 4-6):	Sunday through Thursday:	9:30 pm
	Friday and Saturday:	10:30 pm
Advanced Students (Grades 7-12):	Sunday through Thursday:	11:00 pm
	Friday and Saturday:	12:00 am

Special permission may be granted by houseparents for students to stay up later on weekends, but no later than 1:00 am.

STUDENT FUNDS (revised November 2015)

It is our responsibility to safeguard student assets and maintain appropriate records. The following procedures will benefit both students and staff by ensuring we properly account for and manage student funds. It is important to note the school will not assume responsibility for cash given directly to students by parents/guardians

Cash in Dorm

Receipting Cash In

- Students and parents will be referred to the Business Office during regular business hours to make cash/account deposits. A receipt will be given upon receipt of any deposit.
- If a deposit is received during non-business hours, dorm staff will note the proper account the cash is to be receipted to and will issue a receipt to the parent/student. All deposits will be turned into the Business Office the next business day with documentation or can be put under the Business Office door that same day.

Cash in Dorms

- A petty cash bag with \$20 in it will be kept in the dorms for after hour **emergency** use only, such as soap, toothpaste, etc. If money is used from the bag, documentation of who received that money needs to be placed in the bag along with receipts and a request sent to the Business Office for reimbursement from that student's account the next business day as to keep the petty cash bag replenished and accounts up to date.
- Allowances that students receive come directly from the Business Office, are requested by the Dorm Supervisor, and are accounted for in their designated student account packet. Dorm staff will be required to account for all coinciding withdrawals or deposits into a student's packet. Balances in these packets will NOT exceed \$10. This is NOT part of the emergency petty cash money.
- Every evening one dorm staff employee from each dorm will be in charge, designated by the Dorm Supervisor, of student money and will be given a key to access the student packets, receipts, and petty cash bag which will be retained in a secure area within the dorm. That employee will also be responsible to make sure all money is accounted for during his/her shift. Once his/her shift is complete the key will be put under the Dorm Supervisor's door. The Dorm Supervisor, Business Officer, or Human Resources Director will verify daily (Monday thru Friday) that everything is reconciled.
- Students who receive dollars for work they do for the school are allowed to keep those dollars with them or deposit them in their packet. These dollars are earned by the student and once it is paid to them is theirs. However, if they choose to put it in their packet, it will need to be accounted for as a deposit.
- Dollars given to students in the apartment will be given to the Dorm Supervisor and he/she will be responsible for giving the money to the student, receiving receipts, making copies of those receipts and turning them into the Business Manager.
- Pizza party money or other type of "fun" money needs to be requested **prior** to the event through the PO process if it is school funds. If a student will need more money than they have in their packet, aka "additional allowance", and they have money in their account, this will need to be requested prior to the outing as well. If a student needs essentials and there is no money in their account, a request will be submitted by the Dorm Supervisor, money allocated to that student, and a letter sent to the parent/guardian regarding the negative balance.

This process will make sure all cash is accounted for and student accounts are kept in balance. We all need to be good custodians of our students' money. We are accountable to them and their families.

MEDICAL CARE

Twenty-four hour medical care is available either by a Nurse on duty or one "on call". During the day, if the Nurse must leave campus, the location and time of departure and expected return time (and phone number, too, if available) will be noted on the board in the Infirmary. The Nurse will also call the front office personnel so she can be "checked-out".

NURSING MEDICATION / DEPARTMENT GUIDELINES

School Nurses and other trained staff take care of routine health care needs, treat minor illnesses and injuries, and also administer medications. Students needing the services of a physician will be taken to a local doctor's office or the hospital for emergencies. When a child becomes too ill to attend classes or is infected with a contagious disease, parents may be asked to take the child home.

All prescription medications brought to the school **MUST** be in a regulation pharmacy container with a regulation up-to-date label. Any medications that are brought to the school in other containers and without a current and accurate label will not be accepted or given by any school personnel. This will be strictly enforced.

All dosage changes must be accompanied by a written physician's order, a new prescription bottle with a new label or a phone call from the physician's office. Parents may also supply a new label from the pharmacy to apply to the existing bottle. Handwritten changes on the bottle by the parent will **NOT** be accepted.

