



# Newsletter

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The Nevada Dual Sensory Impairment Project aims to enhance the educational services provided to all children and youth, birth through 21 years, who have dual sensory impairments by providing technical assistance to families and involved agencies.

## An Overview of Cortical Visual Impairment

By: MaryAnn Demchak, Charmaine Rickard, & Marty Elquist

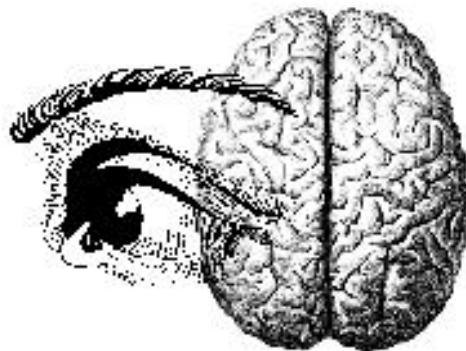
**C**ortical Visual Impairment (CVI) is a condition that is prevalent in the field of developmental disabilities and is a common cause of visual impairment in children. This article aims to give readers an overview of CVI by providing an understanding of:

- What is CVI
- Causes of CVI
- How CVI is identified
- Characteristics of CVI
- Implications of CVI.

### What is CVI?

CVI refers to a brain condition, not an eye condition and results from damage to the visual systems in the brain that deal with processing and integrating visual information. CVI can be a temporary or permanent impairment and can range from severe visual impairment to total blindness. Because CVI is a neurological impairment, vision is more severely

reduced than can be explained by an eye exam. The degree of the impairment depends on the age of onset as well as the location and severity of the impairment in the visual pathway. CVI is referred to by many different names including cortical blindness, cerebral blindness, central visual disturbance, and cerebral visual impairment.



### Causes of CVI

The causes of CVI are varied (see Figure 1) with the most common causes being hypoxic or anoxic brain damage. Hypoxic brain damage results from the reduction of oxygen supply to a tissue, which can occur from cardiac arrest, resuscitated drowning, near miss S.I.D.S. (Sudden Infant Death Syndrome), and prolonged epileptic seizures. Anoxic brain damage results from the absence of oxygen supply to tissues and can result from asphyxia.

### Associated Diagnoses

Most children with CVI have other associated neurological problems. The most common of these include cerebral palsy, epilepsy, hydrocephalus, severe to mild learning difficulties, and seizures.

### Characteristics of CVI

Children with CVI display many specific behaviors. Understanding these specific behaviors will assist individuals in appropriate interactions and interventions with children who have CVI. The following checklist (Figure 2, page 2) will help to identify these specific behaviors; however, it is important to remember that children with other types of visual impairments may exhibit some of these

*CVI continued on page 2.*

### Inside this issue:

An Overview of Cortical Visual Impairment	1
Free Resources	4
Upcoming Conferences	4
Teen Retinitis Pigmentosa List Serv	4
Focus On Microcephaly	5
Do you know how to use 7-1-1?	6
New Lending Library Materials	7

### Common Causes of CVI

- Hypoxic brain damage
- Anoxic brain damage
- Developmental brain defects
- Head injury
- Infections of the central nervous system (e.g., meningitis & encephalitis)
- Intrauterine infections (i.e., STORCH)
- Progressive disorders (e.g., Tay Sachs)
- And others

*Figure 1*

CVI continued from page 1.

characteristics as well. Please review Figure 3 (page 3) for characteristic differences between “pure” ocular and cortical visual disorders. While reviewing the checklist, here are some important facts to keep in mind about CVI:

- CVI can range from mild to severe.
- CVI can range from temporary to permanent.
- Many children experience improvement.
- Children with CVI can also have ocular (or eye) difficulties as well.
- Fluctuation is common.
- Characteristics can vary from child to child.
- A single approach does not work for all children.
- Children with CVI typically have some vision.

### **Strategies for Interacting with a Child Who Has CVI**

Research has shown that visual attention is trainable where there is usable vision. In other words, children with vision impairments whose development is delayed need increased stimulation and interaction based on their residual vision. Strategies that can be adapted to the specific needs of children who have CVI include:

- Use simple cues (e.g., touch cues, object cues). (For more information

CVI continued on page 3.



