



West Virginia Resource Guide for Families of Young Children with Visual Impairments Birth to Five



Welcome!

The *West Virginia Resource Guide for Families of Young Children with Visual Impairments Birth to Five* is a product of the WV Birth to Three Implementation Team for Vision and Hearing Loss. Vision specialists, across the state, identified, adapted and developed targeted resources to support you and your family in your journey. Throughout this resource guide are stories from families of children with visual impairments or adults with visual impairments. Many are from West Virginia with a desire to share their journey with you.

Our hope is that their stories will provide you with inspiration! The possibilities, hopes and dreams are endless!

Ashley's Story - submitted by Renae Bailey



Ashley and her mother, Renae Bailey

Let's face it, raising children can be challenging, but then when you add an impairment on top of that, it can make for an even greater challenge at times. Hi, my name is Renae Bailey and I am a parent who has raised a daughter who was born blind and is now an adult. Raising a child who is blind can be overwhelming and is an adventure with many ups and downs along the way.

When my husband and I were given our child's diagnosis, we said, "we will do whatever it takes to make Ashley become independent and strong." Everything that we did was to prepare her for the future. It is not enough to prepare for just today, you *MUST* prepare for the future...which starts today.

I was given the opportunity to review this resource guide. I believe it will be beneficial to parents helping them to prepare their child to be independent. After all, isn't that what any parent wants? This resource guide will answer many of the questions you will have along your journey. Much of the information provided covers processes and steps we took with our child...only we didn't have a guidebook!

Having shed many tears and given much sacrifice I can say, that my daughter, Ashley, has become confident in who she is and now has her own apartment. She has lived independently for over a year! Ashley wanted everyone to know that "if not for my parents' high expectations, I would not be the person I am today."



Ashley, age 3



Ashley, today

HELPFUL TIPS FOR NEW PARENTS

You may not know what to expect right now, but, as you'll discover, your baby is like other babies in most respects. In the meantime, here are a few suggestions that may be helpful for you as a new parent of a child with a vision impairment.:

- If your baby can't make eye contact with you, you can still cuddle, get to know each other, and learn to love each other. Be aware that other senses—touch, smell, and hearing—will help your child learn to recognize you and everything else around him.
- Rather than cooing or crying when she wants attention, your baby may be quiet. If she can't see you approach, she may be using her hearing to find out if you're nearby.
- Help your baby know what's going on around him by describing what you're doing and what may be beyond arm's reach for him.
- Early on, let your child explore the world by touching people and objects in her environment.
- Treat your baby just as you would any other child—not like a fragile toy, but as a baby—bouncing him on your knee, tickling him, and kissing him.
- Give your baby lots of opportunities to get to know other children and adults by taking her walking, shopping, and to playgrounds, swimming pools, and other community places.



KEEP A JOURNAL

- Questions or concerns you have
- You/your family's feelings and experiences during this process
- Long and short-term goals, hopes, dreams and thoughts about the future



MAINTAIN A NOTEBOOK

- List contact information with names and numbers of professionals/providers and others who care for your child
- Include copies of medical/education reports, important forms, insurance information
- Record questions you may have and keep extra paper for note taking.



SEEK SUPPORT

- Reach out to family and friends for support.

*~ It takes a village to raise a child
African Proverb*

Table of Contents

Vision: An Overview 8

- How the Eyes Work
- Types of Vision Loss
- Webinar Series: *My Child has Cortical Visual Impairment (CVI)*
- What Do I Do if I have a Concern?
- Vision Testing
 - Ocular Assessments
 - Cortical Visual Impairment Assessments
 - Functional Vision Assessments (FVA)
- Webinar: *Impact of Vision and/or Hearing Loss on Child Development and Learning*
- Webinar: *Impact of Vision Impairment on Social Emotional Development*
- Additional Disabilities

Bonding 16

- Overview
- Bonding with Daddy
- The Importance of Touch
- Strengthening the Attachment
- Where to Go for Help?

Developmental Milestones and Your Child 22

- Milestones
- Social Emotional
- Gross Motor
- Fine Motor
- Communication
- Cognitive

A Day in the Life of Your Child 30

- Families Play a Vital Role Daily in Helping Their Child's Development
- Suggestions to Try at Home

Supporting Healthy Eating..... 37

- Teaching Your Infant About Food
- Starting Solid Food
- Helping Your Toddler Learn Table Manners

Routines and Transitions..... 41

- Create Consistent Routines and Transitions
- Why are Routines Important?
- Helpful Tips for Establishing Routines

Language and Literacy..... 47

- Building Language
- Helping Your Child Learn to Talk
- Building a Language Rich World
- Activities You Can Do
- Promoting Early Literacy Practices

Play and Toy Choice..... 58

- Why is Play Important?
- Helping Your Child Learn to Play
- Helpful Tips
- How to Choose the Best Toys
- Providing Tactually Interesting Toys and Materials

- General Suggestions
- Toy Suggestions by Age
- Specialized Toy Outlets
- 10 Questions to Ask Yourself When Purchasing a Toy

Adapting Your Home 70

- Adapting Your Home for a Child Who is Blind or Has Low Vision

Encourage Movement..... 75

- Encourage Your Child to Move
- Orientation & Mobility
- What is Orientation and Mobility, Anyway?
- How Do O&M Specialists Approach Instruction?
 - What Can I Do to Support My Child's Orientation and Mobility?

Glasses...Are They Needed? 82

- Will Glasses Help My Child's Vision?
- How Can I Help My Child Adjust to New Glasses?
- Tricks from Families
- Recommended Glasses for Young Children

Unique Evaluations and Assessments for Children Birth to Five who are Blind or Have Low Vision..... 88

- What are Appropriate Evaluations and Assessments for Infants and Toddlers with Visual Impairments
 - Medical Ophthalmologic and Pediatric Optometric Evaluation
 - Functional Vision Assessment
 - Learning Media Assessment
 - Orientation and Mobility Evaluation
 - Developmental Evaluation and Assessment

Assistive Technology 93

- What is Assistive Technology (AT)?
- Examples of AT
- Perkins: 138 Apps for Early Learning
- Learn About Your Assistive Technology Options

Expanded Core Curriculum (ECC)..... 101

- What is the Expanded Core Curriculum?
- Why is this Important for Infants and Toddlers?
- ECC Areas and Foundational Skills for Young Children

The Early Years: Birth to 3 Years 108

- What are Early Intervention Services?
- Who is Eligible?
- Getting Ready for an IFSP Meeting
 - What is an Individualized Family Service Plan?
 - IFSP Team Members
 - What Does a Vision Specialist Do?
- How will Services be Provided?
- Other Services
- Keeping In Touch With Your Service Coordinator
- Growing Up: Transition for WV Birth to Three to Preschool

The Future 3– 5 Years 114

- What are Special Education and Related Services?
- Who is Eligible for Special Education Services?
- Individualized Education Program (IEP)
 - What is an IEP?
 - Who Writes the IEP?
 - When and How is an IEP Developed?
 - What is Included in an IEP?
- 504 Plans

- How Can I Prepare for My Child's IEP?

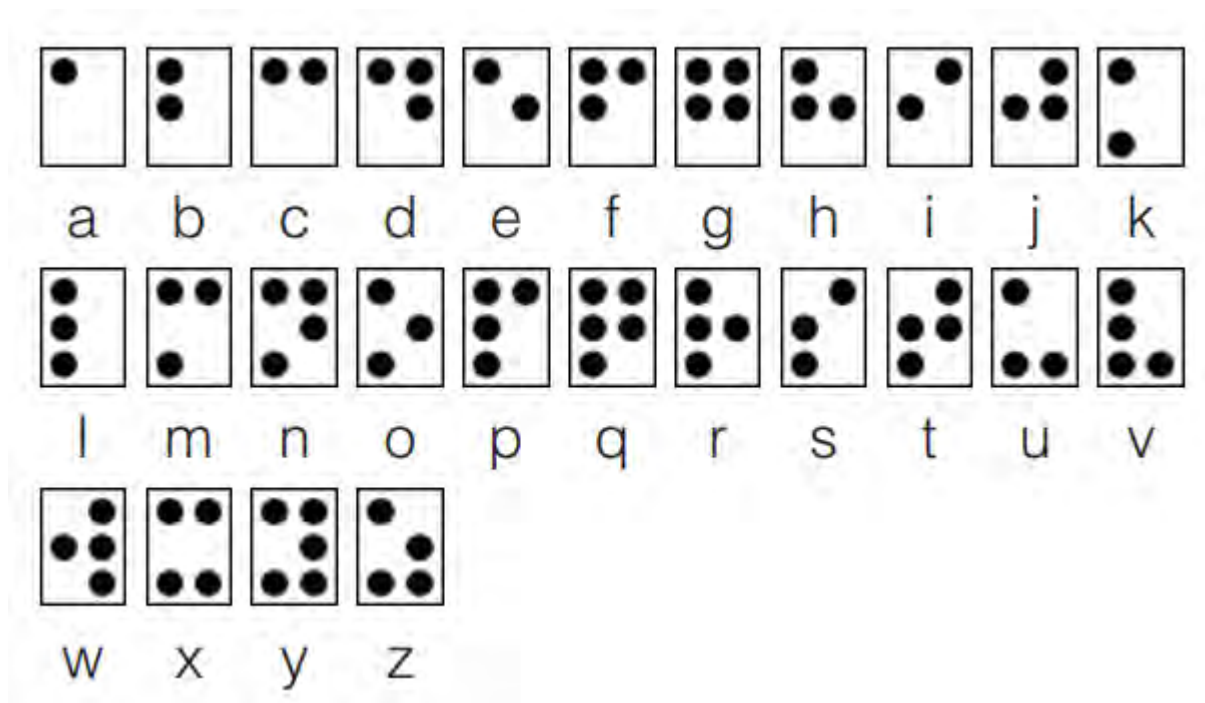
Remember to Take Care of Yourself..... 120

- 15 Self-Care Strategies for Parents

Glossary..... 124

National Resources and Organizations 127

- National Resources and Organizations
- West Virginia Resources and Organizations



**Alphabet
in print and braille**

Vision: An Overview



How the Eyes Work

As a parent it is important to understand how typical eyes work. Light rays enter the eye through the cornea, the clear front “window” of the eye. The cornea’s refractive power bends the light rays in such a way that they pass freely through the pupil (the opening in the center of the iris through which light enters the eye). The cornea is the clear, transparent front covering which admits light and begins the refractive process. It also keeps foreign particles from entering the eye.

The iris works like a shutter in a camera. It has ability to enlarge and shrink, depending on how much light is entering the eye. After passing through the iris, the light rays pass through the eye’s natural clear lens. Like a camera, it shortens and lengthens its width in order to focus light rays properly. The pupil is an adjustable opening that controls the intensity of light permitted to strike the lens. The lens focuses light through the vitreous humor, a clear gel-like substance that fills the back of the eye and supports the retina helping it to hold its spherical shape.

In a normal eye, the light rays come to a sharp focusing point on the retina. The retina functions much like the film in a camera. It is responsible for capturing all light rays, processing them into

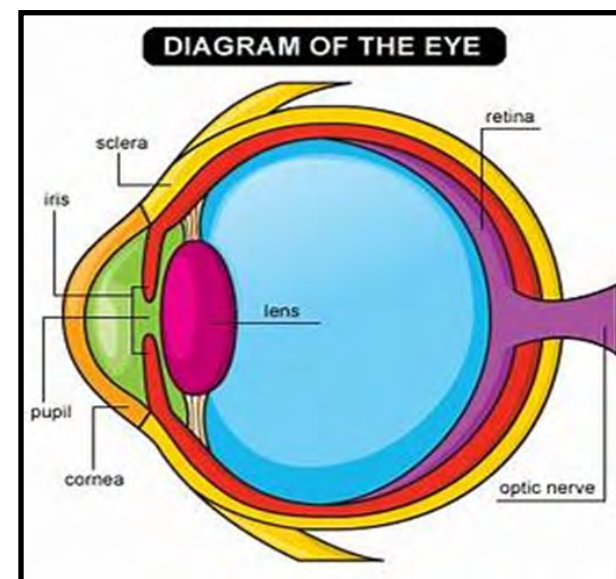
light impulses through millions of tiny nerve endings, then sending these light impulses through over a million nerve fibers to the optic nerve.

The retina receives the image that the cornea focuses through the eye’s internal lens and transforms this image into electrical impulses that are carried by the optic nerve to the brain. Humans can tolerate very large scars on our bodies; however, this is not the case in the cornea. Even a minor scar or irregularity in the shape can impair vision. No matter how well the rest of the eye is functioning, if the cornea is scarred, clouded, or distorted, vision will be affected.

When a person looks at things at different distances, the lenses in the eyes change shape from thick to thin and back again, to keep the image of those things clearly focused on distances. This is called accommodation.

Accommodation happens so quickly that the person is not aware of it. To experience accommodation, hold two fingers of one hand at arm’s length. Focus on

those 2 fingers and notice how blurry the distant background is. Now, focus on an object across the room while looking past your fingers. How do they appear now? The younger the person the quicker this accommodation occurs.



Types of Vision Loss

The visual system—the eyes, the optic nerves, and the brain—can be compared to a video system: the video camera, the cable, and the television set. Many things can go wrong with the video system. If the lens on the video camera is scratched, the image on the TV will not come through clearly. If the camera is out of focus, the picture will be blurred. If the cable connecting the video camera is defective, the signal will be weak or absent affecting the picture on the TV. All the parts have to be working well together for a clear image to appear on the television screen. In the same way, the eye (which collects information), the optic nerve (which carries information), and the brain (which interprets information), must all work together for good vision to occur.

There are numerous things that can go wrong with the parts of the visual system. Most children with vision impairments have more than one eye problem at the same time which affects how they see in many ways.

Most eye problems fall into one or more of five categories used to describe visual loss. These are:

1. Loss of visual acuity: the child does not see as clearly as he or she should and images are not sharp.
2. Loss of visual field: The area the child can see—above, below, and to the sides of their eyes—is limited when holding his or her head and eyes still.
3. Oculomotor problems (muscles around the eye): The child has difficulty with moving his or her eyes when they are looking at, following, and/or scanning objects with his or her eyes.
4. Reduced contrast sensitivity: The child is unable to see the relative difference between the lightness and darkness of objects, (something like looking at a faded photograph).
5. Problems with visual processing: The child's brain is having difficulty making sense out of what he or she is seeing (Cortical Visual Impairments).

Cortical Visual Impairment (CVI) is the leading cause of visual impairments in children in the United States. It is brain based and not in the eye itself. Your child sees what we see but he/she cannot interpret it. Most of the time the eye exam is normal or the exam that does not explain his/her lack of functional vision.

The good news is that the functional vision of children with CVI is expected to improve. Early diagnosis, assessment and interventions are critical for maximum improvement.

My Child has Cortical Visual Impairment (CVI) - So, your child has been diagnosed with cortical visual impairment and you are looking for more information. You have come to the right place! Dr. Sandy Newcomb is joining us for this series to walk you through the important information you need to know.

If you are watching these recordings on a mobile device, the videos will be best viewed holding the device in a landscape, or sideways, position.

[My Child has CVI – Now What?](#)
[My Child has CVI – Phase II](#)

[Intervention for Children with CVI: Phase I](#)
[My Child has CVI – Phase II and Moving Up](#)

What Do I Do if I Have a Concern?

There are many possible causes of vision loss. If you suspect your child has a vision problem, taking your child to his or her physician or pediatrician is the first step. If the doctor suspects an eye problem, your child will be referred to a specialist.

1. **Ophthalmologist:** an eye doctor with a medical degree specializing in the visual system. The doctor can do various types of vision testing, prescribe glasses, provide medication, and perform surgery on the eyes if needed. (A pediatric ophthalmologist is preferred as they specialize in eye conditions of young children.)
2. **Optometrist:** an eye doctor with a degree in optometry. They can do the various vision tests and prescribe glasses. They can diagnose eye problems and prescribe some medications. Optometrists cannot perform surgery on the eyes.
3. **Neurologist:** a medical doctor specializing in the nervous system. For children with suspected cortical visual impairment (CVI), a neurologist or ophthalmologist are the only medical doctors who can diagnose CVI.

Another specialist you may see might be an optician (not an eye doctor). He or she is the person who makes and fits the glasses that are prescribed by the ophthalmologist or optometrist. An optician does not examine the eyes.

Vision Testing

Ocular Assessments: If a child is old enough to read letters, numbers, or symbols then an eye chart may be used. For young children who are not able to read, a chart or individual cards with various sized pictures of objects may be used. For an infant or toddler or a non-verbal child, a chart with alternating dark and light gray lines may be used. The child attends or looks for the part of the chart with the lines. If it is difficult to get the infants to respond to these lines, a special computerized test can be used to check if visual image is getting to the brain. Other options can be used to assess a child's vision. Watching how a child responds to small toys, penlights, flicker bulbs and other items gives the tester an idea of how the child is seeing or using vision.

What does 20/20 mean? This is considered normal and means that the person can see at 20 feet what a typical person can see at 20 feet. Therefore, if your child has 20/100, he or she can see at 20 feet what a typical person can see at 100 feet. When using an eye chart, the examiner is able to give an acuity number such as 20/20, 20/100, and so on. When using other items such as lights or toys, the examiner generally cannot give a specific visual acuity number.

Cortical Visual Impairments Assessments: Since CVI is brain based and not in the eye itself, only a medical doctor can diagnose it. Ophthalmologists and neurologists are the two specialists with this expertise. An optometrist, although skilled in the conditions of the eye, does not have the medical background needed to diagnose. Ruling out eye conditions that do not explain the lack of functional vision, the doctor will explore through records or interview your child's medical history to identify neurological issues and the presence of the unique visual and behavioral characteristics.

The diagnosis is based on 3 factors:

1. Normal eye exam or an identified condition that does not explain the lack of functional vision.
2. A medical history that includes neurological issues.
3. The presence of all 10 unique visual and behavioral characteristics (listed below):

Visual and Behavioral Characteristics of CVI:

- Color preference
- Attention to light
- Attraction to movement
- Visual latency
- Preferred visual field
- Difficulties with visual and environmental complexity
- Difficulty with distance viewing
- Absent or atypical visual reflexes
- Difficulty with visual novelty
- Absence of visually guided reach

Functional Vision Assessment (FVA): This assessment is conducted by a WV Birth to Three (BTT) Vision Specialist or for children ages 3 – 21, a Teacher of the Visually Impaired. Neither Vision Specialists nor Teachers of the Visually Impaired can diagnose a visual impairment. Rather, this assessment determines what your child can see, how they use their vision (including sustainability of use), and under what conditions they can see. Its focus is on accessing the wide range of materials available across all environments. It is typically not done with children who are totally blind or have light perception only. For children with cortical vision impairment, the FVA encompasses the 10 characteristic behaviors associated with CVI.

Impact of Vision and/or Hearing Loss on Child Development and Learning - How do children learn? How do they develop concepts that will be foundations for all learning? What happens to the child's development if the child has a vision or hearing loss? This training will provide an overview of the distant senses: vision and hearing. The presentation will include the development of vision and hearing in "typical" children and the impact on child development, communication, and social emotional development when there is impairment in either or both senses. Participants will experience various sensory losses and discuss effective interventions and environmental adaptations that can be made to provide access to opportunities. *Presenter: Annette Carey – WV Birth to Three Social Emotional Guest Lecture Series*

Impact of Vision Impairment on Social Emotional Development - This session will provide an overview on visual impairments and the impact that a visual impairment has on the social and emotional development of the child. This training is geared to early intervention providers who work with children who have visual impairments and their families. *Presenter: Debbie Adams – WV Birth to Three Social Emotional Guest Lecture Series*

Tips for Patching

Patching young children is going to be a challenge. In order to strengthen the weaker eye, you must cover his stronger eye. The following tips are from: [Tips and Tricks for Eye Patching](#)

The three most common brands of eye patches are *NexCare*, *Coverlet*, and *Ortopad*. After removing the patch if you notice skin irritation, apply a thin layer of calamine lotion or Milk of Magnesia and let it dry completely before applying the patch. This barrier will protect the skin from breakdown from patch adhesives.

Decide on Patch-wearing Hours.

First, figure the time you think would be best for your child to wear the patch. At school? At home? In the morning? In the evening? You can break up the time your child wears the patch if that makes creating a routine more manageable. Keep in mind that your child must be awake while wearing the patch.

Make a Plan.

Once you've figured out the time of the day that your child will most likely adhere to a patching routine, create a clear patch-time schedule, outlining the hours of the day your child will wear the patch. This leaves no room to argue or negotiate, making it easier for you to enforce the routine.

Set a Timer.

If your plan is for your child to wear the patch two hours in the morning and two hours in the evening, or four hours straight after school, set a timer, so it's clear to everyone when the patch comes off.

Get Creative.

Let your child decorate their patch with paint, stamps, stickers, or other materials. If the patch is more fun to look at, it may make wearing it a bit more fun.



Distract and Reward.

It takes about 10 to 15 minutes for the brain to switch over to the non-patched eye. Distract your child during this time with a toy or TV show. Schedule fun things for them to do, if possible, during their eye patch wearing time, such as a visit to the playground or park.

To reinforce the patching routine, offer a reward such as a sticker or a star for every day they stick to the schedule.

If all else fails and your child continues to remove his patch, water wings placed at the elbows will prevent the arms from bending and keeps him from reaching for the patch. Distracting and rewarding your child should continue.

Additional Resource

<https://www.wonderbaby.org/articles/patching-resources>

Note: Additional Disabilities

Many children with significant vision loss have additional disabilities, such as cognitive, developmental, hearing or mobility impairments. Research shows a higher prevalence of visual disorders in children with development disabilities. This may be due to the underlying causes of their disability and its impact on the visual system.

If your child has additional disabilities along with vision loss, information is available by visiting this article [Common visual problems in children with disability](#) available on the [National Center for Biotechnology \(NCBI\)](#) website. This will serve as an important resource for you and your family. Your vision specialist and team will guide you through any adjustments in the strategies, tips, and activities that may need to be made to accommodate any additional disability.



Notes and Information

Need more information?

Flip to the Glossary & Resources section for common terminology, helpful organizations and websites to answer your questions.

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Bonding



You hear your baby wake from her nap, and you walk toward her room. She's lying in her crib cooing, then suddenly, as you walk into the room, she stops—and your first thought is, "She's not happy that I'm here."

If you've had that reaction, you're not the only one who has. Many parents who have a baby who is blind/low vision have had similar feelings. What's probably happening is that your baby has stopped making sounds to listen and figure out what that other sound is. She can't see you clearly, or maybe not at all, so she must use her hearing to try to understand what's going on.

Because your baby has a visual impairment, she won't necessarily respond to a smile, a wave of your hand, or a funny face, the way a sighted baby does. When you reach down to pick her up, she may stiffen because she's startled. She may not smile at you because she can't see that you're smiling at her. It may sometimes be easy to think that your baby doesn't love you or you've done something wrong.