Medications are given either by the nurse on duty or other trained staff members under the supervision of the nurses. After school hours, medications should be given to students in the dormitory offices. Some students will learn to administer their own medications with training and supervision.

It is most efficient to have medications at home, as well as at school, so they will not have to be sent back and forth. Parents who have children on continuing medications are asked to send refills on a regular basis.

Any special procedures, such as nebulizer treatments, special dental procedures, glucometer checks, etc. need to have a written doctor's order.

The nurse's office keeps a supply of liquid/tablet ibuprofen and Tylenol on hand at all times. We also have assorted cough syrups and decongestants. If parents have something special they want given, it will need to be supplied and instructions provided. We will not exceed dosages recommended by the label.

Phone calls to the school regarding a student's health, wellness related to an illness, etc. need to be first referred to the nursing staff for parental follow up or contact before making arrangements with other staff members. It is the nursing staff's responsibility to contact the classroom teacher/case teacher, case manager, and other team members as appropriate. This will provide our staff accurate and timely communication from a single source.

APPOINTMENTS: Dental appointments, routine physicals, and special testing such as allergy or orthopedic appointments are the responsibility of the parents. The nursing department will take care of all acute illness appointments as needed.

PHARMACY, FAST CARE, OFFICES, BILLING/INSURANCE: Kessler's Pharmacy in Aberdeen is used. If the child has refills for medication, please make sure Kessler's and the Nursing Department have all the accurate, updated billing/insurance information. This includes the front and back information from all insurance cards. To protect privacy, credit card information/numbers need to be given directly to the pharmacy personnel by the parent.

Financial responsibility for medical services obtained in the community, medications, doctor appointments, hospital, etc. need to be taken care of by parents. Bills should be sent directly to your home address, as they cannot be covered by the school. No medication can be charged to SDSBVI.

PAPERWORK: (Special Olympics, SDHSAA, SPURS, and General Information Forms): Please return these completed forms when your child comes the first day of school. Your child cannot compete in any off campus events until these forms are completed and returned. All insurance information is also needed off campus.

If you have any questions, please contact the nurse's office at 605-626-2279.

The Nurse is responsible for the inclusion of the student's health record as part of the cumulative records, with cross references made to areas of both vision and health. The student's cumulative files contain only immunization records and all other medical information is kept in the Infirmary. If a student leaves SDSBVI, his/her medical records are removed from the Infirmary and placed in the former student files.

The SDSBVI Nurses address health care needs of students who are enrolled, including those having the following needs:

1. administration of medication
2. performance of specialized health care procedures
3. use of health care devices that compensate for the loss of a body function
4. routine or emergency health care procedures, including First Aid
5. special nutritional needs, i.e. weight control

Medical treatment, including dispensation of medications, may be performed by SDSBVI staff members who have passed the Medication Administration Training for Non-Nursing Staff course. All medical procedures will be supervised by the Registered Nurses and the following ethics need to guide all decision making.

1. Above all, do no harm.
2. Always promote good, prevent harm, and remove harm.
3. Follow the laws and rules of the Federal/State government related to medication administration.
4. Follow all policies and procedures required by the SDSBVI.
5. Protect the confidentiality of the student by never disclosing information about an individual without permission.
6. Tell the truth and do not deceive others.

MEDICAL ASSESSMENTS

As part of the Admissions and Individual Educational Plan teams, the Nurse's assessment may include:

1. review of school health information
2. additional data collection, as needed
3. interview of a parent or guardian
4. consultation with the primary physician
5. written summary of needed school health services
6. recommendation for the level of training and supervision of school staff designated to provide health services, both initially and ongoing throughout the school year.
7. A "Student Health Summary" is also done as part of each student's multidisciplinary evaluation.
8. any necessary information for Medicaid

If the health assessment determines the student to be in need of special health care service, SDSBVI shall develop an individual health care plan in conjunction with the IEP or added as an addendum during the year. The health plan must include the following:

1. summary of the student's health care needs
2. the special health care needs that must be provided while at SDSBVI
3. special equipment needs, if any, and arrangements for provision, maintenance, and storage of equipment
4. a list of medications to be given and the circumstances under which the medications are to be given
5. the personnel who will provide for the special health care needs of the student during the school day and/or evening hours
6. the modifications required for the routine education program to accommodate the student's special health care needs
7. service delivery options to be used when the Registered Nurse is absent (on call)
8. the information and training needs of school personnel that are related to the special health care needs of the student
9. transportation needs and the training for transportation staff
10. verification that the procedures to be followed in medical routines and emergencies are included in doctor's orders and progress notes. This documentation is written in dormitory logs and staff are informed by the Registered Nurse.
11. The SDSBVI also strongly encourages parents to designate an Aberdeen physician and arrange for transfer of information and treatment authorization

WEEKLY INFIRMARY REPORT – The Weekly Infirmary Report is to be completed by the Nurse each Monday and given to the Student Services Director.

ADMITTANCE OF STUDENTS TO INFIRMARY

- A. If there is concern about the health of a student, it should be brought to the attention of the Nurse.
- B. The Weekly Infirmary Report will be completed by the Nurse each Monday.
- C. Symptoms that may warrant referral to the Nurse: elevated temperature, rashes, vomiting, diarrhea, upper respiratory concerns, injury, and headache.
- D. Decisions about the treatment and/or admission to the Infirmary will be made by the Nurse on duty with administrative consultation.**
- E. If after evaluation by the Nurse, it is determined a day student is not well, the Nurse will call the parents. If parents can not pick up their child, they should have a "back up person", i.e. relative or neighbor who would be available to do so. If the student can not be picked up, s/he will go to the Infirmary.
- F. Parents are to be notified by nursing staff if student's illness necessitates admittance to the Infirmary or other intervention.
- G. During the day, sick students will be evaluated by the Nurse who will decide if bedrest is appropriate. Older students may be allowed to stay in their dorm bedroom. The student will either return to the classroom if the illness passes or go to the dormitory after school hours. Provisions will be made by the Student Services Director to insure adequate coverage at supper time. The Nurse will notify appropriate staff and front office personnel by email if a student is to be in the Infirmary during school hours. The Infirmary and front office personnel are to be notified by the Principal if a day student is absent.
- H. Any special medical directions or needs will be written in the dorm's log with a red pen. Verbal directions will also be given to the dorm staff by the Nurse.
- I. Caution should be observed if it is necessary to leave the Infirmary while the student is there. If for some reason the Nurse on duty must leave the building, she will make arrangements with the (a) Student Services Director, (b) Principal, (c) Superintendent (d) Dormitories Supervisor, or (e) other staff to cover the Infirmary.
- J. No students are allowed to visit ill students while in the Infirmary, unless given permission by the Nurse.
- K. The Nurse on duty will make arrangements with the kitchen staff for meals for children in the Infirmary. If the student in the Infirmary is on feeding program, the student will need to be fed by a staff member who has completed the required training.
- L. If a student is admitted to the Infirmary, s/he will be required to make up any class assignments missed.
- M. If a student is admitted to the Infirmary, s/he will not be allowed to take part in jobs or evening activities if too ill to return to class.

AFTER HOURS MEDICAL CARE

Observing and reporting physical and behavioral changes of individuals is an important responsibility. Most employees have current CPR and First Aid certification. Residential and extracurricular activities staff have also taken the Medication Training for Non-Nursing Staff.. That knowledge, and common sense, should be utilized whenever needed.

Instructional and Residential staff members have daily contact with the students and are in a position to notice changes. These changes are often difficult to interpret, as there may be many reasons for the same sign or symptom. **Diagnosis, interpretation, and treatment are the responsibility of the nurse. It is the teaching or residential staff member's responsibility to consistently observe and report any changes to the nurse.**

After school hours, the nurse is to be called for serious or unusual circumstances, not routine illnesses. Following are some guidelines for providing general medical care for students:

When students are experiencing medical problems during the day, the nurse is to be notified. All referrals are to be documented and emailed to the Student Services Director.