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## **Characteristics of CVI**

*Chart taken from Vision Associates, 7512 Dr. Phillips Blvd., #50-316, Orlando FL 32819, (407) 352-1200*

<b>Appearance</b>	
Does not look blind Lack of visual communication skills Nystagmus (rapid eye movement) is rarely seen	Blank facial expression Eye movements smooth, but aimless
<b>Vision Function</b>	
Looks away from people and objects Limited visual attention & lack visual curiosity Aware of distant object, but cannot identify Consistently looks to either side when visual looking Visual learning tiring Closes eyes when listening	Balance improved with eyes closed Visual function varies day to day/hour to hour Spontaneous visual activity has short duration When visually reaching, looks with a slight downward gaze Uses touch to identify objects Turns head to side when reaching, as if using peripheral fields, or motion detection
<b>Mobility Skills</b>	
Occasionally sees better riding in a car Avoids obstacles, but unable to use vision for close work Difficulties with spatial interpretation	Unable to estimate distances Difficulties with depth perception, inaccurate reach
<b>Improved Visual Performance When . . .</b>	
In familiar environments Told what to look for & where to look Objects are widely spaced Color is used to assist in identification of objects or shapes	Using familiar objects Objects are held close to eyes when viewing Looking at one object vs. a group of objects Objects are against a plain background and paired with movement and sound

Figure 2

**MaryAnn Demchak, Ph.D.**  
mad@unr.edu  
Project Director

**Marty Elquist, M.S.**  
marty@unr.nevada.edu  
Project Coordinator  
Newsletter Editor

*Mailing Address:*  
**Department of Curriculum & Instruction**  
**Mail Stop 282**  
**College of Education**  
**University of Nevada, Reno**

**Reno, NV 89557**  
☎ (775) 784-6471 ☎ (877)-621-5042 Fax: (775) 327-5220  
(In Reno/Sparks Area) (Toll-Free in Nevada)

For past editions of our newsletter, visit our website.  
<http://www.unr.edu/educ/ndsip>

**Figure 3.**

<b>Some Characteristic Differences Between Pure Ocular &amp; Cortical Visual Disorders</b>		
<i>Characteristic</i>	<i>Ocular Disorder</i>	<i>Cortical Disorder</i>
Eye examination	Usually abnormal	Normal
Visual function	Consistent	Highly variable
Visual attention span	Usually normal	Markedly short
Sensory nystagmus	Present when congenital & early onset	Not present
Poorly coordinated eye movements	Present when congenital & early onset	Usually normal
Rapid horizontal head shaking	Occasionally	Never
Compulsive light gazing	Rarely	Common
Light sensitivity	Dependent on the eye disorder	In 1/3 of the cases
Eye pressing	Especially in congenital retinal disorders	Never
Close viewing	Common, used for magnification	Common, used for magnification, a reduction in crowding, or both
Color perception	Dependent on the eye disorder	Preserved
Appearance	Appears visually impaired	Usually normal
Peripheral field loss	Occasionally	Nearly always
Presence of additional neurological handicaps	Fairly common	Nearly always

From: Jan, J. E. & Groenvelde, M. (1993). Visual behaviors and adaptations associated with cortical and ocular impairment in children. *Journal of Visual Impairment and Blindness*, 87, 101-105.

on simple cues, please contact us to order project fact sheets on the following topics: *Touch Cues, Object Cues, and Using Cues to Enhance Receptive Communication.*)

- Avoid figure-ground clutter.
- Use repetition & familiar routines.
- Avoid extra, unnecessary stimulation.
- If possible, pair visual information with other sensory cues.
- Do not over-stimulate the child with visual clutter
- Be aware of visual preferences.
- Allow the child to avoid visual gaze if necessary.
- Be aware of other “drains” on energy.
- If needed, adapt the setting to reduce noise clutter, over-stimulating lighting, & other distracters.
- Sometimes moving an object will help the child to see the object better.
- Use real objects rather than abstract symbols (e.g., an orange

vs. a circle).

- Use active rather than passive learning.
- Four environmental areas that can be changed to encourage children to use their vision:
  - Color (bright vs. bland)
  - Contrast (high vs. low)
  - Lighting (use lighting cues-- e.g., shining a flashlight on an object)
  - Space/Distance
- Time (wait!)