What's needed is a little time for you to become used to your baby's reactions to you and the world around her. While you see her clearly, she may see you as a hazy shadow. But your baby needs a period of adjustment, too—to learn from her other senses and get used to the sound of your voice, the touch of your hands, and the scent of you when you hug her.

When you're a new parent, it often takes a while to understand your newborn and all the ways you can interact. Children with visual impairment and/or neurological problems may respond differently than children without disabilities. The most important thing a family can do is observe the child and learn to interpret her behavior. Learning your baby's cues so that you can respond more effectively will make her feel safe. When babies do not feel safe, then sleeping, eating and social interaction can be affected.

Many babies with sensory loss can be over-stimulated. Some of these signs are: turning the body, face or eyes away; closing his eyes; arching the back; spitting up; rapid shallow breathing; changing color; hiccupping. You may need to try some inventive approaches to consoling your baby. Preventively, you can try to keep your baby's daily schedule as consistent as possible. You can make the environment calming by dimming the lights, dropping the noise level, and reducing social stimulation. Taking rides in the car, running a vacuum cleaner, anything that produces a steady vibrating motion or monotonous sound, can also help him to relax or calm. You may also try things like placing him in his travel chair on the washing machine while you are nearby, so he is lulled by the vibrations. You will have to be creative in finding the type of calming actions that work best for your child.

Because your baby has limited, or perhaps no ability to observe you as you go about your daily activities, you may want to keep her near you while you do chores. For example, you could sit her in her baby seat and put it on the kitchen counter near the sink while you do dishes or on a nearby table while you put clothes in or take them out of the washing machine. Some infant seats have straps to fasten them to a chair or other horizontal surface, some have suction cups that hold them in place, or you could buy a non-slip rubberized mat to put under the seat to keep it from sliding on a smooth surface.

Just having your baby close enough to hear the sounds of your activities—running water, the various noises a washing machine makes, your voice humming as you fold the clean clothes—can give her a reassuring sense of her immediate surroundings.

Excerpted from [Family Connect-For Parents of Children with Visual Impairments](#)

Bonding with Daddy

Men these days spend more time with their babies than dads of past generations. Although dads yearn for closer contact with their babies, bonding frequently occurs on a different timetable, partially because they don't have the early contact of breastfeeding that many moms have. However, dads should realize, early on, that bonding with their child isn't a matter of being another mom. In many cases, dads share special activities with their babies, and both parents benefit greatly when they can support and encourage each other.

Tips for Dad

- Dad can form a special bond with baby when handling a middle-of-the-night feeding (for nursing moms, dad can still participate by changing the diaper, cuddling, and bringing the baby to mom)
- Reading or singing to the baby
- Giving the baby a bath and diaper change
- Mirroring baby's movements
- Mimicking baby's cooing and other vocalizations — the first efforts at communication
- Using a front baby carrier during routine activities
- Letting baby feel the different textures of dad's face

The Importance of Touch

In *Touching* by Ashley Montagu, we learn that holding and rocking a baby has physiological and emotional benefits. Touching increases the baby's cardiac output, promotes respiration that, in turn discourages lung congestion and helps the baby's gastrointestinal function. The movement of rocking often helps in digestion and absorption of food.

One special technique of touching that is being used to increase bonding is infant massage. Infant massage is a more structured way of touching. Many hospitals use infant massage with premature infants. Current studies seem to suggest infant massage may enhance a premature baby's physical growth and development. Infant massage is something you do with your baby as opposed to something that is done to your baby. It is a way for parents to connect with their child on a special level. Massage can help parents learn the way their baby's body looks and feels when he/she is tensed or relaxed; the look and feel of a gassy stomach; the difference between pain and tension.

[Intro to Infant Massage for Kids with VI: Shared Joy, Body Awareness, and Touch Communication](#)



Additional References on Bonding

[Light House Guide](#)
[Texas School for the Blind and Deaf](#)

Strengthening the Attachment

- **Talk to your baby** as you walk toward her room. Start talking to her before you get to the door. This will give her time to realize you're nearby.
- **Continue to be loving and affectionate**, even if she doesn't respond the way you'd expect.
- **Touch your baby before you pick her up.** If you always say, "I'm going to pick you up now," as you stroke her arm or rub her tummy, she'll come to understand that the words and the touch mean she's going to be lifted.
- **Incorporate touch in all your routines.** During normal home activities such as diapering, bathing and bedtime, incorporate a few minutes of gentle touching. Rubbing on baby lotion, cuddling before bedtime or massaging arms and legs during a bath can add an extra measure of caring to ordinary events. Sometimes these caring touches can even make a bothersome event pleasurable.
- **Show your baby things that you're going to use on her body before you use them.** Let her feel them and smell them. If her nose needs to be wiped, let her touch the tissue and guide her hand with yours to bring it to her nose. When a baby is suddenly touched by something she doesn't expect to feel, she may be startled and start to cry. Help her learn to anticipate what's about to happen.
- **Get creative.** Your baby may not respond to the smiles or silly faces you make to try to get her to smile or laugh. So, you'll need to find other ways to get that smile or giggle out of her. Tickling, gently swinging her up and down, or singing little songs are some of the ways to get her to have fun with you.
- **Eye-to-eye contact** provides meaningful communication at close range and many children with visual impairments can see to some degree. Sound and touch may be used to help provide additional information.
- **Use a front carrier** as part of your daily routines. Let your baby go through the day with you.
- **Take time to enjoy your new baby. Take time for yourself.**

Where to go for help?

Your WV Birth to Three Vision Specialist is a wealth of experience, knowledge, tips and strategies to support you and your baby throughout his early years. If you don't feel that you're bonding by the time you take your baby to the first office visit with your child's doctor, discuss your concerns at that appointment. It may be a sign of postpartum depression or bonding can be delayed if your baby has had significant, unexpected health issues. It may just be because you feel exhausted and overwhelmed by your newborn's arrival.

In any event, the sooner a problem is identified, the better. Health care providers are accustomed to dealing with these issues and can help you be better prepared to form a bond with your child.

It often helps to share your feelings about bonding with other new parents. Ask about parenting classes for parents of newborns.

Bonding is a complex, personal experience that takes time. There's no magic formula and it can't be forced. A baby whose basic needs are being met won't suffer if the bond isn't strong at first. As you become more comfortable with your baby and your new routine becomes more predictable, both you and your partner will feel more confident about all the amazing aspects of raising your little one.



Skylar Henkes, active WVBTT participant

Skylar Henkes - submitted by Autumn Henkes

Skylar Henkes is a two-year-old girl with cerebral palsy secondary to a hypoxic brain injury at birth. However, cerebral palsy isn't the only condition Skylar has as a result of this incident. She has a visual impairment referred to as *CVI (Cortical Visual Impairment)*. This type of visual impairment does not arise from physical problems with the eyes but rather the area of the brain that processes and communicates visual input with the eyes has been damaged. Therefore, her eyes can see but her brain cannot make sense of what she is seeing.

Someone with CVI is better able to see when certain accommodations are made to their environment. Many people with CVI prefer objects with bright colors, movement, light, and they need to take their time looking at an object before interacting with it. Objects can be placed against black backgrounds to decrease the visual clutter behind them.

With time and the appropriate modifications, someone who has CVI can experience improvement in their vision. When Skylar began Birth to Three at just a few months old, her vision was very poor. She did not track and made very little attempt to smack at toys. Now at two years old her vision has shown definite improvement. She consistently plays with toys when they are presented to her and she is even beginning to work on learning the different colors. Skylar's occupational therapist with Birth to Three is knowledgeable on CVI and has given us many ideas on how to accommodate her visual impairment. We focus on modifying Skylar's environment to make it as easy as possible for her to interact with the objects around her. We look forward to seeing how much more Skylar's vision improves in the years to come!



Notes and Information

Need more information?

Flip to the Glossary & Resources section for common terminology, helpful organizations and websites to answer your questions.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Developmental Milestones and Your Child



Developmental Milestones and Your Child

Milestones are the “big skills” that children master during their development. Although each infant and toddler follow her own path of development, these “big skills” are comprised of many skills that lead up to the milestone. Milestones are generally predictable such as: say their first word at 12 months or hold and drink from a cup at 24 months. It is important to realize that some children reach these milestones earlier and some later than the age listed. Infants and toddlers who are blind/low vision show just as much variability as other children in terms of when they acquire a skill. Many children with multiple disabilities have a vision loss. These children generally do take longer to acquire milestones.

All areas of development are interrelated, and vision drives development. A child who is blind/low vision may achieve developmental milestones at a slower or different pace than their sighted peers. This is not related to a lack of cognitive skills as a visual impairment is a sensory loss and is not related to cognition. It is the primary sense that infants and toddlers use to organize and learn about the world. Why does a child reach, crawl, scoot, or try to walk? It is something in his environment that he wants to get. Without seeing the item, the motivation is not there. Clear and continuous feedback from vision is the key; information about social interactions and the physical environment is difficult to understand and put together.

Your child **might** have extra challenges with:

- Communicating: your child might not see someone waving and smiling at him or not be able to make eye contact.
- Sleeping schedules: your child might have difficulties knowing the difference between day and night.
- Socializing with others: your child might be clumsy, not able to read non-verbal cues and gestures, get lost in a crowd or have trouble making friends.
- Playing: your child might be afraid to touch certain textures or explore areas he can't see.
- Talking: your baby might not point to objects, so that the people around him won't name these objects, and he'll miss the chance to learn the names.
- Head movement, rolling over, sitting, crawling and walking: your child might not try to move because he can't see the interesting objects.
- Eating and chewing: your child cannot see to locate the food on their plate.
- Self-stimulation such as rocking, flapping or hitting themselves due to lack of visual input and will need to be redirected to another activity.

What follows are the developmental milestones for infants and toddlers with visual impairments by WonderBaby.org. This organization is dedicated to helping parents of young children with visual impairments as well as children with multiple disabilities. Your Vision Specialist with WV Birth to Three will guide and support the implementation of the provided strategies in your daily routines.

Social & Emotional Development Chart
for Infants and Toddlers who are Blind/Low Vision
Revised from WonderBaby Blind & Visually Impaired Babies & Children
<http://www.wonderbaby.org/>

What Do Most Children Do At:	What Most Babies Do
<i>Birth to 3 months</i>	Recognizes caregiver's voice
	Can be soothed by voice or touch
	Smiles when played with
<i>4 to 6 months</i>	Initiates request for attention
<i>7 to 9 months</i>	Differentiates between familiar & unfamiliar people
	Shows "stranger anxiety"
	Shows fear of separation
<i>10 to 12 months</i>	Uses gestures
	Cries when caregiver leaves
	Begins to enjoy social games like peek-a-boo
<i>22 to 24 months</i>	Imitates caregiver
	Plays alongside other children
	Asks others when needs help
<i>3 years</i>	Enjoys helping around the house
	Likes to be praised after doing simple tasks
	Is aware of people's feelings
<i>5 years</i>	Plays with other children
	Understands rules
	Expresses many feelings

Gross Motor Development Chart
for Infants and Toddlers who are Blind/Low Vision
Revised from WonderBaby Blind & Visually Impaired Babies & Children
<http://www.wonderbaby.org/>

What Do Most Children Do At:	What Most Babies Do
<i>Birth to 3 months</i>	Holds head steady while being moved
	Lifts head up when on belly
	Elevates self by arms when on belly (totally blind or LP only babies may not do this until after they roll from back to belly)
<i>4 to 6 months</i>	Sits with some support
	Rolls from belly to back, from back to belly
	Sits alone steadily
	Pulls to standing (while holding your hands)
	Moves forward through crawling, creeping, or any other method
<i>7 to 9 months</i>	Pulls self to sitting position
	Pulls to standing position (using furniture)
	Sits down
	Attempts to walk (while holding your hand)
	Creeps forward on hands and knees 3 feet or more
	Takes coordinated steps (while holding your hand)
<i>10 to 12 months</i>	Stands alone
	Bends down to pick up object
	Walks sideways holding on to furniture
	Walks alone (3 steps)
	Walks alone with good coordination (5 steps)
	Pushes small obstacles out of the way
	Walks about house or yard independently
<i>13 to 15 months</i>	Moves around large obstacle
	Walks upstairs with help, downstairs with help
<i>22 to 24 months</i>	Squats
<i>3 years</i>	Runs, jumps, climb
<i>5 years</i>	Easily walks backwards
	Hops on 1 foot

Fine Motor Development Chart
for Infants and Toddlers who are Blind/Low Vision
Revised from WonderBaby Blind & Visually Impaired Babies & Children
<http://www.wonderbaby.org/>

What Do Most Children Do At:	What Most Babies Do
<i>Birth to 3 months</i>	Plays with hands
	Uses hands for purposeful action
	Retains object placed in hand
	Plays with toys that produce sound
<i>4 to 6 months</i>	Reaches for object in contact with body with 1 hand (rather than 2)
	Places objects in mouth
	Uses pads of fingertips to grasp small objects
	Transfers object from hand to hand
	Brings object to midline
	Pulls objects out of container
<i>7 to 9 months</i>	Explores different textures
	Places object in container
	Pulls string to activate toy
	Plays pat-a-cake
<i>10 to 12 months</i>	Places one peg repeatedly into hole
<i>22 to 24 months</i>	Stacks large objects
<i>3 years</i>	Uses hands for complex tasks
	Throws a ball
<i>5 years</i>	Copies simple shapes

Communication Development Chart
 Social & Emotional Development Chart
 for Infants and Toddlers who are Blind/Low Vision
 Revised from WonderBaby Blind & Visually Impaired Babies & Children
<http://www.wonderbaby.org/>

What Do Most Children Do At:	What Most Babies Do
<i>Birth to 3 months</i>	Differentiated cries (has different cries for different wants)
	Responds to familiar voices
	Reacts to sudden sounds
	Ignores certain sounds & attends to others
<i>4 to 6 months</i>	Turns toward sound
	Makes 3 different vowel sounds
	Imitates vocalization
<i>7 to 9 months</i>	Produces vowel-consonant combinations (ex. ga-ga or ba-ba)
	Recognizes familiar sounds or phrases
<i>10 to 12 months</i>	Uses gestures
	Responds appropriately to familiar requests
	Jabbers expressively
	Begins to name things
<i>13 to 15 months</i>	Anticipates routines in response to a familiar request
	Uses 2 words appropriately
<i>16 to 18 months</i>	Uses words to make wants known
<i>19 to 21 months</i>	Uses 8 words appropriately
	Strings 2 words together (ex. "ma-ma, bye-bye")
<i>22 to 24 months</i>	Uses 2- & 3-word sentences
<i>3 years</i>	Understands most simple language
	Communicates clearly
<i>5 years</i>	Talks about what he or she has done
	Asks many questions

Cognitive Development Chart
 Social & Emotional Development Chart
 for Infants and Toddlers who are Blind/Low Vision
 Revised from WonderBaby Blind & Visually Impaired Babies & Children
<http://www.wonderbaby.org/>

What Do Most Children Do At:	What Most Babies Do
<i>Birth to 3 months</i>	Recognizes primary caregiver
	Plays with rattle
	Cries when hungry or uncomfortable
<i>4 to 6 months</i>	Turns toward sound
	Places objects in mouth
	Shows preference in play materials
	Reaches for object in contact with body
<i>7 to 9 months</i>	Explores different textures
	Uncovers toy
	Pulls string to activate toy
	Searches briefly for object lost from grasp but not in contact with body
	Reaches for object based only on sound cue
	Places object in container upon request
<i>10 to 12 months</i>	Moves or gestures toward you when called
	Locates fixed (constant) object (ex. highchair, table, etc.)
	Puts many objects in container
	Learns that an object exists even if out of sight
	Works to solve simple problems
	Begins to understand cause & effect
<i>13 to 15 months</i>	Uses 2 related objects (ex. strikes drum with stick)
	Uses object to perform social action (ex. brushes hair, puts on necklace, etc.)
<i>22 to 24 months</i>	Matches objects
	Pays attention to activities longer
<i>3 years</i>	Fits shapes into matching holes
	Sorts objects
	Takes things apart & puts them together
<i>5 years</i>	Follows simple directions & does simple puzzles
	Understands counting

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A Day in the Life of Your Child



Families Play a Vital Role Daily in Helping Their Child's Development

Exploring the Environment

It is important that babies who are blind or have low vision learn to sit at as near a developmentally appropriate time as possible. Their beginning exploration of the world (the floor around them, or the tray of the highchair) depends on the availability of their hands, which must be free to move, independent of their body. "Sitting alone" (without the use of hands for support) is a major milestone and a critical one for cognitive growth to come.

Standing is the next level of upright posture and is the precursor to walking. It is a natural attainment for a sighted child, who is visually motivated to see more of what's "out there." For a child who is blind or has low vision, however, standing may be frightening as the only contact with the environment is their feet on the floor. It takes a good deal of encouragement and a secure emotional environment for a blind child to "let go" of the world she has reassured through contact with nearly half of her body (back, buttocks, legs) and suddenly only "knows" what touches her feet. The process may be slow, and require transitional support (hand holding, under arm assists, lots of conversation, and something to hold on to).

Provide a Variety of Experiences

Infants who are blind cannot observe the actions of others or see objects and materials around them. Even babies with some usable vision will have difficulty making sense of the limited visual information they are receiving. Additionally, they are not able to see the effects of their own actions on objects, that the object continues to exist when out of reach (object permanence) or observe how others interact with the object. Providing children with a variety of hands-on experiences with real objects will help the child learn best. Actively modeling play activities for the child, participating in everyday experiences with the child, and explaining daily events will enable the child to learn about people, objects and events.

Your child will learn new skills best by doing them with you. Wearing your baby in a front pack or a sling and talking about what you are doing as you prepare a meal or do chores will help your baby make connections about the world. As your child gets older, allow your child to feel the spatula or touch the pan before you use it. Let the child be a part of the experience. Naturally, find a balance between encouraging touch and exploration and keeping your child safe! By allowing your child to participate, you will help your child understand the process. Also, by teaching within the context of a natural activity, the experience will be more meaningful.

Hand use

The ability to use hands and fingers independently is a crucial skill for a child who must use touch to learn about and explore the world. When a visual loss interferes with a child's ability to explore her world visually, the ability to use her hands to "examine" new objects becomes a vital skill. Babies who are blind or have low vision may not have the motivation to reach unless intervention is provided. ("Reach on sound" does not normally occur until late in the first year, so intervention at a developmentally appropriate time [the early months] must utilize a tactual approach.) When the child discovers that something interesting exists out there," and tries to attain it, the first hurdle has been cleared. The ability of your child to use hands and fingers together to play with and explore objects are the next goals to be reached and will need extra practice to achieve these goals at developmentally appropriate times. *(Infants and Toddlers with Visual Impairments by Virginia E. Bishop, Ph.D. 1998)*

Suggestions to Try at Home:

Excerpted [*Building Critical Milestone Skills for a Visually Impaired Infant/Toddler: Texas School for the Blind and Visually Impaired*](#)

The following suggestions may help you get started in building critical milestones for your child. These suggestions should be incorporated as your child is developmentally ready throughout your daily activities and routines. You can consult with the vision specialist and other team members for suggestions in meeting the individual needs of your child.

To help achieve head control:

- Provide several short periods daily of supervised tummy time.
- While your infant is on their stomach, provide motivation such as sound to encourage your child to lift their head.
- Continue brief periods of tummy time, to allow practice of head lifting.
- As head control increases, provide trunk support with a rolled towel under the child's chest; begin positioning child's forearms under the upper body, providing support and preparation for independent lifting of head, neck, and chest.
- While watching TV, hold your child on your knees in a sitting position to allow your child time to work on muscle control.

To help achieve "reach":

- Securely suspend objects with interesting and varied sounds and/or textures within arm's reach of your infant, so that accidental "swipes" will touch the objects.
- Gently guide your infant's hands toward the objects if necessary, to let him know they are there.

To help encourage hand use:

- Encourage mid-line hand use by placing your child's hands on the bottle; play "patty cake"; play with baby's hands at midline.
- When facing baby, place his hands on the caregiver's face and talk to him.
- Put stickers on your child's fingers; he will try to get it off. (This is a supervised activity only; never leave a child with anything that can be put into the mouth and swallowed.)
- Place tactually interesting objects in your child's hands for exploration and manipulation. If your child has any useful vision, objects should be high contrast (black and white) for the first few months; colors are not as interesting until about three-five months and then red, yellow, orange are the most appealing.

To encourage rolling over:

- From stomach to back: (about three-four months). When your child is on his stomach, tuck his bent arm under his chest and assist with roll-over; praise often.

- From back to stomach: (about five-six months). When your child is on his back, extend one of his arms up, next to his head; gently roll baby's head over this arm (towards the floor) while lifting the same-side leg, with the knee bent and crossing over the other leg; gently press knee to floor and hip should follow; roll baby over to stomach; praise often.

Note: If the child has orthopedic impairments, check with the Physical Therapist before doing these exercises.

To encourage independent sitting:

- From about three months of age, prop your child with pillows in the corner of a chair, couch, infant seat, or crib - for only a few minutes at a time; an infant should not be totally vertical until head control is achieved and back muscles are mature; a backwards leaning is preferable at first.
- Around six months of age, (with good trunk and head control) place your child in a sitting position between adults legs (child's back to adult's stomach); gently place child's hands, palms down, in front of her, to provide independent support; praise often; as balance improves, place toys in front of the baby, between her legs, and encourage her to play with the toys; provide cushions or pillows for support until your baby can sit without them (may take several months).

To encourage standing:

- Around 10-11 months, put baby in a standing position next to a couch or heavy overstuffed chair; put toys on the chair or couch, within reach; encourage your child to play with the toys while standing (leaning on the couch or chair); limit time to only a few minutes at first, extending time as your child is able; child may need assistance in sitting down; praise often.

To encourage walking:

- Around 11-12 months, place your child in standing position, next to a couch or low table; place toys just out of reach, to the left or right of your child; encourage him to "side-step" to attain the toys; praise often.
- Place your child in a standing position, with back against the wall; offer a hand or finger to your child, for support; keep physical assistance minimal, and remove gradually as your child gains in confidence. A small chair, cardboard box, or walker (to push) might be used as practice supports; some toddler push toys (e.g., shopping cart, lawnmower, wagon) can also be used as "bumpers" for toddlers who are blind or have low vision.

To build language:

- TALK constantly to your infant and toddler; describe what you are doing (and what he is doing) and how (whether your child understands or not); repeat sounds the baby initiates. A radio or TV is not the same as the caregiver's direct situational conversation. Without clear vision, use of a radio or TV does not provide meaningful sounds for your child to learn to talk.
- Name things and actions (e.g., "This is a spoon."). If your child is blind, put objects into his hands as you name them. Let your child explore the objects before taking them away.

- Give your child time to absorb what is being said; it may take many repetitions for meaning to be attached to labels.
- As expressive language begins to emerge ("talking" begins), make extra effort to associate labels and objects; let your child manipulate as many things as possible, and encourage him/her to name them. Meaningful language requires direct experience for children who are blind or have low vision; it is critical because it will be the basis of formal reasoning later.
- Remember that it is difficult to learn while someone is talking. A child who is blind or has low vision may stop an activity to listen; allow quiet time occasionally, when thinking & problem solving can take place.