Dorm staff should treat the symptoms as directed by the nurse. General guidelines about what type of medication can or cannot be given for headaches, colds, etc. will be provided. If a child has a cold or spiked a temperature during the school day, the nurse will put a memo in the log about how to treat the illness during the evening.

Health conditions that DO NOT warrant a call to the nurse:

If there is a fever, (100 degrees+), give Tylenol or Motrin (Ibuprofen) and offer water or juice. Re-check the temperature in 1 1/2 hours and continue to offer water or juice. If the temperature has not gone down at all or has gone up, call the nurse.

If the child is vomiting, make sure NOTHING is given to eat or drink until s/he has not vomited for 2 hours. Then provide sips of clear liquids, such as 7-up, Gatorade, or popsicles. If s/he can hold that down, then try crackers and broth.

If the child has diarrhea, encourage rest and provide only clear liquids; no milk or milk products are to be given.

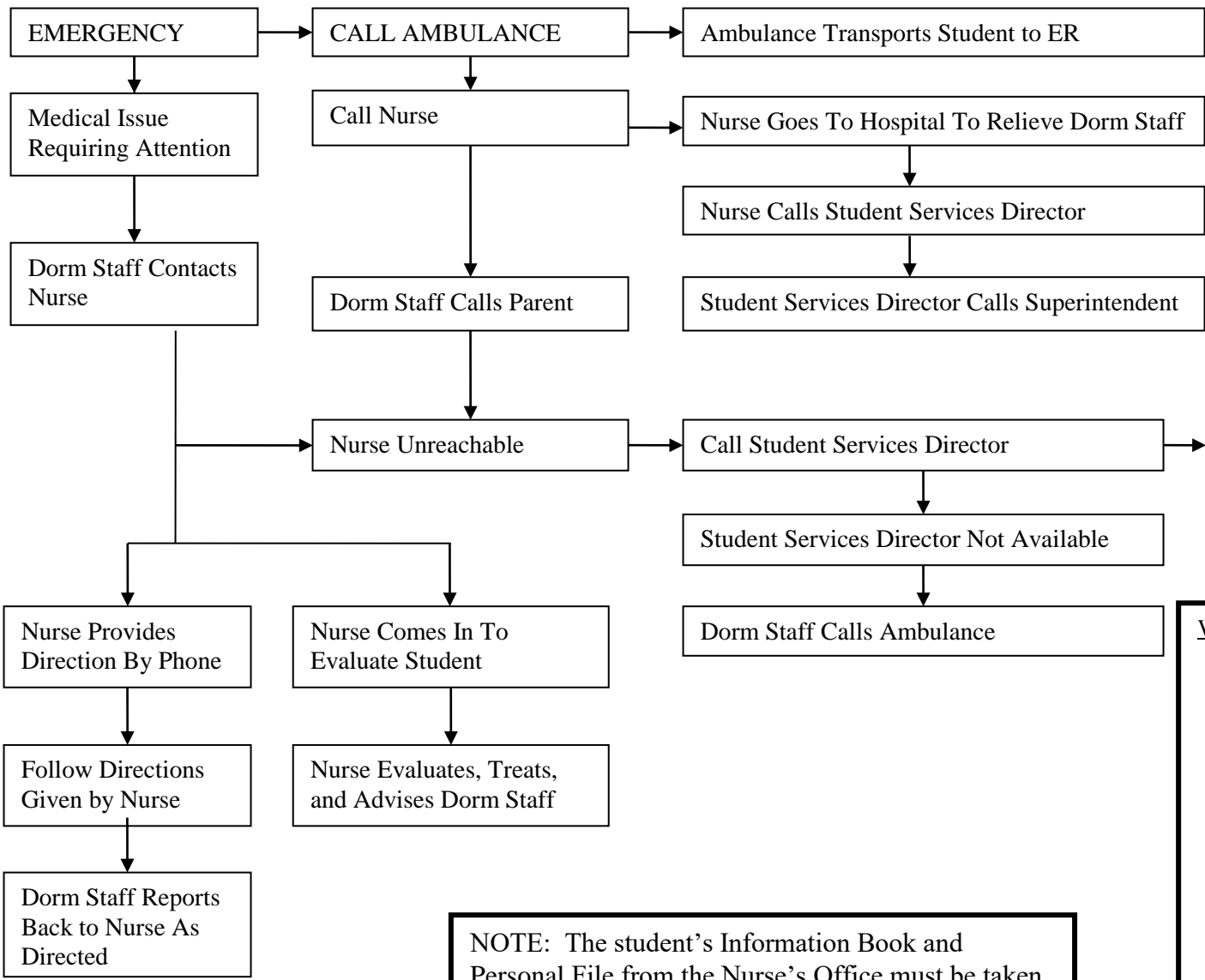
Situations in which to call the nurse:

If there is a laceration which cannot be closed and is severe enough to require stitches.

If a child suffers a head injury and loses consciousness and staff members are unable to arouse the child and/or have difficulty keeping the child aroused. If there is vomiting after the injury the nurse should also be called.

If a child with NO seizure history has a seizure, call 911 and then the Nurse. Specific guidelines are developed for each child with a medical/seizure history.

RESIDENTIAL STAFF EMERGENCY RESPONSE CHART (August 2016)



Doris Anderson
605-380-2346 (cell)

Tessa Riggs
605-290-8735 (cell)

- WHEN TO CALL AN AMBULANCE**
- Serious Injury
 - Individual Student History
 - Nurse Says It's An Emergency
 - Unable To Reach Nurse Or Student Services Director And Student Needs Intervention
- If A Student Or Staff Member Is Seriously Injured, CALL 9-911 AND Use Proper First Aid Techniques Until Help Arrives
- A Dorm Staff Member Follows Ambulance to ER

NOTE: The student's Information Book and Personal File from the Nurse's Office must be taken if the student is going to the Emergency Room.

EYE CARE AND EYE WEAR MAINTENANCE - All faculty and dormitory staff members at the SDSBVI are expected to be knowledgeable in their day-to-day observations of each student's visual functioning.

The primary responsibility for maintaining healthy eyes and providing emergency care falls upon the Nursing Department with consultation with the Low Vision Specialist. The Nurses monitor the medical status of each student's eye condition, provide routine care, dispense prescribed medications, and seek medical attention when warranted.

The Low Vision Specialist has the primary responsibility for analyzing the educational implications of a child's visual functioning. The Low Vision Specialist assesses students, provides consultations and recommendations to the teaching staff, and teaches students specific techniques to enhance visual efficiency.

To provide the best eye care possible to each student at the SDSBVI, it is essential to coordinate the functioning of these two departments and ensure the timely dissemination of information to both the faculty and dorm staff. The timely sharing of information with both faculty and dorm staff is also essential. The following guidelines are intended to accomplish that goal.

- A. **EYE REPORTS** - The timely sharing of information between the nursing and low vision departments is essential.
1. A copy of all eye reports, from ophthalmologists, other doctors, optometrists, or opticians received by either department will be copied for the other. The original will be filed in the student's Master File in the Staff Work Area and a copy given to the Nurses.
 2. For "noncritical" eye reports (which do not require action by staff members), the information will be paraphrased and distributed in memo form by the person who received the report. This summary will be sent to the Principal, Case Teacher, and Case Manager. These people will be responsible for sharing the information with the teachers and dorm staff
 3. For "critical" eye reports (which may have a direct effect on the student's status), a meeting with the Nurse(s), Low Vision Specialist, Principal, Case Manager, and Case Teacher should be held as quickly as possible. Additional faculty or staff members may be asked to attend also. Those in attendance are responsible for disseminating the information to the rest of the teachers and staff members.
 4. The Liaison for Services will provide copies of eye reports generated through the multidisciplinary evaluation process to the Nurses.

B. **REQUEST FOR VISION FOLLOW-UP**

An efficient system for reporting problems such as observed changes in visual status or broken glasses, and making referrals of a nonemergency nature will improve the efficiency of our vision care at the SDSBVI.

1. To report a problem or request service, any faculty or staff member should talk to the Nurse. The Nurse will determine if a referral should then be made to the Low Vision Specialist.
2. A brief follow-up report will be written to identify the action(s) taken. It will be distributed to the Principal, Case Teacher, Case Manager, person making initial referral and others, as appropriate.