If you would like additional information on CVI, the Project's lending library has several materials available for loan. Use the contact information on the bottom of page 2 to request any of the following materials:

#### **Videos**

**Cortical Visual Impairment** (1994) (54 min.) # **310.101**

**Cortical Visual Impairment in Young Children** (1997) (15:45) # **310.102**

#### **Manuals**

Crossman, H. L. (1992). Cortical visual impairment presentation, assessment, and

management. North Rocks, Australia: North Rocks Press. #**320.101**

#### **Articles**

Good, W. V., Jan, J. E., DeSa, L., Barkovich, A. J., Groenvelde, M. & Hoyt, C. S. (1994). Cortical Visual Impairment in Children. Survey of Ophthalmology, 38 (4), 351-364. # **340.104**

Jan, J.E., Groenvelde, M., Sykanda, A.M., & Hoyt, C.S. (1987). Behavioral characteristics of children with cortical visual impairment. Developmental Medicine & Child Neurology, 29, 571-576. #**340.111**

Lueck, A. H., Dornbusch, H., & Hart, J. (1999). The effects of training on a young child with cortical visual impairment: An exploratory study. Journal of Visual Impairment & Blindness, 93, 778-793. #**340.127**

Morse, M.T. (1999). Cortical visual impairment: Some words of caution. RE:view, 31(1), pp. 21-26. #**340.128**

Morse, M. T. (1990). Cortical visual impairment in young children with multiple disabilities. Journal of Visual Impairment & Blindness, May, 200-203. # **340.117**

## Resources, Resources, and MORE Free Resources!

### New From Nevada P.E.P.

- **A Student's Rights Guide**--A guide for students 17 & older to assist in understanding the special education requirements of the Individuals with Disabilities Education Act (IDEA).
  - **A Student's Guide to Transition Planning**--An easy-to-use brochure to assist individuals to advocate for their future.
  - **Where Am I Going? How Will I Get There? A Guide to Creating Your Future Through Transition Planning (September 2002)**--This is an updated edition designed to help the student gather information they need, participate in creating their future, and participate in making decisions about directions their lives will take. This handbook is for the student's use.
  - **Collaborating for Children Communiqué**--This newsletter will be published quarterly and will contain articles for parents of children with emotional & behavioral disorders and for the professionals who support them.
- To request materials contact Nevada P.E.P., 702-388-8899 in the Las Vegas area, 775-448-9950 in the Reno area, or 800-216-5188 toll-free in Nevada.



### Free Resources for Professionals to Share with Parents of Newly Diagnosed Deaf or Hard-of-Hearing Children from Oral Deaf Education

- **MAKE a Joyful Noise**--This comprehensive parent kit introduces families to early intervention and oral deaf education. Includes a handbook, 20-minute video *Dreams SPOKEN here, article reprints, and a suggested parent reading list.* (English & Spanish)
- **Dreams SPOKEN Here (60 minutes)**--A detailed exploration of oral deaf education from infancy through adulthood--focusing on the critical early years (English, Spanish, Chinese, & Japanese).
- **Dreams SPOKEN Here (20 minutes)**--An introduction to oral deaf education (English & Spanish).
- **SPEAKING for Myself (10 minutes)**--Describes how children who are deaf can learn to speak. Intended for those not familiar with oral deaf education (English, Spanish, & French).
- **Maximizing Auditory and Speech Potential for Deaf or Hard-of-Hearing Children**--Six professionals weigh in on the subject in a journal supplement from *Pediatric News*.
- **Early Intervention Resource Video (10 minutes)**--This video is intended to be shared with pediatricians, pediatric nurse practitioners, audiologists, and speech pathologists as an introduction to oral deaf education.
- **Maximizing Auditory & Speech Potential for Deaf & Hard-of-Hearing Children Professional Presentation Kit**--Includes script, 35 mm slides, & PowerPoint CD-ROM.

To request materials contact Oral Deaf Education at  
1-877-ORALDEAF (672-5332) or send request to:  
Oral Deaf Education Film & Information Office  
PO Box 50215  
Palo Alto, CA 94303-9465.  
Their website is [www.oraldeafed.org](http://www.oraldeafed.org).