To encourage social interaction:

- For infants and toddlers who are blind or who have low vision, it is important to provide extra tactual and auditory contact (nuzzling, cuddling, conversation); hands-on social contact must be substituted for eye contact and facial expressions.
- Social behaviors that are normally observed visually and imitated (e.g., waving bye-bye, shaking head "yes" or "no," shaking hands) must be physically demonstrated to the child who is blind or has low vision.
- Teach eye contact. Facing the person who is talking is often a skill that must be taught to a preschooler who is blind or has low vision.
- Teach your child about the different emotions through touch. (Let him/her touch your face and feel you smile, frown, etc.)
- In social interactions label and describe expressions of emotions. (For example, a child who is blind or low vision may not know when a playmate is frowning, smiling or angry.)
- To learn to share and take turns encourage your child to participate in songs, finger plays, games like peek-a-boo, playing ball or cars.

To build cognitive ability:

- Build meaningful language, both receptive and expressive. Language will be the foundation of learning - the means to manipulate ideas, and to "think" - so be sure every word your child learns has meaning to her.
- Make extra effort to answer questions, not so much with words as with demonstrations ("Let me show you.").
- Many children who are blind or have low vision don't know how to ask questions, because the situation or conditions they would ask about are based on visual observation. The caregiver must try to anticipate what the child may not understand, and "show her."
- If you can't bring the world to the child, take the child to the world. Whenever possible, provide participatory experiences. Your child should not just hear about the world, she must interact with it.
- Pay special attention to cause-effect situations; demonstrate or provide hands-on involvement. Every time there is a "What happens when" situation, remember that your child does not see "what happens when" and must learn the result first-hand.
- Talk about sequences. As you prepare dinner, describe what you are doing (e.g., "First we have to get the pan out, then we put water in it; now we can put the potatoes in the pan."). There are many sequential events daily (e.g., getting ready for bed, taking a bath, getting dressed); watch for them, and talk about them. Sequence will be important later, as events are organized in a story, a

chapter, or an outline.

- Don't be too quick to solve a problem for your child; sometimes, give your child time to figure out a solution for himself. (Waiting for your child to devise solutions to problems can be frustrating for the caregiver, but it is essential if independence is to be encouraged.) Something as simple as how to get around an obstacle in his path can provide a problem-solving experience for a child. He will have many occasions to use this skill later, and the earlier it is learned and practiced, the better it will be when needed.
- Enjoy your child. Play games with him. Beginning with very simple hiding games (even "peek - a - boo"), progressing to guessing games ("What Am I" and then giving clues), and on to memory games ("What did we do when...?"). Encourage your child's brain to work, and the earlier the better.



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Supporting Healthy Eating



Supporting Healthy Eating

Excerpted from *“Eating Skills for Babies and Toddlers Who Are Blind or Visually Impaired.”* FamilyConnect, www.familyconnect.org/info/browse-by-age/infants-and-toddlers/growth-and-development-iandt/eating-skills-3895/1235

Teaching Your Infant About Food

Whether it is from the breast or a bottle, newborns need to eat every few hours, and throughout infancy, babies need their parents to help them eat. You can involve your baby in the process right from the start and help her begin to learn about eating and food. Use the time spent in feeding to interact with your child. Cuddle and talk or sing to him as you nurse or bottle feed him.

- If you're using a bottle and your baby has some vision or you're unsure about his vision, select a bottle with a colorful pattern on it or a colored ring around the nipple. Encourage your baby to look at the bottle as you bring it to his mouth. If your child has CVI, consider using a bottle in her favorite color.
- Guide your baby's hands to help you hold the bottle to his mouth, even if only for a few seconds. Because he may not see the bottle, he may not be aware of it. Showing him the objects with which he is interacting is a first step in developing his awareness and curiosity about the world around him.
- To babies with impaired vision, objects and people often seem to appear out of nowhere. When preparing a bottle for your baby, show him how you get it out of the refrigerator and heat it, and explain out loud what you are doing. When you do this, you will be helping your baby begin to understand where food is kept and how it reaches her.

Starting Solid Food

By the time your baby is five or six months old, she will probably be starting to eat solid foods such as rice, cereal, or puréed vegetables. You'll be the one doing the actual feeding at first, but she needs to begin to learn about the food, the bowl, and the spoon you use to bring food to her mouth. To help her start, let her explore the bowl and spoon with her hands before you begin feeding her. All babies are messy eaters, so don't be surprised if more of her lunch ends up on her face, hands, and clothes than inside her—especially when she starts to feed herself! Stopping her because she made a mess may only discourage her from trying again.

Here are some suggestions for engaging a baby who is blind or has low vision in learning about eating.

- If your baby has some vision, pick a bowl that provides contrast between the color of the bowl and the color of the food. For example, a dark blue or red bowl contrasts clearly with light-colored cereal. Encourage your baby to look at the food.
- Let your baby have a spoon to experiment with—to try holding and scooping food with it—while you use another spoon to feed her.
- Your baby may not be able to see the spoon coming toward her mouth, so it's a good idea to signal her in some way to let her know the next bite is coming. Provide a verbal cue, “another bite.” Or, you might tap her lip gently with your finger or stroke her chin as a reminder that she needs to open her mouth.
- As your child becomes more interested in feeding himself, consider using a bowl that attaches to the highchair tray with a suction cup so that it doesn't move easily. Also, you may want to look for a bowl that has higher sides, to make scooping easier.

- Use hand-under-hand or hand-over-hand techniques to help your baby learn to bring the spoon to her mouth. It takes a lot of practice to be able to do this accurately, so be prepared for messes with large plastic bibs and a plastic mat or tablecloth under the highchair to make cleanup easier.
- As she grows, your baby will begin to use her fingers to pick up food such as crackers or small pieces of cereal. If she has usable vision, try to provide contrast between the food and the tray or other surface it's sitting on. If both the food and the tray are a light color, think about having a darker, solid color placemat that you can put under the food. This will make it easier for your baby to see it.
- "Sippy" cups with a lid and a spout may help your baby make the transition from a bottle to a cup. Show her how to raise the cup to her mouth and tip it up to drink using hand-under-hand or hand-over-hand technique.

Helping Your Toddler Learn Table Manners

By the time most children are in their second year, they're eating some of the same food as the rest of the family. Including your toddler in mealtimes helps her not only with her eating skills, but also with socializing, using her budding language skills, and learning new words. For most young children who are blind or have low vision, having a consistent mealtime routine helps in building their confidence and independence. Routines help your toddler anticipate what is going to happen and, therefore, allow him/her to join in.

- Be consistent in where you place your child's bowl, plate, cup, and utensils on her highchair tray or at the table.
- As you put food on your child's plate, show her where each item is. When she is older, you'll just need to describe where things are, but at this age, it's okay to let her gently touch her food to see what she is about to eat.
- Use hand-under-hand or hand-over-hand technique to help your toddler learn to use a spoon and, then later, a fork. Some foods, such as mashed potatoes, are easy to scoop, but food that comes in little, individual pieces—such as corn kernels or peas—can present a challenge to all toddlers!
- Plates that have a rounded, raised rim will help keep your child's food on the plate more easily. Your child's team can advise you about the kinds of plates, bowls, cups, spoons, and forks that may help your child develop independent eating skills more quickly.



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Routines & Transitions



Create Consistent Routines & Transitions

Creating a consistent routine will help the child learn to anticipate events. When there is predictability and consistency in the schedule, the child will find comfort by being able to anticipate what is going to happen next. Prepare the child for each transition. If the child does not yet understand words/language, use an object, or touch cue, associated with the next activity to prepare them for what will happen next. For example, place the diaper in the child's hand prior to a diaper change.

Teaching Students with Visual Impairments by Carmen Willings. Teachingvisuallyimpaired.com

Darius's story is an excerpt from FamilyConnect.org. This website was created by the American Foundation for the Blind (AFB) and the National Association for Parents of Children with Visual Impairments (NAPVI) and offers suggestions on how to support your child's learning. <https://www.familyconnect.org/info/browse-by-age/infants-and-toddlers/parenting-and-family-life-iandt/routines-tools-for-your-childs-development/1235>

Darius, who's almost three and has albinism, was playing in the living room when his dad came in, carrying a yellow rubber duck. "Darius, let's go wash Mr. Quacker," he said. Darius laughed as his dad squeaked the duck and immediately headed toward the bathroom. As soon as they got there, Darius began pulling off his clothes and, with a gentle reminder from his dad, put them in the laundry basket. His dad then had him touch the water before getting in to make sure it wasn't too hot.

After Darius played for a few minutes with Mr. Quacker and his other bath toys, his dad encouraged Darius to look around for the blue washcloth and bar of soap. Together, they washed each part of his body, as his dad named them. Then Darius's dad had him look for the red shampoo bottle and helped open the top of it. After Darius's hair was washed, his dad let him know it was time to get out of the tub by holding open a big, bright blue towel. Once he was dry, Darius helped pull on his pajama top and bottom. Now he was ready for story time and then off to bed.



Because Darius's bath-story-bedtime routine is the same every evening, it's easy for him to anticipate each step, do it without much prompting, and feel a sense of independence. This one routine helps Darius practice a whole range of skills—increasing his manual dexterity, learning new words and concepts, and practicing the use of his limited vision. The routine also has a beginning and an end. The phrase, "Let's go wash Mr. Quacker," tells Darius that it's time for his bath-bedtime routine to start. Leaving the bathroom in his pajamas signals that the bath routine is complete. You may have many similar opportunities to involve your child in routines. Think about the things you and he do together almost every day, from self-help tasks like getting washed to playing games. You can build routines around these sorts of activities to help him/her anticipate what's going to happen and provide opportunities to develop concept skills, language skills, motor skills, and social skills.

Why Are Routines Important?

Routines help all children feel assured the world is an orderly place, but they are especially valuable for children who are blind or have low vision. They may not be able to see what the people around them are doing. Establishing routines helps them develop a sense of cause and effect and what comes next throughout the course of the day.

Routines are an important way to help your child develop concepts and skills that are the basis of literacy. Meaningful experiences are a critical foundation to learning. By structuring activities in a clear and predictable manner, your child begins to learn:

- an understanding of objects and their functions (e.g. cup, toothbrush, shoe)
- anticipation
- sequencing
- cause and effect
- attributes such as wet/dry, up/down, soft/hard
- positional concepts (back/front, above/below)
- tactile skills
- eye-hand or hand-hand coordination
- communication skills



At the most basic level, these routines should be part of your child's natural activities, including bathing, eating, dressing. He/she should be actively engaged in the steps of the activity, such as helping to turn on the water for the bath, finding the towel and soap, etc. Learning to identify and gather the objects necessary for the routine helps to make the experience more meaningful. By following a predictable sequence, your child learns what will happen next and can begin to initiate the next step. As the child grows and develops, routines can be expanded.

Helpful Tips for Establishing Routines

- Don't expect your child to do an entire routine on her own. Look for small ways in which she can participate in different parts of the routine. For example, if you and she enjoy dancing together, use your tablet or smartphone and tell her we are going to listen to music and dance. Let your child choose the music and then press play to begin the fun again.
- If your child has low vision, look for ways to add color or high contrast to items you and your child use routinely. If part of her dinner routine is to feed herself using a spoon, make sure she has a spoon and bowl she can easily see on her highchair tray.
- If your child is blind or has very low vision, think about ways to add textures or braille to items she uses. If part of her morning routine includes brushing her hair, buy her a brush that has a distinctive handle that lets her know it's hers.
- Be consistent in naming things. It may confuse your child if you call her cup a "cup" one day and a "mug" the next day. It's important that she understand what the word "cup" means before she starts hearing it referred to as a mug. The next step will be for her to realize that the same object can have two different names.
- When you see that your child is anticipating what will happen next, you'll know you've succeeded in establishing a meaningful

routine. You can recognize this by their actions, even if they are too young to tell you in words. For example, after you put on your child's socks, they may look or reach down for their shoes, letting you know your child understands that shoes go on the feet after the socks are on.

- After your child can do one step in a routine consistently, add a new step to learn, such as having them help you put on each shoe. A toddler's attention span tends to be short, so plan small, logical next steps in which they can participate partially as the two of you go through your routines each day.

Visually impaired children find way home to self-expression with camp

Jake Jarvis | June 15, 2016 | Updated November 22, 2017

The Charleston Gazette-Mail

MORGANTOWN, WV — Everyone calls her “Miss Becky.” She squeals when something finally clicks with a student, and when a new person comes around, she whips out a phone and scrolls past a stream of photos showing the children she has all-but adopted. But when the kids are mad at her, they very formally call her Miss Rebecca. She doesn't particularly care either way — they're all family, after all.

“I get these kids as babies and, you know, sometimes we think it's the kids who have a hard time adjusting,” said Rebecca Coakley, “but more often than not, it's the parents — the parents shed more tears than the kids do. When a kid is born blind, it's all they know.”

This week is Miss Becky's favorite time of year. As director of outreach at West Virginia University's Eye Institute and head of the Children's Vision Rehabilitation Program, she spends her days meeting new blind and visually impaired children from across the state. For one week in the summer, a group of those students comes to Morgantown's Benton Grove Bed & Banquets for a weeklong camp called the Summer Institute. There, they don't stick out.

The kids hold hands as they walk together up the stairs, counting each step along the way. And when it's time for dance class, they spin around and around as fast as they can, knowing that hands will be there to catch them if they fall.

This year's Summer Institute is special. Coakley has brought in Blessing Offor, a 2014 contestant on NBC's “The Voice,” to teach her students how to sing. He will spend the entire week with them, coaching them in preparation for a special concert Friday night at WVU's Creative Arts Center.



Tatyana Tolliver, of South Charleston, sings Wednesday during an activity led by Blessing Offor (left), a blind singer who competed on “The Voice,” during the Children's Vision Rehabilitation Program camp, in Morgantown.

“Guys, you being blind or not being blind doesn't have anything to do with singing,” Offor said from behind a piano. “If you want to do something, you go out and you do it.”

Offor and Coakley met at a conference last year. He has never been a teacher like this before, but he slips easily into the role. When a kid doesn't understand some of his instructions, he invites them over to touch his throat and feel how he sings something a certain way. That's the kind of special attention Coakley has cultivated at the Children's Vision Rehabilitation Program.

“I work with doctors who have no idea about kids and blindness because, after a kid is blind, they don't need to see them anymore,” Coakley said. “What are they going to do for them?” If the blindness or vision impairment is permanent, constant doctor visits aren't common. So, instead, the rehabilitation program brings together parents, teachers and vision specialists to fill in the gaps. They lay out a program for the children to follow as they progress through school, and Coakley said she's almost always on call to offer advice.

Before the Summer Institute started, Coakley would watch her students graduate from high school and go on to college. She said most of them would come home after one semester because they didn't have the social or independent-living skills they needed to be successful.

What I'm looking for is
not out there,
it is in me.

- *Helen Keller*



Notes and Information

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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Language & Literacy



Building Language

Excerpted from: *Teaching Students with Visual Impairments* by [Carmen Willings Teachingvisuallyimpaired.com](http://CarmenWillingsTeachingvisuallyimpaired.com) *Language Development*

Long before your baby understands any words, he has been communicating with you. At first, when you heard him cry, you knew that he was hungry, wet, or wanted to be held. When he smiled, you understood that he was happy. In these early months, you were interpreting his behavior; he didn't even know that he was communicating with you. But then he began to learn that when he cried or laughed, you responded. You picked him up, changed his diaper, fed him, talked to him, or laughed and snuggled with him. Understanding that behavior can produce a response from another is the beginning of voluntary communication for infants. Thus, the way you communicate with your baby and respond to his communications to you lays the foundation for his understanding of the world and his later development of language.

How Babies Learn About Communication When They Are Blind/Low Vision

In the beginning, your baby doesn't understand language, but he starts to understand some basic things you do to communicate. He may not see you stretching your arms out toward him as he lies in his crib, but if you always touch the top of his arms before you pick him up, he soon learns that this touch is a signal that he is going to be picked up. He responds to your communication by raising his arms toward you. When you consistently match your action with a word or phrase—such as "up"—he begins to learn that the word has a meaning. Most infants and toddlers understand much more of what you say (known as "receptive language") than they are able to speak ("expressive language").

Your child may respond differently than you might expect when you talk to him or otherwise communicate. Instead of waving his arms and kicking excitedly when you speak to him, for example, your child might be still so that he can hear you. If he can't see you well, he may not meet your gaze or turn toward you. He may not be able to look or point at a toy to show you that he wants it. But, if you pay attention to your child's behavior and the way he responds to you, you will be able to understand what he is trying to communicate to you. Give him a little extra time to take in what his senses are telling him and then respond to you.

Before your baby can learn to understand language and eventually to talk himself, he needs to hear lots of words. It's important to talk to your baby as you go about your daily routine. Describe what you are doing as you diaper him, dress him, and walk down the street with him in the backpack or stroller. For example, as he sits in his infant seat in the kitchen, you might tell him, "It's time to start making supper. I'm going to take some food out of the refrigerator and start making a salad. Look, here is a red tomato. Can you touch it? It's red and cold and smooth." Show him objects and tell him their names. As much as you can, let him touch the things you are talking about, especially things that are important to him, such as his bottle, toys, and articles of clothing. Be consistent in the names you use so that he starts to associate the words he is hearing with the objects. Read to your baby, too, and give him different kinds of experiences during these first months.

Talk with Your Child

Talk to your child often and be descriptive with your language.

Talk to the child about what is happening. Find a balance between verbal descriptions and incessant talking. Provide short, clear descriptions about daily events and activities. Be sure to let the child know when you leave the room and let him know when you return. Be sure to talk to the child about what you are going to do prior to doing it. For example, tell the child that you are going to wipe his nose prior to wiping it.

Wonderbaby.org/articles/everyday-activities-blind-children

Helping Your Child Learn to Talk

As your child becomes more mobile, encourage him to move around to encounter new objects and activities and learn all about them. Let him help take clothes out of the dryer, for example, put them in a basket, and pull them out for you to fold and put away. The more he is exposed to different kinds of objects, activities, and experiences at this age, and the more language he hears associated with those things, the more his understanding of language will grow.

Here are some other suggestions for encouraging your baby's development of language as he moves beyond infancy:

- Respond when your baby babbles to encourage his use of sounds. You can have a conversation without words, in which you respond to his babbling by imitating his sound and then pause to let him have a chance to answer. This type of interaction helps him learn that taking turns is part of communicating.
- Play lots of other games with him that include sounds, songs, and taking turns—for example, Peek-a-Boo or "Where's the Baby?" (Cover his face with a clean diaper and ask, "Where's Jimmy?" Then remove the diaper and exclaim, "There he is!") If he can't see you when you remove the covering or his hands from his eyes, blow a gentle puff of air in his face. Another favorite, as your baby begins to learn his body parts, may be asking him to show you his eyes, nose, or belly.
- Songs and hand play, such as "Itsy Bitsy Spider," "Head, Shoulders, Knees and Toes," or "Where Is Thumbkin?" are a wonderful way to help your baby engage in interactions with you and others.
- Give your child opportunities to communicate by allowing him to express his needs instead of your anticipating and meeting them. Try interrupting a favorite activity so he can ask for "more." For example, you might stop pushing him in a swing until he kicks his legs or squeals. Interpret his body language and/or sounds as communication and put them into words by responding, "Oh, you want more swinging," and start pushing again. Or, offer him another spoonful of cereal when you think he's full to give him the chance to push it away; then tell him, "Yes, you've had enough cereal. You're full."
- Put words to your child's feelings. When you know he is hurt, hungry, tired, cold, hot, angry, or happy, you can help him label the emotions. "You fell down. Ow! I know that hurts." "You are eating quickly. You must be hungry!"

Facial expressions are an important part of communication. If your child has vision, engage him in a lot of face-to-face interaction in which you use exaggerated facial expressions. If he can't see your face, he still needs to learn that when engaging in conversation with someone, he needs to look in the direction of that person. Put him on your lap and play sound and word games with him to help him learn to look toward you. Comment on his facial expressions, for example, "You look happy."

By the end of your baby's first year, his babbling may have resolved into a few consistent words, such as "mama" or "dada" or "baba" (for bottle). Your baby has started to talk!

Building a Language Rich World

Below was excerpted from [FamilyConnect.org](https://familyconnect.org). This website was created by the American Foundation for the Blind (AFB) and the National Association for Parents of Children with Visual Impairments (NAPVI) and offers suggestions on how to support your child's learning.

Growing up without sight can be difficult. It can often be hard for your child to fill in the gaps or to fully understand what's going on around them. That's why, especially when they're little, they need your help to explain to them how the world works or how people accomplish simple tasks. Your child will also need you to show them everything in their environment, like the gum ball machine at the grocery store or the toy ride car at the mall. You may think your child is so well behaved because they never beg to ride the car or buy a gum ball, but maybe they just don't know they're there!

Consider this scenario:

Susan is three years old and has been totally blind since birth. Every day Susan's mom heats up a toaster pastry for Susan's breakfast. Every morning, Susan hears her mom place the pastry in the toaster and later she hears the toaster's bell "ding" when the pastry is done. Every morning, Susan says "Breakfast is ready!" when she hears the toaster's bell. Her mom thinks she has a complete understanding about how breakfast is made, especially because she knows when her pastry is ready.

But Susan has never touched the box that her pastry comes in, has never felt how cold the pastry is before it is cooked, and has never touched the toaster or the toaster's buttons. She doesn't know that her mom buys her pastries at the grocery store or that they are kept frozen until she eats them. Does Susan really understand how her breakfast is made?

Obviously, Susan is missing out on many key connections in the entire process of making her breakfast. It's important to think about how you can help your child understand what's going on around them and include them in everyday activities. Also think about the sort of experiences they will need in order to be successful independent adults, like being familiar with public transportation or knowing how to make their own meals.



Below is a list of simple activities you can share with your child to help them understand the world around them:

In the Home

- Help load the washing machine and dryer.
- Dial numbers on the phone and call people you know.
- Help make the bed. Notice how the bed feels different when it is made and when it is messy.
- Place toys in the freezer or under a heating pad. Play with the cold and warm toys and talk about the difference.
- Check out the family shoes. Talk about why some are big and some are small.
- Help set the family answering machine and record the message. Then call your house when you are out.

In the Kitchen

- Anytime you can manage it, let your child help you in the kitchen. The kitchen is full of great experiences, from understanding what kinds of foods are kept in which types of boxes to figuring out how different appliances work. Plus, they will love the immediate feedback they receive when they get to eat what they make!
- Talk about how eggs can be raw, fried, hard boiled, scrambled, or made into egg salad, but they are all still eggs. Cook up different kinds of eggs and eat them.
- Talk about why some things are kept in the refrigerator and some things in the pantry.
- Boil water and talk about hot water and cold water. If you have one, try boiling the water in a kettle that whistles.
- Play with salt and pepper shakers. Talk about how you can tell the difference between them.
- The next time you make a fresh loaf of bread, allow your child to touch the bread before it is sliced so they can see what a full loaf of bread feels like. Our son loves to help cut, and eat, the first steamy piece of bread fresh from the oven!
- Sort the recycle. Talk about the difference between glass, plastic, aluminum, tin, and paper.