DENTAL CARE - It is the responsibility of the parent or guardian to secure dental services and examination in the home community. Emergencies will be taken care of with the permission of the parents.

EAR CARE - Annual hearing screenings will be conducted by the Speech/Language Pathologist. If a child fails a hearing screening, a referral will be made to the parents and inform the Nurse.

1. The Nurse determines if medical attention is needed. If the physician determines the child should be seen by an audiologist, the parents will be notified to set up the appointment.
2. If it is determined the hearing screening should be repeated, the Speech/Language Pathologist should rescreen in two (2) to four (4) weeks.

Hearing aids will be monitored by the Speech/Language Pathologist as indicated on the Individual Education Plan.

GOING HOME

- A. If the doctor thinks the child needs 24 hour medical care, the recommendation may be made that the child goes home. The Nurse contacts the parents and the Student Services Director is notified of this recommendation. A student must go home if a contagious disease is diagnosed and the contagion is 24 hours or longer.
- B. If a child is sent home, notify the Dormitories Supervisor, Principal, Student Services Director, and Superintendent.
- C. In the absence of a physician's recommendation, concurrence should be made between the Nurse, Student Services Director, Principal, and Dormitories Supervisor before a child is sent home.

EXTENDED ABSENCES

- A. No student can return to school who has been exposed to a communicable disease until contact is made with the Nursing Department.
- B. When the student returns, they are to report to the Infirmary to be checked by the Nurse on duty before returning to classes. A written physician's note should be provided.
- C. If truancy is suspected, the Principal, Superintendent, and Student Services Director should be notified. They will contact the parent and/or the LEA.

CONTAGIOUS DISEASES

- A. If a contagious disease is suspected, take the student into the Infirmary for an examination.
- B. If the Nurse feels it may be contagious, the student must remain in the Infirmary until the doctor's appointment.
- C. Upon confirmation of the diagnosis by the doctor, the parents will be notified, along with the Superintendent, Student Services Director, Principal, and Dormitories Supervisor. The Nurse will share specific information with necessary staff. Upon the recommendation of the doctor, the child may go home.
- D. Children at risk may also need to go home.
- E. The Nurse will report contagious disease to the Office of Disease Prevention (State Department of Health) in accordance with SDCL 34-22-12 and ARSD 44.20.

CHANGED MEDICAL STATUS

- A. The Nurse on duty is responsible for sending an e-mail to necessary staff providing the name of student and the medical change as soon as possible.
- B. This memo is to be sent via e-mail to the student's Case Teacher, Case Manager, Principal, Dormitories Supervisor, and Student Services Director.
- C. Medical information is confidential and will be shared only as necessary.

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

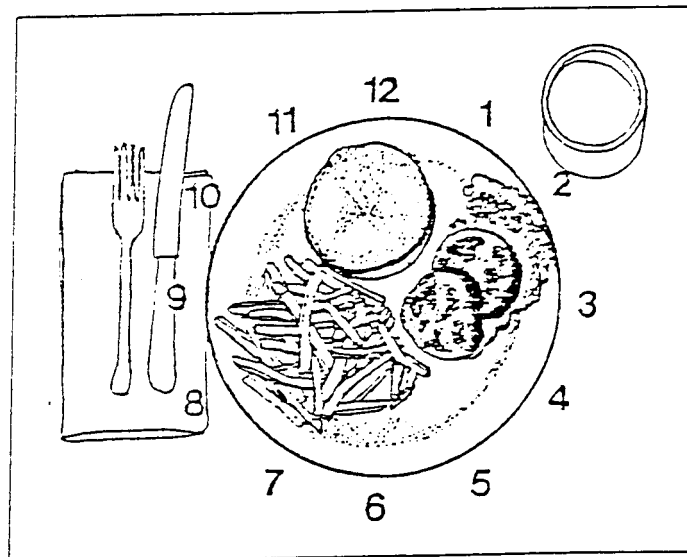
1. Have the student use thick, soft pencils and/or black felt-tip pens.
2. Use nonglossy paper.
3. Use pens/pencils that have thick strokes.

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? (xcoio, o z)

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.