## Upcoming Conferences

### 20th Annual Cal-TASH Conference

*Leading in the Time of Change*

Sponsored by: Cal-TASH

February 7-8, 2003 • Fresno, CA

Radisson Hotel & Conference Center

Keynote Speakers: Jodi Servatius &

Colleen Wieck

For more information contact: June Downing

Phone: (818) 677-5261

E-mail: [cal-tash@sbceo.org](mailto:cal-tash@sbceo.org)

### 13th Deafblind International

**World Conference on Deafblindness**

Sponsored by: The Canadian Deafblind and

Rubella Association & Deafblind International

August 5-10, 2003

Mississauga, Ontario Canada

For more information: 1658-4th Avenue West,

Owen Sound, Ontario Canada, N4K 4X4

E-mail: [mail@dbconferencecanada.com](mailto:mail@dbconferencecanada.com),

Website: [www.dbconferencecanada.com](http://www.dbconferencecanada.com),

Phone: (519) 372-2068

Fax: (519) 372-0312

## Retinitis Pigmentosa Teen Listserv

[http://groups.yahoo.com/group/RP\\_Fresh\\_Sight/](http://groups.yahoo.com/group/RP_Fresh_Sight/)

Teens, pre-teens and young adults can exchange information, share with others the difficulties of dealing with retinitis pigmentosa and similar visual disorders on a day-to-day basis. They can have fun, and support each other in a safe and private environment. Most importantly this site is here to let teens know they are not alone.

**Part 2 of *Who Are "Our Kids"*  
A 10-Year Project Analysis  
slotted for this edition of our  
Newsletter has been moved to  
the March 2003 edition due to  
a lack of space. We apologize  
to those who may have been  
looking forward to this article.**

# Focus on Microcephaly

By: MaryAnn Demchak, Project Director and Marty Elquist, Project Coordinator

## *What is microcephaly?*

Microcephaly is a condition in which the head is abnormally small. "Micro" means small and "cephaly" refers to the head. Microcephaly refers to a head size significantly below the median for the age and sex of the child. As part of the diagnosis, head size (or circumference) is measured around the top of the child's head. It is likely that the infant's doctor will compare the infant's head circumference to standardized charts (similar to comparing an infant's weight and length to standardized charts) as well as keep a record of the circumference of the head over time. Head measurements are a routine part of well-baby examinations up to 18 months or longer.

Microcephaly often occurs because the brain fails to grow at a normal rate. During pregnancy and infancy, skull growth occurs in relation to normal brain growth. As a result, if the brain is not growing, the skull does not grow. However, the face develops at a normal rate while the rest of the head does not. Thus, the child will have normal facial features but the face will seem to be large in comparison to the rest of the head. The front of the head may appear to slant backwards. As the child grows older, the smallness of the skull becomes more evident.

Microcephaly is often a characteristic of syndromes associated with heredity or chromosomal abnormalities.

Microcephaly may also be referred to as:

Microcephalia      Microcephalism  
Microencephaly    Nanocephalia  
Nanocephaly

## *What are causes of microcephaly?*

Microcephaly may be present at birth (i.e., congenital) or it may develop in the first few years of life (i.e., acquired). Microcephaly may result from a wide range of conditions that cause abnormal growth of the brain. In some cases microcephaly results from exposure to harmful substances during the preg-

nancy. In other cases, it is associated with genetic problems or syndromes. Potential causes include (a) prenatal infections (i.e., Rubella, toxoplasmosis, cytomegalovirus (CMV)), (b) environmental factors during pregnancy (e.g., exposure to radiation, SEVERE alcohol and/or drug abuse), (c) autosomal recessive disorders (e.g., Johanson-Blizzard syndrome, Seckel syndrome), (d) autosomal dominant disorders, (e) contigu-

Normal head size

Microcephaly



ous gene disorders (e.g., Miller-Dieker syndrome, Langer-Giedion syndrome, Prader-Willi syndrome), and (f) chromosomal abnormalities (e.g., Trisomy 18, Trisomy 13, Wolf-Hirschhorn syndrome, Cri du Chat syndrome). All of the previous causes occur before birth.

However, microcephaly can also be acquired during infancy or early childhood. Potential acquired causes include (a) infections in early infancy (e.g., meningitis), (b) trauma that causes oxygen deprivation, and (c) metabolic disorders (e.g., PKU). (Please see the websites at the end of this article for more details about some of these potential causes.)