At the Park or in the Garden

- Plant fruits and vegetables or visit a greenhouse or farm so your child can see where their food comes from.
- Pull up a plant and examine the roots.
- Find out how the swing is attached to the swing set.
- Push a cart or stroller on the sidewalk and then in the grass and talk about the difference.
- Catch a bug and let it go. Yuck!
- If someone is walking their dog, ask if you can pet it.

At the Store

- Touch fruits and vegetables in the produce aisle.
- Touch cans and boxes at the grocery store.
- Talk about money and credit or debit cards and how they work.
- Ride the toy car at the mall.

Out and About

- Visit a petting zoo.
- Drink from a water fountain.
- Buy gum from a gum ball machine.
- Check the mail.
- Let your child press the buttons in an elevator. Remember to touch the braille!
- Use a pay phone.
- Ride the bus or subway.
- Take a taxi.

Promoting Early Literacy Practices

Excerpted from *Paths to Literacy*. [Five Early Literacy Practices for Children with Low or No Vision](#)

It's all connected: experiences, communication, and literacy. Immersion in a language-rich environment in which objects are described, and events are discussed, can help to establish a foundation for the development of literacy skills. It is the essential first step on the path to literacy. This may include listening and speaking, signing, using objects, pictures, gestures, or any combination of ways in which a child understands and interprets experiences.

Learning literacy skills for your child is closely tied to how we as caregivers provide activities and how we interpret those activities to give them meaning. Literacy development is tied not only to exposing children to books, but also to pictures, objects, symbols, and written language (e.g., words, braille).



1. Reading

Reading with children is the best way to help them learn to read. Read early and often. When you make reading fun, kids will want to learn.

1. Read in the language you know best.
2. Introduce braille at the beginning. If they need to read braille, they will have a head start. If not, they will know a cool secret code they can teach their friends. Your vision specialist will guide you.
3. Share books with print and braille to read together. While reading, guide your child's fingers over the braille on the page. Have them help turn the page.
4. Create tactile books: www.tactilebooks.org/making
5. Use toys and real objects to add meaning to books. Describe the pictures.
6. Actively engage your child. Talk about the books you read. Ask your child to guess what will happen next.



2. Talking

Children need to hear and use language to learn it. It is harder for children with low or no vision to learn from observing people and activities. Your child will need extra descriptions and explanations.

1. Talk in the language you know best.
2. Describe the things you and your child are doing. This will give them words for the things they are experiencing. Let them know things are going on that they are not participating in, like cutting up food or putting away toys. Describe your activities. Let them touch and get actively involved where safe.
3. Respond to what your child says.
4. Describe things your child hears, feels, smells, and tastes. For example, "That loud grinding is the garbage truck picking up the garbage again."



3. Playing

Playing is a big part of early development. Young children with low vision may move around their world less. It is important to encourage them to explore with play. This teaches problem-solving, imagination, new words, and the motor skills needed for reading braille.

1. Give your child lots of playtime.
2. Create a safe space and encourage your child to explore their environment.
3. Encourage your child to pretend and create stories.
4. Provide toys with lots of sounds and tactile interests, and encourage your child to grasp, move toward, or interact with them. Consider getting balls that make noise or have textures, rattles, music boxes, and toys that vibrate or change shape. Don't forget the braille alphabet blocks!
5. Encourage pretend play with items such as honking cars, dress-up dolls, empty boxes, paper towel tubes, chair cushions, natural objects (tree bark, seashells), outdoor time, balance boards and play tunnels.



4. Writing

Writing goes hand in hand with reading, and it evolves with practice. A baby's scribbles are the beginnings of adult writing. Children with low or no vision can practice writing in a different way. Your vision specialist will guide you.

1. Provide thick, dark markers for high contrast on white paper, or make textured lines by pressing hard onto paper laid on a semi-soft surface, or with a commercial tactile drawing pad.
2. Encourage tactile art with textured or scented paint, clay, wax sticks, pipe cleaners, string and glue, and even cooked spaghetti.
3. Help your child explore a slate and stylus, braille alphabet cards and cells, a braille writer, and even voice input computers.
4. Provide dots to create play braille. Use sequins, googly eyes or children's clay. (Supervise children under the age of 3 carefully.)
5. Talk to them about what they create. Ask open-ended questions.
6. Write together, read your children's stories, and write descriptions of their artwork. Create braille labels around the house, and help your child touch them. Braille and share shopping lists.

5. Singing

Singing is a fun way to learn about language. When we slow language down, the sounds that make up words become more evident. Rhyming helps too. Singing helps us learn new words and improve our memory.

1. Sing the alphabet, nursery rhymes, and rhyming songs.
2. Make up songs about your day or what you're doing right now.
3. Clap along to songs to demonstrate syllables and add in finger movements or actions to expand the connection to the story.



Isabella Sims - submitted by Renae Sims

My daughter, Isabella, was born with a rare eye condition that caused the cornea of her left eye to be cloudy. At nine days old we were on our way to Charleston to see an ophthalmologist. She was diagnosed with a form of anterior segmented dysgenesis commonly called "Peter's Anomaly". This prevented her eye from properly forming and caused her lens and iris to be stuck to the inside of her cornea. The ophthalmologist said he only sees this once every two to three years. We were told this was very difficult to treat and our daughter may be blind in her eye for life. We were then sent to WVU Eye Center for a confirmation and second opinion per the request of the ophthalmologist.

Our first appointment at WVU was very brief but sounded positive. Isabella happened to be sleeping during the exam, and the doctor gently pulled her eye open to take a look. He reassured us that there was the option of a cornea transplant, and we needed to come back and meet with the cornea specialist. We were looking forward to the appointment which was scheduled for January as everything we were being told was optimistic.



January came and we headed to the Eye Center to meet with both the ophthalmologist and cornea specialist. At this point our daughter was four months old. While meeting with the two doctors a retina specialist stopped by our exam room. The doctors told us there was no red reflection in our daughter's eye. The doctors spoke among themselves in another room, and when they came back the optimism was gone.

The cornea specialist informed us that he did not recommend a transplant due to the high risk of rejection. He said since Isabella's right eye was healthy she could lead a normal life, and a transplant could go wrong leading to more damage, pain, and complications. It was not worth the risk. He further stated if it was his daughter, he would not do the surgery. However, if both her corneas were cloudy and she had no vision, then he would recommend the surgery as she would have nothing to lose. We were told that monitoring her eye was the best option. We left that day very sad.

We wanted a second opinion but had a hard time getting our insurance to approve an out-of-state exam. While battling with this, I found a Facebook group for other people with Peter's Anomaly. Everyone kept talking about these three different doctors and were highly recommending them. One was in New York, one California, and one was Dr. Ken Nischal in Pittsburgh, PA at UPMC Children's. I contacted the hospital to make an appointment with Dr. Nischal but was told he didn't have any availability until May. I contacted Isabella's pediatrician for a referral. They called and got an appointment for April. In the meantime I posted on the group page my daughter's diagnosis, and quickly got a message from a woman in the United Kingdom whose daughter was a patient of Dr. Ken Nischal. She kindly sent me his email address. I immediately emailed him with my daughter's diagnosis as the subject line hoping it would quickly get his attention and help for my daughter. I wrote a short paragraph about my daughter and how we were being seen at WVU and left my number. Within an hour he personally called me and wanted to see my daughter in his office the next week! I was in tears!

Tuesday, February 5, 2019 we were being seen by Dr. Nischal at Children's. It was an eventful day. A lot was discussed and at one point I was crying. Dr. Nischal was also upset that Isabella was not referred to him sooner as the ophthalmologist at WVU knows him and his expertise in treating this condition. Had Isabella been nine months

old it would have been too late to give her hope for vision. At five months she was already older than he preferred her to be. Long story short, after dilating Isabella's eyes he saw a tiny red reflection. This was fantastic news as it meant there was hope for vision. He immediately sent for her to get some special tests, one being a Vision Evoked Potential (VEP) and we met again to discuss the results. When her eye was dilated, her vision improved by 60%. Prior to the dilating, her eye only registered light and the signals being sent along her optic nerve to her brain were slow. Now to keep the eye permanently dilated was the key. An Iridectomy was the answer.

Mondays are Dr. Nischal's surgery days but it just so happened he was willing to perform her iridectomy on Thursday, February 14, 2019 due to the time sensitive matter of vision development and he would also be traveling internationally soon after. The surgery was a great success. We stayed in Pittsburgh several days for follow ups.

Fast forward to today. Isabella can see and recognize with her left eye! She has glasses and we patch her. Every eye exam she has her vision improves. We are thankful for Dr. Nischal and UPMC Children's, and highly recommend him to everyone especially if your child has Peter's Anomaly. Do not let anything discourage you or get in your way of getting your child help. I had to appeal with my insurance company to get approval for Pittsburgh. Dr. Nischal's office and Isabella's pediatrician helped with this process and it was worth it. UPMC also has financial assistance for those who qualify so there is no reason you can't get the very best care!



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Play and Toy Choice



Teaching Play and Providing Good Toys

Why is Play Important?

From WonderBaby: <http://www.wonderbaby.org/articles/toy-guide-for-blind-children#learning>

When you're a baby or young child, you don't have a lot of responsibilities. If you think about it, a child's job is to play so they can learn and develop through play. Early learning is especially dependent on play and often based on the senses and actions (babies learn by observing, touching, and doing).

- Playtime allows a child to learn and gain many skills:
- Motor skills
- Memory
- Problem solving skills
- Vocabulary
- Concept development
- Social skills
- Self-confidence

Playtime is also a time when a child can do things on their own in their own way. There's not necessarily a "right way" to play! Let your child explore or play on their own terms and develop their own rules. It's not always best to "do" for your child. If you can sit back, sit back. Of course, you'll probably have to facilitate your child's play (and depending on your child's needs, you may have to facilitate a lot), but the less you can do, the better.

It's also good to keep in mind that some kids just play, it comes naturally to them. For other kids, however, and most often for kids who are blind or have a disability, play needs to be taught.

There are different kinds of play that build in layers as children develop:

- **Interpersonal:** playing peek-a-boo or tickles with mom or dad. This type of play is usually body on body and face to face.
- **Exploratory:** Learning to interact with objects (i.e. toys) and explore them.
- **Functional play:** Kids realize that objects DO things and they begin to use toys "appropriately."
- **Constructive play:** Building blocks or constructing using legos. This is also where crafts and creativity may develop.
- **Symbolic play:** Playing pretend and creating scenarios. Games with rules.

Games with rules

Helping Your Child Learn How to Play

Below was excerpted from FamilyConnect.org. This website was created by the American Foundation for the Blind (AFB) and the National Association for Parents of Children with Visual Impairments (NAPVI) and offers suggestions on how to support your child's learning. <https://www.familyconnect.org/info/browse-by-age/infants-and-toddlers/social-life-and-recreation-iandt/teaching-your-baby-to-play-with-toys/1235>

All babies go through a sequence of learning to play. The first thing an infant usually does with a toy is bring it to his mouth—he's already had the pleasure of sucking on a nipple and getting milk from it, so maybe the toy will taste good too! While sighted babies frequently continue to suck or chew on objects, they have the advantage of knowing something is available and will reach for it because it looks appealing. But if your baby can't see a toy, he may not know to reach for it unless you make him aware of what it is and where he can find it.

If your baby hasn't started playing with toys the way other children his age do, the reason may be that he can't see them clearly and doesn't know what to do with them because he may not understand how they work. That could be why your 11-month-old hasn't yet tried to turn the knobs on his busy box and waits for you to do it. Or perhaps your toddler is still putting his toy cars in his mouth at age two while other two-year-olds are pretending to drive their toy cars. Here are some tactics you might try to help your baby or toddler learn to enjoy toys and play independently.

- **Help your child become aware of the toys he has** by helping him find them, giving him plenty of time to explore them, demonstrating how to play with them, and helping him put the toys away. Handing him a toy and explaining what it is, encouraging him to explore it with his senses, and modeling how to play with it, can be a helpful introduction. Try to get him toys that make sounds and let him hear the noise, which will tell your baby where the toy is located. By holding a toy while calling him to move or turn toward it, you can also help him learn to find and reach for other things he wants.

How to Use Playtime to Facilitate Learning

<http://www.wonderbaby.org/articles/toy-guide-for-blind-children#learning>

Playtime is learning time for babies and young children. This means that playtime can be used to encourage development and learning, but it also means that learning time should be fun!

Below are five tips to keep playtime fun while also facilitating learning:

- Find the “just right” balance when playing with your child and choosing toys. You want to challenge your child while also not letting them get too frustrated so they can learn while having fun.
- Try to offer play opportunities that encourage problem solving. This can be as simple as placing a bracelet on your child's wrist and then letting them figure out how to get it off.
- Keep toys close and predictable, always in the same spot and always within reach.
- Give lots of opportunity to repeat an activity so that your child can learn what to expect during play.
- Use your daily routine to incorporate playtime activities (like playing in the kitchen while you make dinner, for example).

- **When you introduce your baby to a toy, describe it** with words and touch. Sit behind him and after giving him time to explore the toy independently, using either the [hand-under-hand or hand-over-hand approach](#), let him feel the toy while you demonstrate how to play with it. When you sit behind your baby, your hands are moving in the same direction as his, which makes the teaching process more natural for both of you. Hand-under-hand, in which you place your hand under his, may be more reassuring to your baby because you're the one reaching out to touch something unfamiliar while his hands are "riding along" on the safety of your hands.
- **Objects from the kitchen cabinet can be as entertaining as store-bought toys.** For example, you can show and tell your baby how to make noise with pot covers. With his hands on the covers and your hands over his, you can tell him, "Let's make a banging noise with these pot covers. We'll bang them together like this," as you guide his hands toward each other. After the two of you get tired of banging, you can also take a quieter step forward by showing him how to put the lids on top of the pots, again explaining what the two of you are doing, "These are pots that I cook your lunch in. Let's put the covers back on the pots."
- **Watch how other babies play.** If a friend or family member has a sighted child about the same age as your child, it might be helpful to watch how that baby plays with toys. You could then imitate what you see that baby doing with your baby to show him things he can do. As you enthusiastically model playing, you are teaching your child the joy of play, how to play with toys, and [how to socially interact through play](#).
- **Another helpful tactic** to use when your child is playing nearby is to describe what he's doing and suggest expanding that activity. For instance, you might say, "Marco, you've pulled all the cars out of the bucket—now let me see you put them back in the bucket." Or, "How about rolling the big car over to me," to encourage your child to take turns in play, preparing him for play time with friends.



Helpful Tips

- **When you put a toy in your child's crib or playpen,** make sure he knows it's there. Let him feel it and leave it within easy reach. <https://teamwv.org/our-babies-safe-sound-landing/about-our-babies-safe-sound/>
- **During tummy time,** consider adding toys that are within reach. Make sure he knows it is there. Let him feel it and leave it within easy reach. Consider using a mirror so your child can detect his movement.
- **Before your baby can sit on his own,** consider lining a laundry basket or box with a soft towel or blanket and putting him and some toys in it. This will give him a comfortable, confined space that will keep the toys close to him. At the same time, he can lean against the side of the basket or box to support him in a sitting position.
- **Because your baby may not see where a toy goes when he drops it,** consider using a play gym where toys hang down for him to feel. Toys that have a suction cup on the bottom are also useful because they can be put on a surface, such as a tray or table, and will stay put.

- **When your child is old enough to crawl or walk**, coax him to come and get a toy by letting him know you have it and calling to him from another part of the room.
- **By the time your child is walking**, try putting his toys in a big basket or box that he can rummage through to find his current favorite. Just be sure the basket or box is always in the same place.

How to Choose the Best Toys

You have two options when choosing toys for your child: You can go with what makes your child comfortable or you can push them outside their comfort zone. Both are important!

- **Inside the Comfort Zone:** Watch how your child responds to toys and try to pick toys that are preferred. If they like soft objects, go with soft toys. Bright colors, toys that light-up or have a reflective property may be preferred by your child. It's helpful to keep your child comfortable when first getting them to interact with toys so you can focus on playing and not on overcoming other obstacles. Many children who are blind have aversions to certain textures, so start out with what they like. This will also help encourage independent play.
- **Outside the Comfort Zone:** But you also want to push your child beyond their comfort level so they can have broader experiences as they grow. Promoting experiences can help overcome aversions, so constantly repeating exposure to a non-preferred texture can help your child become comfortable with that texture.



Remember that kids who are blind will often not use a toy “as intended.” A plastic truck might become a chew toy, a stacking cup might get thrown. Help your child explore and discover the various ways to play with a toy with lots of modeling and practice.



And also check out the wonderful [ALL PLAY Accessible Toy Guide](#) from [Sensory Sun](#). The guide is updated every couple of years and includes a long list of mainstream toys that are appropriate for children who are blind/visually impaired. It includes ideas for everything from braille and music toys to baby and movement toys, but the best thing is they really focus on products that are appropriate and accessible to kids who are blind or have low vision, not just special needs in general!

“Provide Tactually Interesting Toys and Materials”

From Early Intervention by Carmen Willings

Teachingvisuallyimpaired.com



The selection of toys is critical for infants and toddlers who are blind/low vision. Attention should be given to texture and sound in addition to appearance (many plastic toys are unappealing tactually and are not appropriate for children who are blind or who have low vision). Your vision specialist can help with ideas for toys that are interesting to explore tactually. A toy bar with lots of items that make sound and have unique textures works well for an infant. The toys are easy for him to find again and again.

Many commercially available toys for infants and toddlers that are found in stores are very similar in their feel. Although they may make a variety of sounds, the material is a hard plastic or within a fuzzy stuffed animal. An effort should be made to find or adapt toys to add variety to what the child is able to feel as well as hear. Look for unbreakable toys that have interesting textures, weights and temperatures. If a child has some vision, look for toys and materials with high contrast that will make it easier to see. Playing with real objects provides the child with various textures but also provides them with information about their world.

Exposing the child to a variety of textures will not only lay the foundation for braille but will motivate the child to explore and begin making comparisons. Children who are blind or visually impaired, can frequently be sensitive to different textures and temperatures. Exposing the child to various textures and temperatures can help the child be more accepting of them. This is applicable for foods as well. Be sure to place toys and objects that make sound near the child's hands, so he will learn to reach for things.

General Suggestions

- Provide brightly colored objects, especially for children with [cortical visual impairments](#) who may have a strong color preference for red and yellow.
- Enlarge the materials by enlarging the print and pictures or using a magnifier.
- Provide high-contrast backgrounds so objects are more visible, for example, placing a dark-colored object on a yellow or white background. Foam sheets, which are inexpensive, washable, and available in a variety of colors, can be used to provide different color backgrounds.
- Add shiny, fluorescent tape or black-and-white-striped tape to objects.

This is an excerpt from the AFB Press book *Essential Elements in Early Intervention: Visual Impairment and Multiple Disabilities*, Second Edition, edited by Deborah Chen. The book is available in the AFB Bookstore. Found at familyconnect.org



- Add movement to the object, especially for children with [cortical visual impairment](#).
- Illuminate the object with a flashlight or penlight.
- When introducing new objects or concepts to a child, concrete, real-life objects have to be used whenever possible. A 3-inch plastic tree should not be used to represent a real tree. Direct, hands-on interaction with the objects needs to be provided, as do opportunities for close viewing, along with precise, descriptive words to define an object or action or its unique characteristics. (The orange pumpkin is large, round, and hard and has ridges or segments that you can feel.)
- When selecting toys, they should not only examine their visual appeal (bright colors) but also their tactile qualities (shape, size, texture). This can include everyday household objects such as doorknobs, locks, keys, pots, pans, and spoons).
- Toys or objects with movable parts, like a toy truck whose wheels spin and whose door, hood, and trunk compartments open and close, encourage interactive play.

When choosing toys for any child, remember that playing should first be fun! If a toy promotes learning new skills or making new associations, then that is a terrific bonus!

The National Federation of the Blind offers toy suggestions for your child by age. Connolly, Terri and Brody, Jill; *Toy Ideas for Blind Infants, Toddlers, and Preschoolers*; NFB Future Reflections, Fall 2001. <https://nfb.org/images/nfb/publications/fr/fr5/frfa0108.htm>

AGE	SUGGESTIONS
Birth to 6 months	• Lightweight rattles which make noise easily when activated by the child. • Crib mobile with movement, light, and sound. • Clutch balls and balls with bells inside (safely sealed). • Plastic slinky toys. • Baby gyms from which toys can be hung for exploration. • Wrist and ankle bracelets for babies.
6 to 12 months	• Wind-up musical toys. • Soft blocks. • Easily- activated cause and effect sound/light toys. • Fisher-Price Sparkling Symphony stacking stars. • A variety of different-sized and -shaped blocks to grasp and bang together.
12 to 18 months	• Vibrating toys: soft ones such as Tickle Me Elmo™ and plastic vibrating animals. • Plastic containers for in-and-out play with small toys. • Blocks. • Pop-up toys. • Toy pianos and xylophones. • Push and pull toys.

AGE	SUGGESTIONS
18 months to 24 months	• Riding toys (not tricycles). • Toy shopping carts or wagons to push or pull. • Dolls and stuffed animals. • Medium-sized cars that make noise when wheeled on the floor. • Nobbie and Koosh balls, which are easy to grasp and throw. • Books with textures, sounds, or braille text. • Talking books for young children. • See-n-Say toys with animal sounds or words.
2 to 3 years	• Dramatic play toys such as play dishes and silverware, pots and pans, brooms, telephones. • ponges, cups, and funnels for water and sand play. • Beads and string. • Beginning puzzles with easily defined shapes and knobs for grasping. • Put together construction toys, such as Duplos, Lincoln Logs, and blocks. • Rapper Snappers bendable, stretchable tubes that link together and provide proprioceptive input as well as bilateral coordination practice. • Riding toys, tricycles, Big Wheels, and other child-sized play-cars with pedals. • Play dough (commercial and homemade). • Tactile materials in large containers such as dry rice, cornmeal, dry oatmeal, Cheerios, etc. • Peg boards and pegs. • Shape sorters. • Art materials such as paints, finger paint, crayons, chalk, markers, etc.
3 to 5 years	Many of the above toys, in addition to the following: • Music Blocks, which provide both auditory and visual stimulation as well as opportunities for tactile discrimination of basic shapes. • Form board and interlocking puzzles. • Domino games with raised dots. • Tactile Lotto games, either purchased or homemade. • Musical instruments. • CD players or tablets which children can operate. • Interactive games such as Candyland and Chutes & Ladders adapted for children with visual impairments. • Magnetic shapes and letters. • Mini-trampolines.

Suggestions offered by WonderBaby.org on where you can find toy options both specialized and mainstream.

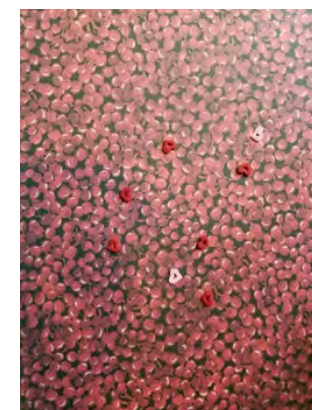
Specialized Toy Outlets	Mainstream Toy Outlets
American Printing House for the Blind	Amazon
TFH Special Needs Toys	Target
Fun and Function	Walmart
Adaptivemall.com	Toys “R” Us Special Needs
Playability Toys	Discovery Toys
	Melissa & Doug
	Lakeshore Learning



Needing more ideas on how to choose the best toys? The information following was taken from the article [10 Questions to Ask When Purchasing a Toy for a Child who is Blind](#), also taken from WonderBaby.org.

Questions	Yes	No	Suggestions
1. Is the toy safe and developmentally appropriate?	☐	☐	Think in terms of development rather than age when looking at the “age range” on a toy. (Be aware of potential safety concerns such as small parts, strings/cords, sharp edges.)
2. Is the toy durable?	☐	☐	What happens if your child throws the toy or uses it in unintended ways? Can you wash and clean it?
3. Is the toy multi-sensory?	☐	☐	Look for multi-colored toys or toys with high-contrast for kids with vision. Does the toy have lights, sounds, movement, or scents? What about differed textures? (Note: children with CVI may prefer single color, reflective or single sensory items.)
4. Is the toy a representation of a real object?	☐	☐	A toy truck is not a truck, a baby doll is not a baby. These toys can still be fine for blind children but be sure to explain to your child the difference between the toy and the real object.
5. Is the toy adjustable?	☐	☐	Different kids have different needs, so the more adjustments you can make the better. Can you change the height, volume setting or speed of the toy?
6. Where will you use the toy?	☐	☐	Is the toy too big for your home and do you have space to store it? Can it be used in multiple positions, like lying down, sitting, standing or on a wheelchair tray?
7. Does the toy involve using both hands?	☐	☐	Toys that use both hands can encourage fine motor development and improve coordination.
8. Does the toy offer opportunities for success?	☐	☐	Many open-ended toys can be played with in multiple ways, with no wrong or right outcome. This can encourage exploration and creativity and avoid frustration.

Questions	Yes	No	Suggestions
9. Is the toy popular?	☐	☐	Kids who are blind are often given “special” toys and equipment, but it’s important not to overlook popularity amongst peers. Will having this toy make your child feel like “one of the kids”?
10. Can the toy be used in social play?	☐	☐	Social interaction can be difficult for some kids with visual impairment, so toys that encourage group play can be helpful.



Can you see the red hearts?



Notes and Information

Need more information?

Flip to the Glossary & Resources section for common terminology, helpful organizations, and websites to answer your questions.

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Adapting Your Home



Adapting Your Home for a Child Who Is Blind or Has Low Vision

Families are often concerned about the ability of their child to get around their home safely. There are many relatively simple things that can be done to help your child move safely through your home using her vision, if present, and other senses.

- Because infants and toddlers tend to chew or suck on any toys or household objects that they get their hands on, be sure anything within your baby's reach is too big to be swallowed.
- Also see that larger toys or objects don't have smaller, removable parts that could be chewed or pulled off and swallowed.
- Keep pillows, large stuffed animals, and other objects that could cover your baby's face and interfere with her breathing, out of your infant's crib.
- Be sure that cords from window shades and blinds are out of reach. Babies and toddlers are apt to play with them and get entangled.
- Tape down the edges of small rugs so that they don't suddenly slip or slide, possibly causing a fall.
- Keep room and closet doors closed or put a heavy object against a door to prop it all the way open.
- Remind everyone in the family to put away toys, gadgets, tools, games, backpacks, briefcases, and anything else that could be tripped over.
- Child-proof your cabinets. Keep household cleaners and medications of any kind in cabinets that can't be opened by your child. You can get keyless locks that are easy for you to open but difficult for children.

A fabulous resource for families is "Baby Proofing Your Home When Your Child Is Blind or Visually Impaired" found at: <https://familyconnect.org/browse-by-age/infants-and-toddlers/parenting-and-family-life-iandt/baby-proofing-your-home/1235/>

In addition to safety, it is important to consider how to organize your home, so your child will build skills by being able to learn and do things independently. Talking to your child's vision specialist about how to arrange your home to maximize your child's independence and learning will be helpful.

As you look around your house to see what changes would be helpful to your child, here are some things to keep in mind:

- Lighting, color, and contrast
- Texture and touch
- Labels and marking
- Organization and safety

If your child has some usable vision, there are ways you can help your child use her vision as efficiently as possible by controlling lighting, glare, color, contrast, and clutter.

Lighting: Most children with low vision prefer natural light, the kind that comes in through windows. However, for some children, especially those with albinism, aniridia, or other conditions that cause photophobia, too much light can cause problems. If you see your child squinting in the presence of light, consider getting adjustable window coverings—opaque or glare-reducing shades that can be lowered from the top or

raised from the bottom or blinds or shutters—so you can control how much light comes into a room.

For some of your child's activities, such as reading, additional light from a lamp may be helpful. It's best to have a lamp with a flexible arm so the angle of the light can be adjusted; it should also be portable enough to be moved easily from one place to another.

Glare: Most people don't like looking at a surface that has a lot of glare but reflected light from a shiny surface is particularly uncomfortable for some children depending on their eye condition. Try to eliminate or minimize glare on the screen of your television set, table surfaces, and pages of books by experimenting with nearby lamps to figure out where they can be set to create the least amount of glare. Because light is the source of glare, adjustable window coverings can also be useful during the day. Using a dark placemat or tablecloth on high gloss finished tables can reduce the glare on the table's surface.

Color: You may find that your child has a color preference, such as red or yellow. If she does, try to use that color wherever you can to get her to focus her attention. When she's old enough, have a toothbrush and cup for her in the bathroom that are her preferred color. You can also use color to help your child keep her room organized with different colored boxes or baskets for storing different types of toys.

Contrast: High contrast between an object and the background is often helpful. For example, white bowl used during mealtime on a tray covered in black shelf liner is easier to see than a white bowl on a white tray. Look for ways to increase the contrast in your home. A bright red pillowcase will be easier for your child to see against a white sheet on her bed than a pillowcase and sheet of the same color. Shelf liners and placemats can be used to increase contrast during play and routines.

Clutter: When objects on a shelf or countertop are crowded close together, it's hard for anyone to pick out one specific item. For your child, it can be a difficult task. Avoid letting clutter accumulate in your child's world. For example: on the floor, tabletops, bed, play area. Consider putting some space between items or putting just a few toys out at a time so they can more easily be seen. Try looking at objects from your child's perspective. What's easy to see from your height may be impossible to see from hers. Put things she needs be able to see at her eye level.

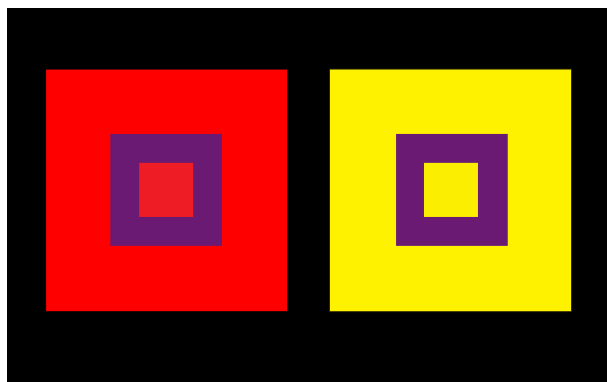
Texture and Touch: Regardless of your child's amount of usable vision, encourage her to use her sense of touch to gather information about where things are in your home. For example, you might put a rubber band around the handle of her toothbrush or her bottle so she can be sure it's hers and not someone else's. Mutually exploring a bowl of dry beans/rice, a bowl of texture balls, sensory bins, finger painting with pudding are ways you can help your child learn to explore textures.

A tactile label on the kitchen cabinet where her cereal is kept will help her find it by herself. If your child learns braille as she gets older, labels for items can be written in braille; if she isn't a braille user, a label could be a raised shape or texture that she can associate with the object she's looking for.



As your child begins to walk, she may use trailing techniques that are shown by your vision specialist. When your child trails, she places the back of her hand against the wall slightly in front of her with fingers angled down as she walks so that her hand warns her of any obstacle that she might bump into. (Fingers pointed down prevents the child from stubbing her fingers.) If your child uses trailing, it will be important to keep hallways and floors clear.

Your child may use clues, such as the difference in surface between the living room carpet and the tile floor in the kitchen, to help her orient herself in your home. Look for tactile clues you can add around the house to increase her orientation to your home and to assist with her mobility. For instance, you could put a small rug or textured mat near her toy box in the family room to help her locate her toys.



Red or Yellow Preferred colors



Contrasting Colors



Tactile Texture Toys

Notes and Information

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Encourage Movement and Independence



Encourage Movement and Independence

Encourage Your Child to Move

Excerpted from Teaching Students with Visual Impairments, Early Intervention by Carmen Willings. (<https://www.teachingvisuallyimpaired.com/>)

Children who are blind/low vision may need motivation to move and explore objects outside of their immediate reach. The child may not be motivated to explore without seeing things to entice him. It may be tempting to bring everything to him, but this will prevent your child from discovering things and your child may become dependent on others bringing the world to him. He must be taught to move confidently and independently to explore and learn. Encourage your child to use any remaining vision but to also use his other senses to make sense of their environment. Encourage him to learn by listening, touching along with smelling.

Encourage your child to hold his head up and reach toward objects to learn to walk and to explore their surroundings. You can do this by helping your child understand his body and where it is in relation to other things. This will lay a foundation for Orientation and Mobility (O&M) skills. Placing wrist rattles on ankles and wrists will help give your child a sense of where his hands and feet are. Place sound sources throughout the house (or daycare center) to help your child orient himself within the home. Place wind chimes on the front/back door or bells on the doorknobs. Create as many places as possible for your child to explore safely. If your child is mobile, and keep the floors uncluttered, doors fully opened or closed.



Orientation & Mobility

It's never too early to begin teaching your baby orientation and mobility skills. It is about safe and efficient travel throughout their environment.

Even if your infant is only a few months old and certainly isn't moving anywhere on his own, orientation and mobility is still a key factor to future independence and many of the basic teachings can begin as early as infancy.

What is Orientation and Mobility, anyway?

Orientation and mobility training (O&M) is another way of saying that individuals who are blind/low vision may need to be taught how to get around independently. *Orientation* includes the skills needed to orient or figure out where they are in their environment. *Mobility* teaches them to move independently and safely in the environment. To learn and master these skills, a child who is blind/low vision commonly works with an O&M specialist from toddlerhood through late adolescence. Your child may choose to work with an O&M specialist again as an adult to learn routes around a college campus, unfamiliar town, or new job.

Families and other team members often turn to the vision specialist or a teacher of the visually impaired for answers to questions about orientation and mobility. Vision specialists or teachers of the visually impaired will work with O&M specialists to support your child's mobility.

How Do O&M Specialists Approach Instruction?

O&M specialists talk with the family about the typical sequence of O&M skills and the family's vital role in the child's skill development. The family and O&M specialist then work with the child informally through play to 1) encourage purposeful movement, developing the child's gross and fine motor skills; 2) recognize what he is seeing, hearing, smelling, and touching; 3) learn body parts and how they move; and 4) learn concepts about the child's surroundings, beginning with his immediate environment.

If the child has low or high muscle tone or any additional disability that may hinder movement, the mobility team may include a physical and/or occupational therapist or another additional service provider. Encouraging movement, including the motivation to move, is a team effort.

As the young toddler begins moving independently, the O&M specialist will teach the child beginning techniques to move safely, including use of a sighted guide, use of an early mobility device such as a push toy or small cane, and to use protective techniques such as holding a hand in front of the face when walking independently.



Scenario: An Orientation & Mobility Specialist Helps Facilitate Independent Movement

When evaluated by the physical therapist, Jacob, a 12-month-old diagnosed with blindness, demonstrated good static postures in sitting on the floor, standing holding on to furniture, bouncing in his play saucer, and sitting in his highchair. The therapist, concerned because Jacob did not move out into his environment or engage in any dynamic movement at home, requested consultation from an orientation and mobility (O&M) specialist. Together they made a visit to the home, where the O&M specialist observed Jacob's involvement with his mother, therapist, and environment in general. Following this visit, the early intervention team met to discuss what they thought Jacob was ready to do next, motorically. The O&M specialist explained the following points: Children with severe visual impairments do not learn motor routines incidentally. It is critical that they not be lifted and moved through space to another area if it is possible for them to move on their own or with assistance. Transitional movements (e.g., from floor to standing, from standing to sitting, lying to sitting) are often missed in young children with visual impairments. When caregivers "do for" the child rather than "do with," the child has no opportunity to learn where he is or how he got from here to there. Jacob needs to be guided through these transitional movements, gradually decreasing assistance until he makes the sequence of movements independently. This is a critical skill for Jacob to accomplish before he will move out into his environment on his own. These suggestions were implemented by the family and early intervention specialists in their interactions with Jacob, with the result that he began exploring the environment on his own and learned to move from sitting to standing, standing to sitting, etc.

Pogrand, R., & Fazzi, D. (Eds.) (2002). Early focus: Working with young children who are blind or visually impaired and their families (2nd Ed.). NY: AFB Press, p. 395

When traveling outdoors, the team will ensure the child's vision isn't hindered by direct or indirect sunlight. Your child may need to wear a brimmed hat and a good pair of sunglasses.

- Your child needs **motivation to move!** Invite your child to explore interesting activities and environments, place appealing (visually and/or auditory) objects just out of reach and get down on the floor with your child as you ask him to move toward you.
- Your child will need to understand **body concepts** to safely and efficiently negotiate his/her environment. Teaching body concepts involves demonstrating how a body moves through space (this is accomplished by holding your baby or young child on your hip, inviting your toddler to stand on your feet while you walk, etc.), teaching body parts through play and song, and helping your child understand how his body moves. Help your child explore movements and teach the vocabulary involved in activities such as pushing a button, rotating the wrist, reaching over the head, ducking down low, crawling, lunging, pulling up, walking, etc.
- Your child will benefit from **heightened sensory awareness** because traveling with minimal sight involves listening for patterns of traffic and paying close attention to sights, textures, and smells. You can help your child develop sensory awareness by involving your child in countless opportunities to explore and describing what your child is seeing, hearing, smelling, and feeling. You can learn more by reading, [Living Life While Helping Your Child Develop](#).
- The better understanding your child has of **location and travel concepts**, the better equipped he will be to traverse his environment. Give him ample opportunities to explore his surroundings: hallways, walls, doors, doorknobs, pantries, closets, elevators, cars, homes, buses, etc. You can learn more by reading, [Building Knowledge in Blind Infants and Toddlers](#).
- Your child will need to **follow directions** when traveling. Beginning with a familiar routine, ask your child to perform a task (such as, "hold the toothbrush") and praise him when he follows the direction. Continue teaching direction following; asking him to follow two, three, four, and more directions.
- Help your child obtain **positive and safe mobility experiences** to increase his/her confidence. Your home furnishings should be kept in predictable locations while your child is learning his environment; the floor should be kept free of loose items; and you can talk with the mobility specialist about providing your child with a device (hula hoop, grocery cart, walker toy, adaptive mobility device, or cane) to keep him from bumping into his surroundings.



What Can I Do to Support My Child's Orientation and Mobility?

If your baby isn't walking, you can still help your baby learn about the environment and pick up on clues and cues that will tell them where they are and what's coming up next. You may not be ready to teach your baby how to walk with a cane, but you can lay the foundation for basic orientation skills *now* while your baby is still very young.

Directions and Body Awareness

A very basic place to begin is with *directions and body awareness*. Whenever you have the opportunity, point out directions like left, right, in front, and behind. Get used to saying things like, "Your ball is next to your right knee," rather than, "Your ball is next to you." Teaching your baby orientation skills means that you too will have to learn how to talk about orientation properly.



Learning about the self and how the body is connected is a very important beginning skill for babies who are blind. Play games where you name body parts, sing "Head & Shoulders," and name body parts while in the bath. Most orientation begins with the person and then moves out to the environment. In other words, when directing a child who is blind across the room you would refer to their position first (move forward, turn left, etc.) then tell them where things are in relation to their own body (the door is on your right). It wouldn't make sense to say something like, "The door is over there." Understanding directions and body parts is very important.

If your child can see lights only (known as light perception), use this to your advantage when talking about directions. Point out that the open window is on their right or play with flash lights and have them grab the light or point to it. Being able to detect an open window or door, find light sources, or see lighted pathways will help your child tremendously when he begins moving around on their own.

Environmental Sounds

Besides light and directions, sounds play a very important role in orientation. Teach your baby to listen to the cars going by on the street, to the refrigerator humming in the kitchen, or to the sounds of the television downstairs in the living room. Point out that far away sounds are quiet or muffled and pick out important sounds in your house or neighborhood (each room in your house may have a unique sound like a clock ticking or a sink dripping).

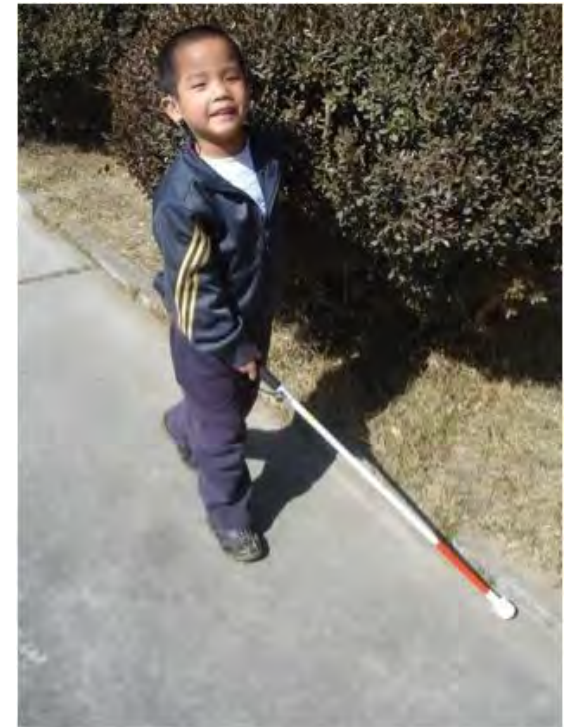
Pay close attention to sounds that will help your child get around when they are older, such as cross walk signals or car horns beeping. Also teach them about dangerous sounds they will want to avoid, like a growling dog or a truck backing up.

Games You Can Play

Playing games makes learning orientation and mobility skills fun. Here are a few ideas:

- **Listening Play:** Set up your living room with a box of blocks and surrounded by different targets (a cookie sheet, a toy drum, the carpet, the tile floor behind him, etc.). Encourage him to throw blocks in different directions then wait to hear what he hit. This helps him learn to listen and to identify objects in different locations around him.

- **Cane Play:** In preparation for future use of a cane it is a great idea to familiarize your child with the object that will be so important to their independence when they get older. See if you can get a hold of a cane for your child, even though they may not be walking yet. Let your child feel the cane to learn its length and shape. You can begin teaching them that canes make different sounds and feel different in your hand when you touch different objects. Sit your child in your lap and hold on to the cane with him while you tap carpet, tile, wood, plastic, and other surfaces. Describe the difference in sounds and feel as it touches different objects.
- **Texture Play:** Touching different textures with your child is also very helpful in understanding what's around them. Take your child for a walk down the street and have him safely touch *everything* while you describe it for him. Some children will react negatively to certain textures, such as sticky or gooey things. If you encounter this problem, put together a “sticky box” where you fill a box with all sorts of sticky things your child just hates to touch. Try to play with the box a few times a week to desensitize them. Also, feeling doesn't stop at the hands! Be sure to get their feet in that box, too!
- **Pointing Play:** Another fun orientation game can be to point to things as they go by, like cars going by on the street outside your home. You can close your eyes and join in, too! Have fun with your child while you teach him how to pay attention to his environment. These simple games can motivate your child to move independently when he gets older and will make his future orientation and mobility training seem easy and natural.



Notes and Information

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Glasses...Are They Needed?



*Brayden Lane, WV Birth to Three
2007-2010*

Will Glasses Help My Child's Vision?

"He needs glasses." That is often the first thing a parent will hear from a friend or relative when a child is diagnosed with a vision loss. For children who are blind or have low vision, glasses may or may not improve the child's vision. It often depends on the reason for the child's vision loss. Typical glasses may be of benefit to a child's who has myopia (nearsightedness), hyperopia (farsightedness), or astigmatism. If a child has vision loss from a retina, optic nerve, or brain problem, glasses may not be helpful. This is because glasses focus the image of the object being viewed on the retina. The retina then needs to detect the image clearly, send a clear signal through the optic nerve to the occipital lobe of the brain, where the retina's electrical signal is interpreted into a visual image. If there is a disruption along this pathway causing reduced vision, that condition will often minimize the effectiveness of a correction from glasses.



*Bryce Turner, WV Birth to Three
2012*

Glasses Suggestion:

Children provide us with the best feedback on their glasses.

- ⇒ If they are helpful, they will leave them on.
- ⇒ If they don't get much improvement or they are tactile defensive, then they will not wear them.
- ⇒ If they suddenly will not wear them, check to see if the prescription needs to be changed.
- ⇒ If you notice that they are more visually alert, respond to stimulus at farther distance, then fight the battle of wearing glasses.

How Can I Help My Child Adjust to New Glasses? (excerpted from For Little Eyes: <https://forlittleeeyes.com/>)

Stay consistent

Make the glasses part of your routine from the beginning. Put them on your child first thing in the morning. Every time your child takes them off, put them back on. If you have to take them off for something (to wash their face or nap time), tell them that you're just taking the glasses off for a little bit. And then put the glasses right back on when it's time. This means that you may find yourself putting your child's glasses back on hundreds of times a day (or at least it may feel that way). Just keep at it and know that it will get better.

Stay Neutral/Positive

Your child will pick up on your cues about this. So if you're really upset about their glasses, that's not going to help your child want to wear them. Instead, even if you're frustrated that it's the 101st time you put the glasses on, have a smile on your face when you put them on. You don't need to make a big deal out of the glasses, certainly not day to day. Just set them back on your child's face with a smile every time they come off. If your child throws a fit or gets really upset, set the glasses aside for a few minutes until they calm down. Then put the glasses back on calmly with a smile. (And yes, it is frustrating. But putting the glasses on your child's face and trying to hold the glasses there with one hand, while fending off your child's hand with the other doesn't work.)

Find Ways to Distract your Child

You know what your child loves. Use that to your advantage and as soon as the glasses go on their face, find that special something to distract your child. Book, TV, game, toy, walk outside, zoo, whatever it is, use it! You want your child to get used to looking at the world through their glasses – it will help them realize how much better they see with their glasses, which will encourage them to keep them on.

Sensitive to light

Your child may be sensitive to bright lights, both indoors and out. There are many places that make special polarized sunglasses for young children. Talk to your vision specialist or eye doctor for specific recommendations for your child.