## *What are effects of microcephaly?*

All of the above causes (congenital and acquired) can result in other abnormalities in addition to microcephaly. Microcephaly is frequently just one of many symptoms, or resulting effects, of a particular causal factor. The other effects of microcephaly can vary from mild to profound. Microcephaly is typically equated with developmental delays or mental retardation; however, not all children with a small head size are men-

tally retarded. That is, a child may be of small stature for other reasons and small head size does not have the same resulting central nervous system damage as does a child who has microcephaly resulting from failure of the brain to grow.

A child who is severely affected by microcephaly may have speech impairments, seizure disorders, vision and hearing impairments, as well as feeding difficulties. Cerebral palsy can be an effect of microcephaly and can range from mild to severe impairments. Hyperactivity commonly occurs with microcephaly. The variation in the severity of effects of microcephaly can be explained by the fact that there are so many different causes.

## *How is microcephaly treated?*

There is no specific treatment that will return the child's head to a normal size or shape. That is, there is no specific treatment for microcephaly. Rather, treatment is more likely to focus on the condition that caused the microcephaly and any other disabilities present. Education and therapy may include early intervention or special education services, occupational therapy, physical therapy, speech therapy, assistive technology, and medications (e.g., to treat a seizure disorder). Specific educational and therapeutic services are determined by the unique needs of the child and are intended to maximize the child's capabilities at home and in the community.

## *Web Resources*

**Lucile Packard Children's Hospital**  
[www.lpch.org/HealthLibrary/ChildrensHealthAZ/neuro/microcep.htm](http://www.lpch.org/HealthLibrary/ChildrensHealthAZ/neuro/microcep.htm)

**National Institute on Neurological Disorders and Stroke**  
[www.ninds.nih.gov/health\\_and\\_medical/disorders/microcephaly.htm](http://www.ninds.nih.gov/health_and_medical/disorders/microcephaly.htm)

**MedFriendly**  
<http://www.medfriendly.com/microcephaly.htm>

**A.D.A.M. via Yahoo**  
<http://health.yahoo.com/health/encyclopedia/003272/i17256.html>



## Do you know how to use 7-1-1?

Relay Nevada is a FREE service that provides telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind, and speech disabled. As technology has advanced, so have TTY and relay services.

This column will serve as an overview of the services currently available in Nevada by simply calling 7-1-1. The information was taken from a flyer provided by Sprint. To request copies of the flyer call Sprint's Relay 24-hour Customer Services at 800-676-3777 (TTY/Voice).

**Voice.** This service is for standard telephone users who wish to initiate a call to a TTY user. The relay agent types the hearing person's spoken words to the TTY user and reads the typed responses of the TTY user to the hearing person.

**TTY.** A person who is deaf, hard-of-hearing, deaf-blind or speech impaired uses a TTY to type his/her conversation to a relay agent, who then reads the typed conversation to a hearing person. The agent types responses back to the TTY user.

**Voice Carry-Over (VCO).** This service allows users who are hard-of-hearing or deaf to speak directly to hearing people. When a hearing person responds, the relay agent types everything said to the TTY or VCO phone.

**Two Line VCO.** This service allows a customer with two phone lines and/or a computer to use one line for speaking directly to a hearing person while the other line is used to receive the hearing person's typed responses. **VCO to TTY.** The relay agent types what the VCO user says to the TTY user. Whatever the TTY user types goes directly to the VCO user's TTY or text display equipment.

**VCO to VCO.** The relay agent serves as both parties' "ears", typing what is said on both ends of the call. Users

still use their own voice to deliver their message.

**VCO to Hearing Carry-Over (HCO).** The VCO user speaks directly to the HCO user (see next section). The HCO user's typed responses are sent directly to the VCO user.

### Hearing Carry-Over (HCO).

HCO allows speech-disabled users with normal hearing to listen to the person they are calling. The HCO user types his/her conversation for the relay agent to read to the standard user.

**HCO to TTY.** The HCO user listens while the relay agent voices the TTY user's typed message. The HCO user types his/her conversation directly to the TTY user.

**HCO to HCO.** HCO users may contact other HCO users. The relay agent will voice to both parties what is typed on each user's TTY.

**Speech-to-Speech.** Specially trained agents serve as the speech-disabled voice and repeat his/her responses to the called party.

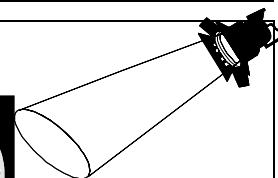
**Spanish Relay.** TTY users can type in Spanish and the conversations will be relayed in Spanish to the calling party. TTY users can also request Spanish or English or English to Spanish translation via relay. Simply instruct the agent how you want the call to be transferred.