*Samuel "Brack" McClung, son of
Pixote and Samuel McClung
WV Birth to Three, 2014-2017*



“Tricks” from Families (excerpted from: forlittleyes.com)

- Read books about getting or wearing glasses.
- Get a stuffed animal or doll with glasses. Have your child put the glasses on the animal.
- Put your child's glasses on while they are sleeping. For some kids, they won't notice when they wake up, and will wear their glasses better after that.
- Throw a new glasses party. Yes, this goes against the advice to not make a big deal about it, but that advice is more for the day to day stuff. For the first day, if your child is the type to celebrate those milestones, then go for it.
- Explain why your child needs the glasses. This obviously works better for older children.
- Show your child the photo gallery so he or she doesn't feel so alone with their glasses.
- Sticker charts! Your child gets a sticker for each day he or she wears their glasses well, with some reward after a week.
- Let your child choose which glasses to put on. If you have a back-up pair, consider letting your child choose which they want to wear. That gives them a choice in the matter, they still have to wear glasses, but they can choose which to wear. You could also use something like Ficklets to decorate the glasses if they want variety a different way.
- Take the glasses off in the car. If your child gets bored in the car, they are likely to take off their glasses and play with them in their car seat. For the first few months, you may want to just take them off ahead of time.
- If your child had a terrible day of not wearing glasses at all, know that it does usually get better. Just take a break and start again first thing the next morning.
- If your child is absolutely refusing to wear their glasses after a couple of weeks, make sure that the frames are adjusted well and get the prescription checked. If your child is farsighted or wears bifocals, you can ask your child's eye doctor for atropine drops. The drops will relax your child's focusing muscles and keep them from being able to see clearly without glasses. (Farsighted children can focus through their farsightedness, which can make it harder for them to accept glasses because they don't always see the benefit to their glasses, and they have to learn to relax their focusing muscle and let the glasses focus for them.)
- If your child has astigmatism, they may take longer to adjust to wearing their glasses.

Recommended Glasses for Young Children:

Miraflex Glasses

These glasses are flexible, safe, plastic frames with not metal parts. Safest option for child's protective eyewear. They are BPA Free, latex free and hypo-allergenic. They offer an anatomically designed bridge that eliminates the need for nose pads. The elastic band wraps behind the head and assures the frame to stay seated properly on the face.

Sizes are infants to 8 years old (15 sizes)

6 different models

32 colors



Specs 4 US

(These frames are also useful for African American children or very small children that have not developed a bridge between their eyes yet.)



SPECS4US was created and founded in 2004, by Maria Dellapina, a single mother of four with more than 30 years of experience in the optical field. The name SPECS4US stands for Superior Precision Eyewear for Children who are Special.

Maria's youngest daughter Erin was diagnosed with Down syndrome at birth. After several frustrating years of searching for an eyeglass frame that would fit Erin properly, and finding out that nearly 87% of children with Down syndrome will need glasses by the time they enter preschool, Maria decided to combine her passion as a mother, with her knowledge of eyeglasses, and SPECS4US was formed.

Erin's World, is a frame line designed to accommodate and fit the features of children and adults with Down syndrome, as well as, other individuals with unique facial features. This innovative eyeglass design includes a bridge which is adjusted to properly fit a low nasal bridge and temples (or "arms" of

the glasses) which are modified to keep the glasses from constantly slipping down. Erin's World frames are now available in a variety of sizes and styles.

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Unique Evaluations and Assessments for Children Who are Blind or Have Low Vision



Evaluations and Assessments for Children Birth to Five with Vision Loss

**From Project SLATE Research (2003).*

What Are Appropriate Evaluations and Assessments for Infants and Toddlers with Visual Impairments?

Infants and toddlers with visual impairment who have been referred to early intervention services need a comprehensive approach to evaluating and assessing their developmental needs, with input from a Vision Specialist. This approach must ensure that:

- a. Each developmental area is evaluated, i.e., cognition, physical (including vision, hearing, fine or gross motor), social-emotional, adaptive, and communication/ language, with appropriate adaptations made for specific items on the assessment tools that require vision to perform; and,
- b. A complete picture of the child's visual status is gained to provide the information needed for development of the Individualized Family Service Plan (IFSP)/Individualized Educational Plan (IEP) and program planning.



A complete evaluation or assessment for an infant or toddler with a visual impairment will address both above. It should include results of a functional vision assessment (FVA) and orientation and mobility evaluation, if appropriate, as well as the results of the medical/ophthalmologic evaluation that preceded them.

Below are brief descriptions of five different procedures that are *typically* carried out with young children prior to and following diagnosis of a visual impairment. These are:

- 1) medical ophthalmologic evaluation
- 2) functional vision assessment,
- 3) learning media assessment,
- 4) orientation and mobility evaluation, and
- 5) developmental evaluation and assessment.

1. Medical Ophthalmologic and Pediatric Optometric Evaluation

The goal of the ophthalmologic evaluation is to diagnose and determine a treatment plan to preserve and enhance vision. This examination takes place in the ophthalmologist's office.

In its 2007 Policy Statement, the American Academy of Ophthalmology and the American Association for Pediatric Ophthalmology and Strabismus recommend an ophthalmological examination be performed whenever questions arise about the health of the visual system of a child of any age.

Pediatric Optometric Evaluation

A pediatric optometric evaluation refers to the examination of children's eyes by optometrists who are trained in evaluating and treating visual disorders in children. The vision examination by the pediatric optometrist includes evaluation of the child's eye muscle movements, focusing skills, eye tracking and fixation skills, the ability of the eyes to aim, move and work together, visual behavior, and dilation of the eyes. The dilation of the eye allows the doctor to determine if there is a need for glasses even if the child is nonverbal. The dilation also allows the doctor to view the structures inside the eye to look for abnormalities of the retina or optic nerve.

2. Functional Vision Assessment

Once a child has been diagnosed with a visual impairment, completion of a functional vision assessment (FVA) is one of the primary roles of the vision specialist or teacher of the visually impaired (TVI). Medical documentation is required. The goal of the functional vision assessment, done in collaboration with the IFSP or IEP team, is to determine what and how the child sees, and what can be done to best facilitate learning through the visual sense. This assessment is accomplished in the child's home, childcare facility, and/or other community setting and typically requires several visits over a period of time and settings, as it is often considered a "rolling" assessment. During the child's first years, functional vision assessments need to be reviewed several times. For children with cortical vision impairment, the FVA encompasses the ten characteristic behaviors associated with CVI.

The information that is gathered from a FVA often is quite different from what is gathered from a clinical vision evaluation at a doctor's office, in that it is not diagnosis or treatment oriented. The goal of a FVA is to determine the child's visual strengths and needs, and to develop strategies for optimizing and/or promoting the use of visual and non-visual information in the broader developmental sense.

Your vision specialist relies on the eye doctor's findings to help determine adaptations that are indicated based on a child's diagnosis. Appropriate team recommendations for early intervention services cannot be made without the information derived from the functional vision assessment.

3. Learning Media Assessment

Formal learning media assessments typically are not done during the birth-to-three years; however, the process begins via observation of the infant/toddler's preferred sensory mode (i.e., auditory, visual, tactual) and developing visual skills. By the time a child enters preschool, the team usually has a fair idea of how to support a child's developing literacy.

The following describes prerequisite skills for emergent Braille literacy in infants and toddlers with visual impairment. A similar skill area description exists for emergent print literacy skills for infants and toddlers who will read using large print or other accommodations.

"Supporting early literacy development in early childhood settings such as the home and childcare; teaching early literacy skills and modeling techniques for fostering development of those skills in the home and childcare, such as reading aloud to the child, developing book concepts, encouraging early reading and writing skills (e.g., pretend reading, scribbling); working with parents and others to expand child's experiential base and general concepts; developing hand/finger skills; helping parents and others acquire books, labels, and other materials in accessible media;

helping parents acquire knowledge of Braille and resources for learning the Braille code; assuring models of proficient Braille readers; bridging emergent literacy to early formal Braille literacy.”

For children with visual loss age three years and older, the decision on whether they will read print, Braille, or both, is based on a systematic assessment process called a “learning media assessment” and is required by the Individuals with Disabilities Education Act (IDEA). It assumes that educational teams will provide for instruction in Braille literacy skills for a child who is blind or visually impaired unless a learning media assessment shows that Braille is not appropriate for the child.

4. Orientation and Mobility Evaluation

The evaluation is done by a certified orientation and mobility specialist (COMS). For infants and toddlers, the concept of orientation represents a developmental process of becoming aware of oneself as a separate being, where one is and wants to move in space, and how to get to that place. Mobility refers to general gross motor development, including the normal integration of reflexes, acquisition of motor milestones, refinement of quality-of-movement skills, and purposeful, self-initiated movement. For this age group, orientation and mobility is also a gradual process through which the basic concepts and skills of safe movement develop.

An orientation and mobility evaluation is performed by interviewing the parents, collaborating with the team’s physical and occupational therapists, and directly observing and interacting with the child. In addition to overall developmental information, the O&M specialist is concerned with the child’s level of functional vision, hearing, tactile skills, and specific mobility skills. The O&M specialist also considers the natural learning opportunities presented to the child within the conditions of the assessment and their possible influence on the child’s observed performance.

5. Developmental Evaluation and Assessment

Collaboration between the early intervention service providers and the vision specialist is important throughout the evaluation and assessment process. The vision specialist can participate in two ways: (a) as a direct participant by assessing in his/her particular area of expertise, or (b) as a facilitator or consultant by observing testing to point out when the vision impairment affects the testing items or scoring, and to recommend modifications for the visual impairment.

Evaluation and assessment tools usually are not designed for a child with a visual impairment. Children with visual impairments need special accommodations for assessment and evaluation. The use of standardized measures to determine a young child’s present level of functioning may not result in valid scores for the infant or toddler with a visual impairment.



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Assistive Technology



Assistive Technology:

Assistive technology (AT) devices and adaptations can provide access to the environment for young children with special needs. Whether as simple as an adaptive toy or as complicated as a computer-run augmentative communication device, AT can play a positive role in the lives of children with disabilities. AT can make their home and community settings much less restrictive for them and their families.

“Assistive technology can be designed by a mother or an engineer.”

Hatten, Patrycia. (1997)

The use of early low-tech devices makes a more natural progression to successful use of high-tech devices later in life.

What is Assistive Technology (AT)?

Assistive technology device means any item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of children with disabilities. AT can be bought off the shelf, modified or customized. AT can be simple or complex. It can be no tech (no special devices); low tech (simple adaptations with no batteries or electronics); medium tech (battery operated or simple electronic devices or adaptations); or high tech (complex electronic or computer driven devices).

The federal definition in the Individual Disability Education Act (IDEA) is very broad and has been interpreted to include such items as Velcro, adapted clothing and toys, computers, seating systems, powered mobility, electronic communication systems, and thousands of other commercially available items. IDEA ensures that AT devices and services must be made available to the child with a disability if required during the assessment process or as part of the child's Individualized Family Service Plan (IFSP) or the Individual Education Plan (IEP). A child's need for AT must be determined on a case-by-case basis and may be written into the IFSP/IEP in various ways.

For busy families, it is often better to use the simplest device or adaptation that will solve the problem.



Examples of Assistive Technology for children birth to five who are blind or have low vision.

(adapted from Idaho Assistive Technology Project: http://idahoat.org/Portals/60/Documents/Services/Resources/AT_InfantToddlerHandbook.pdf)

Focus Area	Examples
Vision	Vision stimulation devices such as light boxes, halogen or other lighting modifications, large print/picture books, toys with sound or vibrating mechanisms, brightly colored toys, objects or utensils, TV/computer screen magnifiers, copy machines which can increase size or contrast images, brailled materials such as labels on objects, tactile and auditory features, magnifying devices, video magnifiers, read/write systems, recordings, synthesized voice, GPS and smart phones for older children and adults
POSITIONING/MOBILITY systems may be necessary for a child with physical disabilities. These devices allow the child greater access to activities that are natural to children of the same age who do not have disabilities. These include both environmental exploration and learning activities. Mobility devices are usually considered medical equipment and often are acquired through medical channels. For children with vision impairments, mobility aids may also be necessary.	
Positioning: Difficulty turning over, sitting, crawling, standing	Side lying, prone or supine frames with locking castors, leg or arm splints, crawling assists, floor sitters, chair inserts, feeder seats, straps, trays, standing aids, crescent-shaped cushions, positioning pillows or pads, bean bag chairs, sand bags, rocking chairs, bouncy seat, crawl-through bead chain with music
Mobility: Difficulty crawling, walking, running	Wagons, scooter cars, manual or powered strollers with seating/safety adaptations, walkers, manual or powered vehicles such as wheelchairs, tricycles, scooters, home-adapted skateboard with Velcro straps and safety devices (an infant crawling device)
Limited sensory and integration, balance, gross motor, fine motor control	Tubs of balls for movement and visual/tactile feedback or gross and fine motor activities, mats or air mats, balance boards and rockers, adapted swings, net swings, scooters
Safety needs	Helmets, chin guards, knee and elbow pads, hand or leg splints, GPS tracking devices
Mobility problems due to low vision or blindness	White canes, electronic image sensors which provide information through vibration; and telescopic aids for navigating through the home, child care center or playground, or “reading” signs or spotting other landmarks

SELF-CARE/SELF-HELP DEVICES are necessary for some children who require assistance with activities like eating, dressing, and toileting. They are skills which are critical to the child's increased independence.

Feeding, eating, drinking	Specially designed bottles, nipples, adapted or ergonomic eating utensils, lipped plates or dishes, no-spill cups, straws/tubes, electric feeders, robotics, rubber mats, contrasting color plates, utensils or mats
Dressing	Adapted clothing, dressing aids
Toileting, diaper changing	Adapted changing tables, specially designed toilet seats, safety devices
Bathing, grooming	Adapted aids for washing, grooming, specially designed toothbrush; safety bath seat, grab bars, handheld shower for bathtub; absorbent cap for baby's head

MOTIVATIONAL DEVICES encourage the child to socialize and interact with her environment through exploration, manipulation and play, all of which are essential to mastery of developmental milestones.

Limited participation in play and group activities	Infant toys for early exploration include: rattles, teethers, pounding bench, dolls, large-knob puzzles; adapted toys/activities using switches such as: bubble blower with fan, adapted battery-operated toys and games; adapted paint brushes, crayons, painting with a head stick, adapted spinners for choices and games, software for drawing, painting and games for infants and toddlers
Limited physical ability	Wheelchairs, go-carts, or scooter boards adapted for playing games, balance or positioning aids, platform swing for wheelchair, swimming pool lifts, floatation devices, adapted sleds or skis; ramps for balls/toys; interactive computer games/simulations
Limited verbal communication	Song and story recordings, simple augmentative communication devices/boards, symbol systems, picture books with page fluffers, paper plate faces, pictures, tactile icons around house
Limited vision, blindness	Beeping balls, beeping eggs, beeping goal posts, audio game rules, braille tactile puzzles, audio players
Limited hearing, deafness	Flashing lights on toys or equipment, vibrating devices, personal FM systems

AUGMENTATIVE and ALTERNATIVE COMMUNICATION DEVICES assist children with communication, socialization and independence. Communication is a very complex area of need which includes speaking, hearing, language development, and writing. Parents and professionals alike are often reluctant to evaluate communication devices for infants and toddlers because they believe a child should first develop verbal skills. However, research shows that AT devices aid in the development of language skills.

Limited speech, hearing, delayed language development

Communication boards/folders/wallets with symbol systems (real objects, pictures, icons); labels throughout the home, school or child care environment using symbol systems (objects, pictures, icons); small, single or multiple message devices (with switches); electronic augmentative communication devices that simulate speech, speech synthesizers, voice analyzers and communication enhancement software

ENVIRONMENTAL CONTROLS AND MANIPULATORS enable a child to use equipment independently in the home or other customary environments. They modify the operation of a device to compensate for environmental restrictions caused by a disability. These controls, usually remote-control switches or modified on/off switches, make devices and equipment accessible and promote independence and social interaction.

Limited strength, limited range of motion, limited range of reach, limited mobility, low vision, blindness, hard of hearing, deafness

Switch adapters for timers, telephones, light switches, and appliances; robotics, additional external switches which can be activated by voice, pressure, eyebrows, or breath; magnifiers; control mechanisms with sonar sensing devices; adaptations of existing tools, alarm systems, braille adaptations, vision and hearing devices, simple augmentative communication devices

TECHNOLOGY BASED INSTRUCTION enables toddlers with disabilities to receive full and equal educational opportunities. If used together with parents and caregivers, technology can strengthen and reinforce communication and social interaction with a very young child with special needs. Software, which parallels the child's developmental age, allows for alternative ways of responding to learning objectives such as cause and effect, making choices, interaction with stories/games, and interaction with other children and adults. Specifically designed computer devices and computer software such as instructional, information management, and record keeping programs can be used when working with infants and toddlers.

Developmental delays; physical, cognitive, social, emotional limitations

Touch screens, touch monitors, keyboard overlays, interactive games, adapted tablets, instructional software to teach language, cause and effect, making choices, pre-reading and number skills; software to promote drawing, painting, storytelling, writing, singing, social skills, communication, practice drills, software to analyze and track child's performance

KEYBOARD ADAPTATIONS AND EMULATORS (COMPUTER ACCESS) are alternatives to the standard computer keyboard used for data input and output. There are many that can be used by very young children and their parents to enhance communication and socialization.

Limited range of motion, limited use of hands, fingers or arms, limited strength, low vision, blindness, hard of hearing, deafness

Alternatives to the standard computer keyboard access devices for input: touch screens or monitors, touch sensitive keyboard pads, alternative keyboards with hot spots, point and click, and scanning options, fist or foot keyboards, alternative mouse, trackball, switches, mouth controls, breath activated switches, head pointers, key guards, key latches, speech recognition, adjustable pointer and font sizes, picture icons, word prediction scanners with speech synthesizers and voice analyzers

Alternative devices for output: text enlargement, voice output devices for reading text or pictures, braille printers

It is never too early to get technology into their hands (as sighted children would already be exposed to it through incidental learning at the least). Even using low tech items from around the house like a toilet paper roll as a pre-monocular device is good. It's all about starting simple and making sure they are getting all those building blocks they will need to efficiently use the tech when they really need it.

Your WVBTT IFSP team and/or your IEP team will help you guide you through the world of assistive technology for the visually impaired. WV Birth to Three can assist you and your child with a variety of devices/equipment that will help support your child in their development during their early years.





Perkins: PATHS TO LITERACY

138 Apps for Early Learning - <https://www.pathstoliteracy.org/blog/138-apps-early-learning>

Many apps (applications) are available to promote early learning for young children who are blind or visually impaired, including those who are deafblind or who have multiple disabilities. This link is to help you get started. The apps here help young children to develop basic cognitive skills, such as cause and effect and matching. They also help to reinforce eye-hand coordination, vocalization, and response to sensory input. These apps have been used specifically with young children, especially those with additional needs or have been chosen because the visual component is very clear and/or the auditory/sound aspects are of high quality and clear. Many of these apps are particularly appropriate for children with CVI (Cortical Visual Impairment).



Learn About Your Assistive Technology Options for Your Child who is Blind or Low Vision.

<https://www.wonderbaby.org/assistive-technology>

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The Expanded Core Curriculum



What is the Expanded Core Curriculum?

The core curriculum is the knowledge and skills that **all** children are expected to know upon high school graduation (English, mathematics, science, etc.). Your child will have the same core curriculum as their sighted peers. Sighted children have rich visual experiences by which they learn concepts casually or incidentally. Children with vision loss often miss or learn concepts in an incomplete or distorted way. These concepts provide a foundation for future learning and often must be taught directly and systematically to children with vision loss. The *Expanded Core Curriculum* (ECC) is a specialized set of *vision-related* skills for children who are blind/low vision. The ECC is especially important for children with additional disabilities as it addresses many functional skills needed for success in daily life in school, home and community.

These compensatory skills of the ECC ensures accessibility to the core curriculum and your child's environment. In the educational setting, the ECC is taught by the teacher of the visually impaired and/or the orientation and mobility specialist. In the Birth to Three setting, they are taught by the vision specialist and/or orientation and mobility specialist. The areas of the Expanded Core Curriculum include: Compensatory Skills, Orientation and Mobility, Social Interaction, Independent Living, Recreation and Leisure, Sensory Efficiency, Assistive Technology, Career Education, and Self-Determination.

Why is this important for infants and toddlers?

My child is so young! Do the areas of Independent Living, Career Education, and Self-Determination even apply? It is true that the areas of the ECC appears more appropriate for older school-age children. However, the foundation for all of ECC areas begin during the early years. His vision specialist will be focused on the foundational blocks in each of the areas providing rich opportunities for the natural development of these concepts. Most of the information in this guide revolves around these foundational building blocks.

The table below explores each area of the ECC and the foundational skills for young children.

Expanded Core Curriculum	Examples of the Foundational Skills
1. Compensatory and functional academic skills, including communication modes <i>Includes learning experiences of concept development, spatial understanding, study and organizational skills, speaking and listening skills, and adaptations necessary for accessing all areas of the existing core curriculum.</i> Depending on degree of functional vision, effects of additional disabilities, and the individual task, communication needs will vary. Variations include: • Braille • Large print • Print with the use of optical devices • Regular print • Tactile symbols • Sign language • Recorded materials and/or live readers <i>Many students will use some combination of these.</i>	• Use of other modalities (hearing, smell, etc. to gather additional information) • Use of the sense of touch (critical for children with significant vision loss) • How to use touch to play with toys • Pre-literacy skills • Maximizing residual vision
2. Orientation and Mobility O&M instruction enables children of all ages and motor abilities to be oriented to their surroundings and to move as independently and safely as possible; to learn about and from the environment through which they move. O&M lessons incorporate skills ranging from basic body image, spatial relationships, and purposeful movement to cane usage, travel in the community, and use of public transportation. Having O&M skills enables students to acquire independence to the greatest extent possible, based on their individual needs and abilities.	• Reach out for toys • Using/moving body through space • Develop foundational skills of body images and spatial concepts • Using pre-cane devices • Using toys such as a “Beeper-Ball” to locate and move towards the object
3. Social Interaction Skills Social interaction skills include awareness of body language, gestures, facial expressions, and personal space. Instruction also includes learning about interpersonal relationships, self-control, and human sexuality. Almost all social skills are learned by visually observing other people. Instruction in social interaction skills in school, work, and recreational settings is crucial. Having appropriate social skills can often mean the difference between social isolation and a fulfilling life as an adult.	• Attachment • Bonding • Interaction with family members • Exploring facial expressions and tones • Using words to express feelings • Turn taking • Playing with peers

4. Independent Living Skills This area includes the tasks and functions people perform in daily life to optimize their independence - skills such as personal hygiene, food preparation, money management, household chores and organization. People with vision typically learn such daily routines through observation, whereas individuals with visual impairments often need systematic instruction and frequent practice in these daily tasks.	• Hold his own bottle or utensil • Using apps • Putting away toys when finished playing • Participate in bathing/dressing
5. Recreation & Leisure Skills Being unable to observe others reduces awareness of recreation and leisure options. Instruction in recreation and leisure skills will ensure that students with visual impairments will have opportunities to explore, experience, and choose physical and leisure-time activities, both organized and individual, that they enjoy. This instruction should focus on the development of life-long skills. Including this skill area in the ECC means making a deliberate effort to expose, teach, and explore adaptive techniques and materials.	• Being alone • Being able to play on his own • Not being held all the time • Having some self-regulation skills • Exploring his environment • Finger plays, songs • Holding a book (braille, large print, print) • Listening to music • Games with family members • Using adaptive games and beeper balls for catch
6. Sensory (Visual) Efficiency Skills Sensory efficiency includes instruction in the use of vision, hearing, touch, smell, and taste. It also addresses the development of the proprioceptive, kinesthetic, and vestibular systems. Learning to use their senses efficiently, including the use of optical devices, will enable students with visual impairments to access and participate in activities in school, home, and community environments.	• Using remaining vision • Using other senses to gather information • Recognizing voice of family members • Learning where sound comes from so he can move towards sound
7. Assistive Technology While not truly a curriculum area, assistive technology is a powerful tool that can enable students with vision loss to overcome some traditional barriers to independence and employment. This includes both low and high-tech solutions that allow increased efficiency in accomplishing a wide array of tasks from skills of daily living to more complex tasks associated with computer and electronic access-skills that are growing every day and are essential for success in the 21st century.	• Use of tools ◊ How do I use my bottle? ◊ How do I use a spoon to eat? ◊ How do I use my hands to eat and interact with toys? • Using apps on a phone or tablet • Activating sound/light toys • Using magnifier or binoculars

8. Career Education For sighted students, exposure to and development of interest in various careers often comes through observing what others do in daily life. As with many of the other skill areas of the ECC, vision loss impacts the ability to observe and develop interest in the wide variety of career choices that exist. Career education provides children with vision loss of all ages the opportunity to learn through hands-on experiences about jobs they may not otherwise be aware of without the ability to observe people working. They also learn work-related skills such as assuming responsibility, punctuality, and staying on task. Career education provides opportunities for students to explore and discover strengths and interests and plan for transition to adult.	• Mommy and daddy must leave me at day care to go to work • Everyone has roles: Toddlers learn to put toys away when playtime is done • Role playing • Time management (play time, time to eat, bed time) • Understanding careers in the community (firefighter, police officer)
9. Self-Determination Self-determination includes choice-making, decision-making, problem solving, personal advocacy, assertiveness, and goal setting. Students with visual impairments often have fewer opportunities to develop and practice the specific skills that lead to self-determination. Students who know and value who they are and who have self-determination skills become effective advocates for themselves and therefore have more control over their lives.	• Learning that “I did that”- “I made it happen” • Cause and effect • “Fairy God Mother”-avoiding crying and things magically appear • Problem solving • Learning boundaries • Building an “I can” attitude • Persisting

Brack's Story - submitted by Samuel McClung

The backstory is that we had fertility treatments for over 5 years and had a successful IVF treatment. As newborn parents we were so excited!

We both noticed his *nystagmus* after trying to hide it from each other and began doing research on Google...by the way do not ever do that! We immediately contacted our physician, and he gave us a tentative diagnosis of *ocular albinism* with a potential diagnosis of *oculocutaneous albinism*. Birth to Three was contacted, and we set up our appointment.

We were incredibly nervous but then we met Tammy Belt. We started Birth to Three very early and at that point Brack had not missed any of his milestones. Some of the physicians and therapists were commenting about him as he gets older getting further behind. Tammy stopped that conversation! She looked at my white-haired baby boy and said, "If we do our job, he won't get behind." At that moment, we loved that woman and still do. Her determination and care for our son brought us such joy! She took the time to teach us to help him. When she retired, we were fearful that the next vision therapist would be lacking, but we were wrong! Ann Lipscomb came in and continued to love our son and she was amazing in helping us transition into the school system. She still stays in contact with us and Brack and is always available if we have any questions.

It is so great to have people who care and advocate for your children! Everyone that we worked with in Birth to Three showed great compassion and love for our son. For the emotional roller coaster that we were on, they gave us hope and the right answers. I now council other parents of children with albinism and encourage them to look at Birth to Three as a source of great hope and strength! Thank you so much for the work that you guys do!



Notes and Information

Need more information?

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The Early Years: Birth to 3 Years

When a family or BTT team member has concerns that a visual impairment may be present, a vision specialist can be selected to conduct a vision evaluation. This would not replace the need for a vision diagnosis, but will assist the optometrist or ophthalmologist by providing information on visual behaviors that will support an appropriate diagnosis. (Note: Only ophthalmologists or neurologist can diagnosis CVI.)

Because vision impairment can affect all areas of development, a vision specialist may provide IFSP services while the family is in the process of obtaining a diagnosis. This will help the family in learning ways to enhance the child's ability to learn and interact with the environment with the desired outcome that secondary delays will be prevented or minimized.



What You Need to Know

The Individuals with Disabilities Education Act (IDEA) is a federal law which guarantees that all children with disabilities, from birth through age 21, have the opportunity to receive a free, appropriate public education, just like other children.

Part C of IDEA is for infants and toddlers with developmental delays or disabilities from birth to age three. In West Virginia, the WV Department of Health and Human Resources coordinates the **WV Birth to Three Program**.

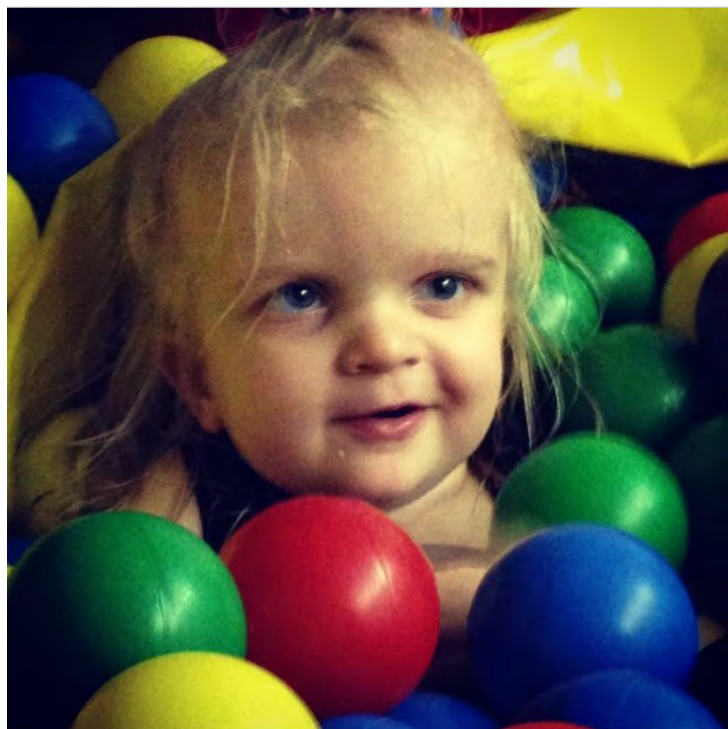
Part B of IDEA is for children with disabilities ages three to twenty-one. The **WV Department of Education** coordinates this part of IDEA. WV Policy 2419: *Regulations for the Education of Students with Exceptionalities* are the policies and procedures for implementing IDEA in WV schools.

What are Early Intervention Services?

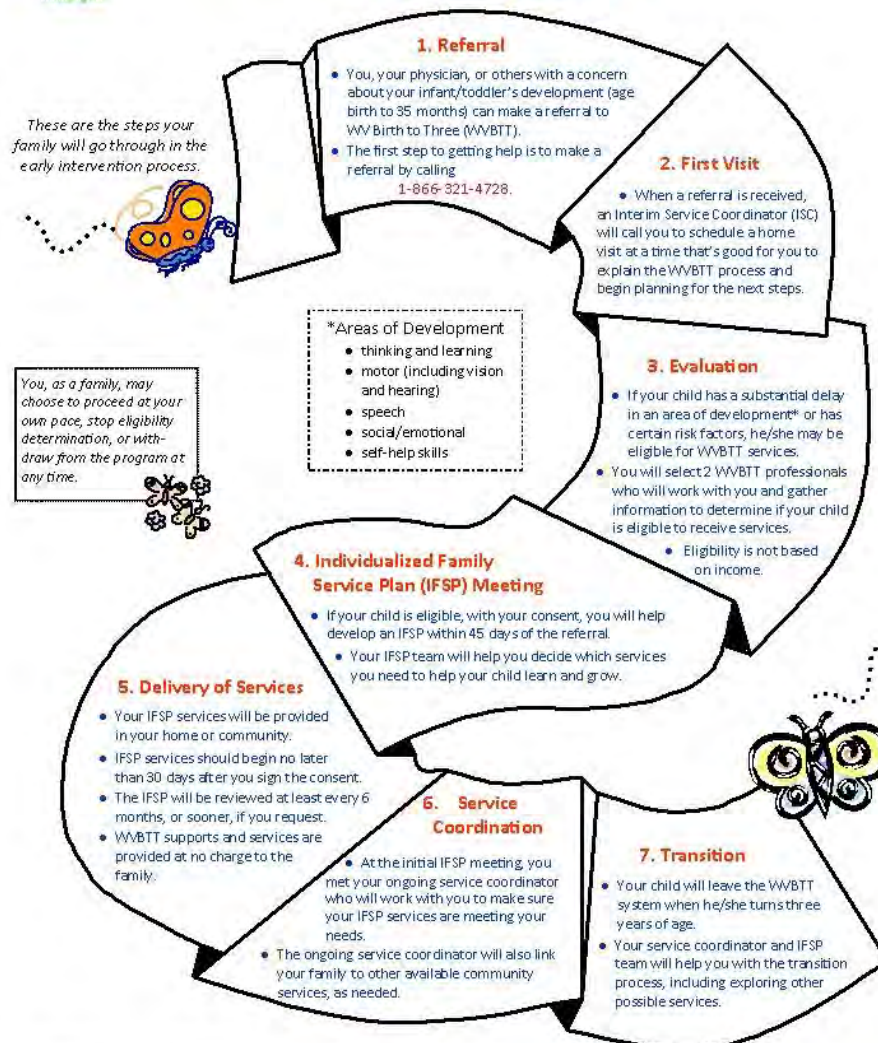


WV Birth to Three is a statewide system of services and supports for children under age three who have a delay in their development, or may be at risk of having a delay, and their families. This includes vision loss, both ocular and CVI.

The Department of Health and Human Resources, through the Bureau for Public Health and the Office of Maternal, Child and Family Health, WV Birth to Three, as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), assures that family centered, community-based services are available to all eligible children and families.



Growing Together Through WV Birth to Three A Family Guide



For more information about WV Birth to Three, please visit www.wvdhhr.org/birth23.
WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the WV Department of Health and Human Resources, Office of Maternal, Child and Family Health.



Who is Eligible?

A child must be less than 36 months of age. There are no financial eligibility requirements.

Eligibility is based only on a child meeting one or more of the following criteria:

1. Diagnosed by a multi-disciplinary team as having a significant delay in one or more of the following areas of development in accordance with the State's definition:
 - Cognitive development
 - Physical development including vision and hearing
 - Communication development
 - Social and emotional development
 - Adaptive development
2. Diagnosed physical or mental condition that has a high probability of resulting in developmental delay.
3. Experiencing multiple biological and/or environmental risk factors in accordance with the State's definition.

WV Birth to Three Definition of Developmental Delay is available at: <http://www.wvdhhr.org/birth23/eligibility/reveligibilitypolicyformat2013.pdf>

Determining Eligibility and Assessing Vision Needs

When a child has a diagnosed vision concern, that concern is considered an *Established Condition* and the child is eligible for WV Birth to Three. The evaluation/assessment team is required to complete a full comprehensive assessment of how the vision concern is impacting the child's development across the five domains. As evaluation and assessment tools usually are not designed for a child with a visual impairment, the child will need special accommodations for assessment and evaluation. The use of standardized measures to determine a young child's present level of functioning may not result in valid scores for the infant or toddler with a visual impairment.

Talk about Child's Strengths: What He or She Can Do?

When meeting with the vision specialist, discuss activities that you enjoy with your child. Talk about positive things that you like to do together with your child. For example, share information about how your child is progressing in exploring his environment, discovering new and favorite toys, using his hands more to explore and understand his surroundings. This will help the evaluation team to understand how your child does throughout the day and where your child may need help.



What is an Individualized Family Service Plan (IFSP)?

The Individualized Family Service Plan (IFSP) is the legal document that guides the implementation of early intervention supports and services for each child and family. All children who receive Part C early intervention supports and services will have an IFSP.

The purpose of the IFSP process is to develop an IFSP that communicates the family's priorities and hopes for their child; describes the child's functional abilities across all areas of development; outlines the outcomes the family wants to see for their child's participation during typical daily routines and activities; and describes the type of coaching the family will receive to assist their child in achieving the outcomes. The IFSP will include criteria that the family and team can use to measure the child's progress toward the outcomes.

Early intervention supports and services begin with a well-developed IFSP. As vision impacts all areas of development, often the IFSP will incorporate intervention strategies designed to support you and your child across multiple areas of development. Ongoing developmental assessments will help the family and team track and monitor the child's progress.

IFSP Team Members

Services on your IFSP will be provided by professionals enrolled as service providers in WV Birth to Three. You will select the service providers for your child and family based on what you want to learn to support your child. Team members may include professionals such as Vision Specialists, Orientation and Mobility Specialists, and Speech Language Pathologists, or others who have the expertise you need for your team. Children who receive WV Birth to Three services are cared for by a multitude of various people including family members, but also day care providers, preschool teachers, and others etc. It is important to involve all family members when working with the Early Intervention team.

Scenario: A Vision Specialist Helps a Team Conduct a Developmental Evaluation

Chloe, a seven-month-old diagnosed with optic nerve hypoplasia, was referred for early intervention services. While the family was very interested in getting all the services they might need, they were most interested in understanding their daughter's vision impairment and how that would affect her development. The Service Coordinator contacted a vision specialist to complete a vision assessment to assist the evaluation team in adapting items or the environment to obtain Chloe's best performance in all areas. The vision specialist conducted a home visit (or two) to complete a comprehensive evaluation designed for infants and toddlers with vision loss. The results of the evaluations were shared with the child's team.

With the input of the vision specialist, the team was able to change Chloe's near environment to allow her to successfully see and act on objects, e.g., increasing contrast by using dark objects with a light-yellow background and illuminating the area with appropriate lighting. These adaptations enabled Chloe to demonstrate that she had the ability to reach and grasp objects, activate toys, and locate dropped objects. Had the visual accommodations not been made, Chloe would not have been able to complete certain test items and her current levels of performance in several areas would have been significantly underestimated. The IFSP team was able to develop meaningful outcomes and help the family learn strategies to help Chloe achieve them.

-adapted from Early Intervention Guidelines for Infants and Toddlers with Visual Impairment in Washington State

How will Services be Provided?

Services are to be provided in the child's natural environment. Natural Environment can be defined as anywhere the child is, including home, of course, but also anywhere they would be interacting or alongside their typically developing peers (like day cares, playgrounds, restaurants, and so forth.). Have conversations with the WV Birth to Three team about your everyday experiences with your baby. The strategies that the Early Intervention team shares with the family should easily fit into their daily activities and routines. Take this opportunity to talk about the child's schedule and how that fits with the services you will receive. Ask the team for some things you can do when feeding the baby to help him understand what he cannot see? What are things you can do to keep your home safe for an active toddler who can't see?

Other Services

The Early Intervention team should work with the child in all daily routines. Other resources that families should ask about could include community resources such as play groups, music classes, story times, and gym/movement classes where their child could have opportunities to interact with their typical peers. Parents should ask about parent support groups available in their community or online.

Keeping In Touch With Your Service Coordinator

A Service Coordinator is a team leader who coordinates and facilitates communication between families, other Individualized Family Service Plan (IFSP) team members, and community partners to help families meet their children's needs. Keeping your Service Coordinator abreast of your child's progress through periodic phone calls and face-to-face visits is essential.

http://www.wvdhhr.org/birth23/files/ICC_SC_Brochure.pdf

"Our Service Coordinator helped to empower us to seek information on our own."

~ WV BTT Parent

Growing Up: Transition from WV Birth to Three to Preschool

At age three your child may be eligible for services through your county school system. Your service coordinator will facilitate the transition process by helping you explore your options for the ongoing services your child may need. Your service coordinator will assist you in developing a plan as part of your child's IFSP. You can find more information about transition planning in this publication:

http://www.wvdhhr.org/birth23/wvbtt_trans_flip/#p=1

If you are seeking services from the county school system at age three, there will be planning meetings 90 days before your child's third birthday. This is to discuss how the school system determines eligibility, and if eligible, the type of services your child may be eligible for through an Individualized Education Plan (IEP). You may want to ask the school system to include a vision specialist for your IEP meeting. (School systems call vision specialists teacher of the visually impaired.)

Notes and Information

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The Early Years: 3-5 Years

Transition from Early Intervention to School



What You Need to Know

The Individuals with Disabilities Education Act (IDEA) is a federal law which guarantees that all children with disabilities, from birth through age 21, have the opportunity to receive a free, appropriate public education, just like other children.

Part C of IDEA is for infants and toddlers with developmental delays or disabilities from birth to age three. In West Virginia, the WV Department of Health and Human Resources coordinates the **WV Birth to Three Program**.

Part B of IDEA is for children with disabilities ages three to twenty-one. The **WV Department of Education** coordinates this part of IDEA. WV Policy 2419: *Regulations for the Education of Students with Exceptionalities* are the policies and procedures for implementing IDEA in WV schools.

What are Special Education and Related Services?

Special education services are specially designed instruction, at no cost to parents, to meet the unique educational needs of an *eligible* student with an exceptionality age 3 to 21. Your child may receive services in the general education classroom, special education resource room for part of the day, separate class or other appropriate settings. Special education services provide the additional support and assistance your child needs to be successful. If your child requires special education services, you will be involved in decisions about what services, instruction and equipment are to be provided, as well as where these services will take place. These decisions will be made by an Individualized Education Program (IEP) Team, and you will be invited to become a member of that team.

The local school district will ensure that special education services are delivered in a setting that is as similar as possible to education provided for all children who are your child's age. This is called placement in the least restrictive environment (LRE). Changes in your child's education are made only to the extent needed to ensure your child's special education and related services needs are met. This means a child who receives special education services is placed, to the maximum extent appropriate, with typically developing peers, in general education with children the same age as your child with supports or accommodations in the general education classroom. The IEP Team may decide the child needs to be placed for part of the day in a separate classroom that serves only special education children. This will be provided so your child will make progress in school. Special education and general education teachers are partners with you in this process.

Related services are supportive services as are required to assist an *eligible* student with an exceptionality to benefit from special education. The term includes, but is not limited to, assistive technology, audiology, interpreting services, speech and language pathology, transportation, psychological services, physical and occupational therapy, clean intermittent catheterization (CIC), recreation, including therapeutic recreation, counseling services, including rehabilitation counseling, orientation and mobility services, social work services in schools, school health services and school nurse services, early identification and evaluation of disabling conditions in students, medical services for diagnostic or evaluative purposes only and parent counseling and training.

Who is Eligible for Special Education Services?

An eligibility committee (EC) will determine if your child is student is eligible for special education services. This determination is based on the information collected through a comprehensive evaluation of your child. Eligibility for Birth to Three services is different from eligibility for education services. Parents are members of this committee.

To be eligible for special education and related services 3 prongs must be met:

1. There must be a medical report from an optometrist, ophthalmologist or neurologist that shows **one** of the following: *
 - a. An acuity of 20/70 or less in the better eye with correction at distance or near;
 - b. Visual field restriction of twenty degrees or less in the better eye;
 - c. A deteriorating eye condition which will result in loss of visual efficiency (e.g., glaucoma, retinitis pigmentosa, or macular degeneration);
 - d. A visual loss caused by a disturbance of the posterior visual pathway and/or cortex with the characteristic behaviors

associated with cortical visual impairment.

2. The student's physical eye condition, even with correction, adversely affects educational performance.
3. The student needs special education.

***Exception to number 1:**

If the medical reports indicate that your child's vision is better than outlined above in number 1 and his visual impairment is likely to have an adverse impact on his education without special education services, he still may be eligible. In this case, a functional vision evaluation conducted by a certified teacher of the visually impaired must show that your child:

- *has limited ability in visually accessing program-appropriate educational media and materials including but not limited to textbooks, photocopies, chalkboards, computers or environmental signs without modification;*
- *has limited ability to visually access the full range of program-appropriate educational media and materials without accommodations including but not limited to changes in posture, body movement focal distance or squinting;*
- *demonstrates variable visual ability due to environmental factors including but not limited to contrast, weather, color or movement, that cannot be controlled, or*
- *experiences reduced or variable visual ability due to visual fatigue or factors common to the eye condition.*

Individualized Education Program

What is an Individualized Education Program (IEP)?

The Individualized Education Program is the legal document that guides the implementation of educational services and supports for each eligible child.

Who Writes the IEP?

The Individuals with Disabilities Education Act (IDEA), our nation's special education law, requires that the following people are part of the IEP team:

- the parents of the child;
- not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
- a representative of the public agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; is knowledgeable about the general education curriculum; and is knowledgeable about the availability of resources of the public agency;
- an individual who can interpret the instructional implications of evaluation results;
- other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate (invited at the discretion of the parent or the agency). For example, your child's Birth to Three team has valuable information to share with the IEP Team.

For a child who is blind or has low vision, professionals such as a teacher for the visually impaired (TVI) and an orientation and mobility are likely to be part of the IEP team. If the child has additional disabilities, other professionals may be involved. For example, speech language pathologist may attend the IEP meeting of a student with communication issues or a physical therapist or occupational therapist for a child who is blind/low vision and has physical limitations.

Families have the right to bring others with them to the IEP. It is often helpful to bring a trusted relative or friend.

When and How is an IEP Developed?

For an eligible child transitioning from WV BTT, an IEP must be in place by the child's **third birthday**. For other children, an IEP must be developed within 30 calendar days after a child is found to need special education services. Every year after that, the IEP Team meets to review the child's progress towards the learning goals and to set new learning goals. In preparing for the IEP and for a child who is blind or low vision, a functional vision assessment (FVA) **must** be included in his/her comprehensive evaluation.

What is Included in an IEP?

IEPs are required to contain the following information:

- Present levels of academic achievement and functional performance, including how the child's disability (vision) affects his or her involvement and progress in the general education curriculum;
- Measurable annual goals including academic and functional goals (For a child who is blind/low vision, it is presumed that he will be a braille reader [IDEA]. A Learning Media Assessment (LMA) must be completed to show whether braille or print is the appropriate medium. This will be documented on the IEP);
- How the child's progress toward meeting the annual goals will be measured, and when periodic progress reports will be provided;
- The special education and related services that the child will receive;
- An explanation of the extent, if any, to which the child will not participate with typical children in the general education class and in extracurricular and nonacademic activities;
- Program modifications or supports for school personnel that will be provided so the child can make progress toward annual goals, make progress in the general curriculum, participate in extra-curricular and non-academic activities, and be educated and participate with other children with or without disabilities.