**Video Relay.** American Sign Language (ASL) users can sign to a relay agent via a computer with video conference capabilities. The relay agent speaks to the standard telephone users and signs the responses back to the ASL user.

**Internet Relay.** Anyone with an Internet Service Provider can access [www.sprintrelayonline.com](http://www.sprintrelayonline.com) to communicate with a standard phone user via a relay agent.

All services are available 24-hours a day, 365 days a year. Call Sprint's customer service for more information on international and 1-900 calls.

## Website



## DisabilityInfo

[www.disabilityinfo.gov](http://www.disabilityinfo.gov)

This comprehensive resource is designed to assist individuals with disabilities, family members and other interested individuals in finding the information they need to know quickly. This site provides access to disability-related information and programs available across the government on numerous subjects, including civil rights, education, employment, housing, health, income support, technology, transportation, and community life. The site is intended to be a one stop shop for all federal disability agencies.

### Northern Nevada Center for Independent Living TTY Distribution Program



- Are you a Nevada resident age 5 or older?
- Do you have a working telephone service in your home?
- Can you verify you are Deaf, severely hearing impaired and/or speech impaired?

If you answered "yes" to all questions, you can apply for a TTY, watchman device, visual display or a telebrailer at no cost. Call Maureen Fradianni at 775-353-3599 or 800-552-5588 for more information. Many other TTY trainings & services are available.



# New Lending Library Resources



## Books

Demchak, M., & Greenfield, R. G. (2002). *Transition portfolios for students with disabilities: How to help students, teachers, and families handle new settings*. Thousand Oaks, CA: Corwin Press, Inc. This book offers practical details on gathering critical information, including tips on what to include, sources, and timelines. It also shows you how to include educational components, accommodations to instruction, medical information, student's communication styles, and positive behavior support plans. The book also includes a section on how to collect personal information about students, as well as sample mapping sessions. **NDSIP # 1000.105**

## Videos

HOPE Inc. (Producer). (2001). *Child to child: Communicating with my friend who has special needs: Go...show...whoa!* [Videotape]. (Available from HOPE, Inc., 1856 North 1200 East, North Logan, UT 84341, 435-245-2888).

This video and accompanying manual were created to help children K-4 communicate comfortably and successfully with their classmates who have disabilities. Nondisabled children see how they can communicate with their friends who have special needs. The guide contains follow up ideas and activities. (15:00) Closed Captioned. Has Manual. **NDSIP # 210.100**

HOPE, Inc. (Publisher). (1998). *Hearing aid management skills for families of young children who are deaf or hard of hearing* [Videotape]. (Available from HOPE,

Inc., 1856 North 1200 East, North Logan, UT 84341, 435-245-2888). This video helps parents of young children who are deaf or hard of hearing learn basic hearing aid management skills. Basic concepts and skills related to the management of the child's hearing aids are discussed such as: the anatomy of the ear, hearing tests, the audiogram, identifying parts and functions of the hearing aid, putting aids on the child, giving the hearing aid a daily listening check, establishing full time hearing aid use, and troubleshooting the source of feedback. (Closed Captioned). **NDSIP # 1410.110**

North Dakota Deafblind Services Project. (Producer). (2002). *"Move and discover" The active learning approach for children with disabilities*. (Available from the producer, 1401 College Dr., Devils Lake, ND 58301-1596, 701-662-9000). This video is based on Lilli Nielsen's active learning philosophy. Through movement children can discover texture, shape, weight, quantity, temperature, and spatial relationship. You will learn how to create a fun environment for a child that will enable the child to play, learn, and grow. (25:00) Closed Captioned. **NDSIP # 910.102**

## Manuals

Alsop, L. (Ed.) (2002). *Understanding deafblindness: Issues, perspectives and strategies* (2 volumes). Logan, UT: SKI\*HI Institute. This comprehensive resource is for parents, paraprofessionals, and service providers working with children and young adults

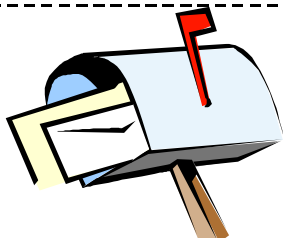
who are deafblind. All aspects of deafblind programming are covered such as communication, concept development, vision, hearing, touch, sensory integration, intervention, family issues, physical education additional disabilities, orientation and mobility, community support, sexuality, and evaluation. This manual is extremely useful for those working "hands on" with children who are deafblind. **NDSIP # 420.109**

Grisham-Brown, J., & Haynes, D. G. (1999). *Reach for the stars: A transition process for families of young children*. Louisville, KY: American Printing House for the Blind. This manual is a person-centered planning process designed to facilitate the development of educational plans that will lead to inclusive education programs for young children with disabilities. Families can use the manual to state their hopes and dreams about their child's future. Service providers can use the manual to interview a family regarding their desires for their child's future. **NDSIP # 1020.109**

## Guides

Rowland, C., & Schweigert, P. (2002). *Hands-on problem solving for children with multiple disabilities: A guide to assessment and teaching strategies*. Portland, OR: Oregon Health Sciences University. This guide and accompanying school-based and home-based inventories are used to

*New resources continued on Page 8.*



I enjoy your newsletter, and I know someone who would benefit from receiving future issues. I have entered the address below.

I've moved! Please send future issues of your newsletter to my new address below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Return to: Marty Elquist Department of Curriculum & Instruction/282  
University of Nevada, Reno Reno, NV 89557**

New resources continued from Page 7.

evaluate the cognitive skills of nonverbal children with severe disabilities as demonstrated through their interactions with the physical environment. These materials are especially important for children who are deafblind. **NDSIP # 630.104**

### Articles

Anthony, T. (1996). Guidelines to parents on introducing glasses to young children. Retrieved November 12, 2002, from <http://www.tsbvi.edu/Outreach/seehear/summer99/parents-glasses.htm>. **NDSIP # 340.135**

Boys Town National Research Hospital. (nd.) About hearing aids: Selecting hearing aids for infants and children. Retrieved November 12, 2002, from: [http://www.boystownhospital.org/parents/hearing\\_aids/selecting.asp](http://www.boystownhospital.org/parents/hearing_aids/selecting.asp). **NDSIP #1440.111**

Miller, C. (1998). Your glasses won't help you if you don't wear them. Retrieved November 12, 2002, from <http://www.tsbvi.edu/Outreach/seehear/spring98/glasses.htm>. **NDSIP # 340.136**

Nussbaum, D. (1998). Hearing aids: Strategies to get them out of the box and onto the child. Retrieved November 12, 2002, from: <http://clerccenter.gallaudet.edu/SupportServices/series/5005.html>. **NDSIP #1440.112**

Robinson J. (1998). *What do your child and your family do for fun?* Retrieved November 12, 2002, from <http://www.tsbvi.edu/Outreach/seehear/spring98/fun.htm>. **NDSIP # 1240.101**

### Materials in Español

Watkins, S. (n.d.) *Lenguaje por medio de señas para la familia* (Sign language for the family). Logan, UT: HOPE, Inc. Este libro fue escrito para ustedes, padres de familia. Después de que hayan repasado las cintas magnéticas y aprendido a usar las señas, pueden consultar este libro para practicar oraciones y actividades que han sido recopiladas para su uso. Si se les olvida alguna seña, consulten rápidamente en el libro; al ver la ilustración de la seña se les refrescará la memoria, y por consiguiente podrán usar la seña. **NDSIP # 2830.104**

Aguirre-Larson, G. M. (1996). *Mi nombre es Lupita y tengo un hijo sordo*. Hillsboro, OR: Butte Publications, Inc.

Un conjunto de seis guías:

1. ¿Dónde están tus oídos Toño?
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5. ¿Qué tip de educación necesita Toño?
6. Usted puede estimular el lenguaje de su hijo en casa.

**NDSIP # 2830.105**

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Robinson, J. (1998). ¿Qué hace usted y su familia para recreación? Retrieved November 12, 2002, from <http://www.tsbvi.edu/Outreach/seehear/spring98/fun-span.htm>. **NDSIP # 2840.110**

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Wiley, D. (2002). Preguntas y respuestas. Preparándose para: La junta (ITP) plan individual de transición de su hijo(a). Retrieved November 12, 2002 from: <http://www.tsbvi.edu/Outreach/itp-span.htm>. **NDSIP # 2840.106**

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