504 Plans

Children with disabilities who do **not need special education and supports** but require accommodations for academic success and access to the learning environment may qualify for a 504 Plan. 504 Plans are for children who are able to function well in a general education environment with accommodations. An IEP is a better option for students with a disability that is adversely impacting education. The rights of all children with disabilities are protected by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act whether they are served through an IEP or not.

How Can I Prepare for My Child's IEP?

- Watch your child in a variety of activities, including educational activities, playing, social situations, eating out, and interacting within the community. Make a note of tasks and activities your child has mastered and those with which you think he/she may need help.
- Talk to your child and make a note of his interests, likes, and dislikes.
- Review records and reports from WV Birth to Three and other evaluations that indicate your child's strengths and challenges.
- Ask if you can observe in the class that your child will attend.
- Write down the services you would like to discuss for your child, what services are needed, and the reasons why they are needed to support your child.
- Collect any current medical information that might be helpful to the IEP team in determining needed services.
- Collect any handouts or information you may have on the needs of children who are deaf and hard of hearing from parent groups or national organizations to share with team members.
- Sign and return the form inviting you to the IEP meeting so that school personnel know you have received the invitation and are coming to the meeting. If you want to have the meeting scheduled at another time, you need to tell the school so arrangements can be made to schedule the meeting at a time that is good for all team members. The school is required to give you at least two invitations to the scheduled IEP meeting.
- If you have received these and do not respond to either invitation, school personnel can go ahead and conduct the IEP meeting without you.
- Read invitations and other materials that come to you from the school. If you have questions about them, call the school principal, guidance counselor or discuss with your BTT team.
- Ask for a copy of the IEP form so that you can be familiar with it and be prepared to give your input on each area.

On the day of the IEP meeting, keep the following points in mind:

- Arrive on time. If you can't, let the school know when to expect you or ask to have the meeting rescheduled.
- Consider asking your spouse, partner, close family friend, relative, or parent-advocate to come with you for support and to take notes that you can later compare.
- Bring a pad of paper and a pen, plus any notes you've prepared for the meeting.
- Share your ideas and information about your child.
- Ask questions when you don't understand something.
- Be polite but assertive at the meeting. Don't be reluctant to offer your suggestions or to persist with your point of view if others disagree. Explain the reasons why you believe something is important for your child.
- Listen to those who disagree, and try to think calmly about the pros and cons of their point of view. Being defensive or emotional isn't an effective way of persuading others to your point of view.
- Make your points clearly and provide rationales and any documentation you have to back up your point.
- Listen carefully to the other team members and their ideas about your child. Take notes if you want to share information with other family members after the meeting. Date your notes and try to keep them together.
- Be realistic about the abilities of your child. Work with the IEP team to determine the placement that will best meet your child's educational needs.
- Work with the IEP team to maintain a high level of expectation for your child's ability to learn. In general, children often respond to what others expect so your high expectations are likely to be helpful to your child.
- If you disagree with something that is said at the IEP meeting, voice your opinion in a constructive way. Explain why you disagree, and suggest possible alternatives.
- The IEP will be written at the meeting so be sure that you receive a copy of the document for your records.



Notes and Information

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Remember to Take Care of Yourself



"15 Self-Care Strategies for Parents: Simple but Effective Ways to Take Care of Yourself"

from: <https://www.verywellfamily.com/self-care-for-parents-4178010>



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Glossary

National Resources and Organizations

Glossary

Accommodation: the ability of an eye to focus clearly on objects at various distances, or through various lens powers, resulting from changes in shape of the crystalline lens. To experience its effect, try this exercise. Close one eye and, while looking at your finger at arm's length slowly bring your finger towards your nose. You can feel the tension in your eye as the lens thickens.

Adnexa: the accessory structures of the eye, including the eyelids, lacrimal apparatus (tear ducts), and the extraocular muscles (muscles around and supporting the eyes).

Amblyopia (lazy eye): the brain cannot clearly interpret the information from one eye as it relies on the "good eye" only for information. The vision of this otherwise healthy eye is reduced over time because the "good eye" is being used to see. Patching or eyedrops in the "good eye" is usually prescribed to strengthen the nonpreferred eye.

Aniridia: absence of the iris which controls the amount of light entering the eye as in a camera's shutter. The learner will be photophobic, therefore it is helpful to use dimmed lights and she may benefit from filtered lenses.

Anterior ocular segment: the part of the eye including and in front of the crystalline lens (i.e., cornea, anterior chamber, iris, ciliary body).

Binocular coordination: use of both eyes together so that the separate images from each eye (which are slightly different) are interpreted by the brain as a single image. At its highest form, stereopsis, an impression of depth can be obtained by the brain superimposing two slightly dissimilar pictures of the same objects.

Binocular parallax: for any point you fixate, the images on the two eyes must be slightly different. But the two different images still allow us to perceive a stable visual world. Binocular parallax refers to the ability of the eyes to see a solid object and a continuous surface behind that object even though the eyes see two different views.

Cataract: lens of the eye is cloudy or completely opaque, the result is a loss of vision for detail. If the cataract is located in the center of the lens then dim lighting should be used. If on the peripheral part of the lens then it is usually helpful to have brighter lighting.

Coloboma: present from birth, a cleft or wedge is missing from the iris or retina. It is likely that visual field problems will exist. This may affect mobility and scanning such as symbols, pictures or text.

Color vision: the ability to perceive differences in color.

Contrast: the way that a foreground (say an object) stands out from its background. Contrast is not a property of visual edges on the retina but of visual edges in space. This is important in allowing us to vary the learner's visual world to enhance contrast.

Convergence: inward movement of both eyes towards each other, usually in an effort to maintain single binocular vision as an object approaches.

Contrast sensitivity: the term is used in a technical sense to refer to the minimal amount of contrast needed to perceive a test pattern.

Cortical/cerebral visual impairment (CVI): vision is affected by problems in the brain rather than problems with the eye itself.

Cover/uncover test: a clinical test to determine the ocular alignment of the eyes and measure the magnitude of the angle of deviation of the visual axes.

Crowding: vision is sometimes worse when crowded by other information, e.g., words on the page too close together or patterns behind an object. Children can be assessed for crowding difficulties.

Dark adaptation: refers to the gain in sensitivity as the eye remains in the dark. It is a relatively slow process, taking around 40 minutes to complete. Where the ability of the eyes to adapt to the dark is slower, this is likely to be associated with poorer contrast sensitivity. Should the learner suddenly exhibit poorer dark adaptation than is usual for that learner, you may want to request further examination.

Directionality: the ability to understand and identify right and left directions in external visual space.

Depth Perception (Stereopsis): visual blending of two similar images, one falling on each retina, into one image, with visual perception of solidity and depth. Emmetropia: the name for the type of eye which correctly focuses light at a point on the retina (with the lens at rest). See also Refractive error. Font size, point size: Fonts refer to the different types of lettering (typography). There are 2 main types, serif (letters with tails) and sans serif (letters without tails). The type of font used can change the readability of text. Point size: Typefaces come in a variety of standard sizes; these are often referred to for specifying optimal sizes for large print production. Teachers often refer to optimal sizes for specific children as N18, N24, etc. for near vision tasks. Glaucoma: increased pressure within one or both eyes (IOP). The cornea or outside surface of the eye clouds and peripheral vision decreases. The learner may be uncomfortable in bright light (photophobia) and if mobile have difficulty with travelling. Hyperopia/Hypermotropia: farsightedness. Parallel rays entering the eye come to a focus behind the retina. Note that it does not mean that vision is very good (eyes like an eagle). It means that the muscle controlling the thickening of the eye (see accommodation) has to continually work when reading and for	other close work - the eyes literally get tired. See also Refractive error. Intraocular pressure (IOP): the pressure within the eye relative to the constant formation and drainage of aqueous humor (fluid inside the eyeball). Light adaptation: the loss of sensitivity when an eye (or both eyes) has become adapted to the dark. Complete light adaptation is much faster than dark adaptation. Much of the adaptation to light takes place within a second, the remainder requiring only a few minutes. Motion parallax: important monocular cue to depth perception. As the head or eye is moved from side to side, distant objects appear to move more slowly than closer objects. Myopia: near sightedness. Parallel rays entering the eye come to a point in front of the retina. See also Refractive error. Near point of convergence (NPC): the point where convergence and binocular single vision can no longer be maintained as an object approaches an eye. Nystagmus: Rapid uncontrollable movement of the eyes, impaired vision for detail, although peripheral vision may be better. Problems in depth perception may result. It is unusual for nystagmus to occur in isolation, usually indicating other difficulties. Experiment to find if there is a stable (null) point; i.e., position of objects in relation to the learner's eyes in which	the movements become less obvious. Occlusion: covering one eye, as with a patch after surgery, injury, or in amblyopia. This may also be used during testing as one eye is covered. Optic atrophy: nerve fibers transmitting information from the eye to the brain are affected. Use bright illumination of objects and high contrast of materials. Photophobia: when light hurts the eyes and the person keeps his/her eyes away from bright lights. In extreme forms the person performs best in very low light levels. Posterior ocular segment: the part of the eye located behind the lens (i.e., vitreous, choroid, retina, optic nerve). Pupillary response: the response of the pupils of the eyes to stimulation by light or accommodation. Proprioception: awareness of the position and movement of the body. Refractive error: light coming from a distant object (6 meters or more) enters the eye in parallel. If the object is to be seen clearly, the light must focus on a point on the retina. This depends on four things: the amount the eye curves; the length from the cornea at the front to the retina at the back of the eye; the position of the lens inside the eye; and the state of that lens. This is usually correctable.
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Refraction: the determination of the refractive errors of an eye, or eyes (e.g., myopia, hyperopia, astigmatism, anisometropia). Refractive status (refractive error): the degree to which images received by the eyes are not focused on the retina (e.g., myopia, hyperopia, astigmatism). Retina: located at the back of the eyes and is made up of specialized cells called rods and cones. This acts a bit like the film in a camera. The most sensitive part of the retina is the fovea, which you use for seeing close detail - like reading this page. Rods help the individual see in dim light and cones provide sharp visual acuity and color discrimination. Retinitis pigmentosa: where peripheral vision is affected first. There are several different types of RP. With reduced vision in dim light and blurring of images, the condition is progressive. May be associated with hearing loss (Usher syndrome). Retinopathy of prematurity (ROP): where the retina is scarred due to immature blood vessels in the eye reacting to changes in oxygen pressure soon after birth. Some learners affected will have residual vision and this will usually be accompanied by nearsightedness (myopia) and a squint may be present. Good illumination and plus lens refraction may be helpful.	Retrolental fibroplasia: see retinopathy of prematurity. Saccades: voluntary eye movements, usually quick movements of both eyes simultaneously, used for tasks such as reading or scanning a scene. Scotoma (pl. scotomata): a blind spot in one or both eyes or occurring between the eye and the part of the brain which interprets information detected through the eyes. Strabismus: eye misalignment or eyes that do not move normally, caused by extra ocular muscle imbalance. One eye is not directed at the same object as the other. Imbalance of the eye muscles may result in the eyes turning either towards the nose or outward. If uncorrected it could affect depth perception or result in vision loss in one eye. <i>Usher syndrome see Retinitis pigmentosa.</i> Vergence Disjunctive: movement of both eyes in opposite directions (toward or away from each other, up and down) to obtain or maintain single monocular vision. Visual acuity: the ability of the eyes to see details and shapes using the smallest identifiable object that can be seen at a specified distance (usually 20 feet for distance vision or 16 inches for near vision). For example: 20/400 is when a	person is looking at an object 20 feet away sees what a person with typical vision can see at 400 feet away. Visual motor integration: the ability to integrate visual information with fine motor movements. Visual field: is the area that you should be able to see without moving your head or eyes. Visual field loss: where part of the vision is lost, commonly sections of the left or right sides (hemianopia), upper or lower vision or spots called a scotoma. A child with lower visual field loss will have difficulty navigating down steps.
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National Resources and Organizations

7-128

A software company providing fun games for visually impaired children. And they just released seven accessible educational games for toddlers and young children ages two to seven.

<http://www.7128.com/>

Accessible Children's Magazines

Search the database and sign up for free Kids Magazines in audio, large print, or braille. APH also offers the Squid Tactile Activities Children's Magazine.

<http://loc.gov/nls/children/magazines.html>

American Council of the Blind

The American Council of the Blind strives to increase the independence, security, equality of opportunity, and quality of life for all blind and visually impaired people.

<https://www.acb.org/>

American Foundation for the Blind

AFB provides support and services for the blind and visually impaired. Their web site offers a Services Locator and a great Bookstore. Some books published through AFB press can only be found here.

<http://www.afb.org/>

American Printing House for the Blind

Manufactures educational aids for blind and visually impaired persons, has an educational research program and sells books in braille, large print, disk and cassette. Has database for locating textbooks and other materials in accessible media.

<https://www.aph.org/>

APH Guide to Designing Tactile Illustrations for Children's Books:

A very nice (and thorough) online guide to creating accessible books for blind babies and toddlers. Lots of great hands-on ideas. This could be a great way to get your older kids involved in a craft project that will help your younger child with a vision impairment! The guide is also available as a downloadable .pdf or a Braille .brf file.

<http://www.aph.org/edresearch/illustrations/index.html>

At First Sight

Beautiful braille jewelry for every occasion and every taste. Check them out! <http://www.braillestone.com/>

Blind Babies Foundation

A great resource for California residents. Their Fact Sheets are a great place to start learning about vision loss (click the Fact Sheet link then scroll down to the bottom of the page).

<http://blindbabies.org/>

BookShare

For a small subscription fee (or free if you're a visually impaired student) you can become a member of BookShare and begin sharing scanned print books which can then be downloaded and read through common Braille or synthetic voice reading devices.

<http://www.bookshare.org/>

Braille Bookstore

Great selection of braille books, braille dictionaries, and even braille flash cards. They also carry fun games like braille playing cards or braille dice.

<http://www.braillebookstore.com/>

Braille Through Remote Learning

Offers self-led courses on braille. This is for teachers, families and others who will be working with or interested in learning braille.

<http://www.brl.org/>

FamilyConnect

An informative site including videos, stories, and forums developed by the American Foundation for the Blind and the National Association for Parents of Children with Visual Impairments.

<http://www.familyconnect.org/parentsitehome.asp>

For Little Eyes

A community for families and friends for young kids in glasses, eye patches and contacts.

<https://forlittleyes.com/>

Free Braille Books Program

Sign up for free braille books through the American Action Fund.

<https://actionfund.org/free-braille-books>

Hungry Fingers

Some lovely, simple and often wooden resources to help blind children to understand, interpret and produce tactile graphics (drawings). Many of these resources also help with spatial awareness and understanding.

<http://www.hungryfingers.com/>

I read with My hands

A wonderful set of tactile books and activities designed specifically for blind and visually impaired children. If you're tired of the same old "touch and feel" books that present very little tactile feedback for your child, you'll definitely want to check out these amazing books.

<http://www.tactilegraphics.co.za/index.html>



Imagination Library

Founded in 1996, Dolly Parton's Imagination Library is a non-profit organization that gives hundreds of thousands of books each month to registered children in participating communities all over the United States and Canada. Promoting the love of early reading and learning as the building blocks for a strong foundation in education, the program believes in helping children dream more, learn more, care more and be more through its educational campaign. **Braille literature is available.**

<https://wvde.us/west-virginias-imagination-library/>

Infant SEE

InfantSEE®, a public health program, managed by Optometry Cares® - The AOA Foundation, is designed to ensure that eye and vision care becomes an essential part of infant wellness care to improve a child's quality of life. Under this program, participating doctors of optometry provide a comprehensive infant eye assessment between 6 and 12 months of age free of charge regardless of family income or access to insurance coverage. <https://infantsee.org/>

Letting Your Child's Wild Side Out

Learn about this DVD that shows parents of blind children how to cut those apron strings and teach their kids confidence and self-reliance.

<http://www.babymilagro.org/DVD/>

Little Bears Sees

The goal of the foundation is to provide families in need with the information, products and tools to help their children with cortical visual impairment (CVI) learn to see.

<https://littlebearssees.org/>



LS&S

LS&S specializes in products for the blind, visually impaired, deaf and hard of hearing. Here you will find a great collection of low vision aids, hearing helpers, daily living aids and information designed to help you or a loved one regain independence. Adjusting to life-altering changes can be difficult, but in the case of vision and hearing loss, LS&S can help you find useful products that will make a difference.

<https://lssproducts.com/>

Maxi Aids

MaxiAids have products specifically designed to assist the blind, visually impaired, deaf, hard of hearing, mobility challenged, and home health care while promoting a healthy, active and independent lifestyle.

<https://www.maxiaids.com/>

National Association for Parents of Children with Visual Impairments

Offers emotional support for parents of blind or visually impaired children. Provides information, training and assistance, and help in understanding and using available resources. Publishes Awareness, a quarterly newsletter.

<https://www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators/national-eye-health-education-program/nehep-partnership-directory/national-association-parents-children-visual-impairments>

National Braille Press

Another great place to buy braille children's books. We love their Children's Braille Book Club where you get a new braille book in the mail every month for \$100 a year.

<http://www.nbp.org/>

National Federation for the Blind

NFB produces the publication Future Reflections, a magazine for parents and teachers of blind children. You can download the magazine directly to your computer for free.

<http://www.nfb.org/>

National Library Service for the Blind and Physically Handicapped (NLS)

This is the Federal Library of Congress service that provides free braille books and audio books to blind patrons. Check out their NLS Kids Zone for children's books and events.

<http://www.loc.gov/nls/>

Path to Literacy

Literacy activities and resources for children who are blind, visually impaired or deafblind, or multiple disabilities. Braille literacy, tactile books.

<https://www.pathstoliteracy.org/>

Perkins School for the Blind

Perkins, located in Massachusetts, is the oldest school for the blind in the U.S. Their site (as well as their campus) is well worth a visit. Be sure to visit their Perkins Scout for a list of great resources and downloads.

<http://www.perkins.org/>

Perkins Panda

The Perkins School for the Blind has created a really fun kit designed to introduce toddlers to Braille. The kit includes print-braille books, a big stuffed bear (with tactile paws and nose), audio versions of the stories, and toys that represent the activities in the stories. There is a small purchasing fee.

<https://www.perkins.org/stories/beloved-perkins-panda-gets-audio-upgrade>



Positive Exposure

Founded in 1997 by former fashion photographer Rick Guidotti, this site and its photographs challenge the stigma associated with difference by

celebrating the beauty and richness of human diversity. Many of Rick's photos focus on albinism and raising awareness around the world about the disease.

<http://positiveexposure.org/>

Seedlings

A great place to buy braille children's books. Sign up for two free books through the Book Angel Project.

<http://www.seedlings.org/>

Slate Pals

This is NFB's pen-pal program for kids who read and write braille.

<http://www.nfb.org/images/nfb/Publications/fr/fr14/Issue2/f140209.html>

Songs for Teaching

This is a great site that offers free lyrics and downloads of your favorite educational songs. Songs are categorized by subject (math, language, etc.) and each song also offers a way to purchase the CD if you like. For more information on how to use music to stimulate your blind child, read the WonderBaby article, Music to Teach By.

<http://www.songsforteaching.com/>



Space Camp for Interested Visually Impaired Students Grades 4th and up:

Suit up for a mission to the International Space Station or train for a landing on the moon! Space Camp is the ultimate educational experience that illuminates real-world applications of science, technology, engineering and mathematics.

Space Camp for Interested Visually Impaired Students (SCIVIS) is a week long camp held at the US Space and Rocket Center. It is coordinated by Teachers of the Visually Impaired and the programs are fully accessible, including computers, mission materials and equipment. Each student fully participates! <http://www.scivis.org/>

Specs 4 Us

Specs4Us recognized the need for a frame line that gives a solution to individuals with low nose bridges. <https://www.specs4us.com/>

The Foundation for Retinal Research

The mission of the Retina Research Foundation is to reduce retinal blindness worldwide by funding programs in research and education. They also have a great store of information on their website about retina disorders.

<https://retinaresearchfnd.org/>

Tactile Vision

A company that specializes in creating tactile books, calendars, and greeting cards.

<http://www.tactilevisioninc.com/>

The Braille Special Collection

This is a program offered through the Braille Institute. Sign up for free braille children's books throughout the year!

<http://www.brailleinstitute.org/child-and-youth/special-collections.html>

The Hadley School for the Blind

This is a great resource for parents of blind children. The Hadley School offers free online courses on everything from helping your young child develop to beginner's braille.

<http://hadley.edu/>

The Jewish Guild for the Blind

Register online to learn more about telephone support groups for parents of children with LCA, Retinitis Pigmentosa, Cortical Visual Impairment, or Retinopathy of Prematurity.

<http://www.jgb.org/>

The Texas School for the Blind & Visually Impaired

TSBVI has a huge site full of lots of great information. You can browse through their many articles on topics like making an object calendar or playing in the kitchen.

<http://www.tsbvi.edu/>

Toilet Training a Child with Special Needs

A great article on toilet training children with special needs. Includes ideas for potties for multiply handicapped children. [http://](http://www.rifton.com/products/hygiene/toiletingsystems/ToiletTraining.html)

www.rifton.com/products/hygiene/toiletingsystems/ToiletTraining.html

Teaching Basic Functions

Another article on toilet training and bathing.

<http://www.rehabpub.com/2006/08/teaching-a-basic-function/>

Web-Braille

A service offered through the National Library Service, Web-Braille allows you to download any book, magazine, or musical score in the NLS database. Web-Braille files may be read online via a screen reader or downloaded for viewing offline or embossing with a braille display, braille-aware notetaker, or braille embosser.

<http://loc.gov/nls/reference/factsheets/webbraille.html>

West Virginia Library Commission Library for the Blind and Physically Handicapped

As part of the National Library Services for the Blind and Physically Handicapped (NLS), Library of Congress, the Library for the Blind and Physically Handicapped loans recorded materials and Braille materials to state residents who are unable to read or use standard print due to impairment, visual or physical, or reading disability.

<https://www.loc.gov/nls/>

Wingbo

Wingbo is the world's first tummy-time swing. This swing encourages babies to play in the prone position while developing muscles and coordination. Check out their page on special needs where they say that their tummy-time swing can be used for vestibular stimulation as part of a sensory integration program. The Wingbo is also available on Amazon.

<https://www.fishpond.com/Baby/Wingbo-Tummy-Time-Swing/9999394144477>

WonderBaby

WonderBaby.org is dedicated to helping parents of young children with visual impairments, as well as children with multiple disabilities. Here you'll find a database of articles written by parents who want to share with others what they've learned about playing with and teaching a blind child, as well as links to meaningful resources and ways to connect with other families.

<https://www.wonderbaby.org/about>

West Virginia Resources and Organizations



CAMP GIZMO

A five-day, hands-on camp where parents, professionals, and students learn how assistive technology can help young children (birth – 8 years) with significant and multiple developmental needs.

http://www.wvearlychildhood.org/Camp_Gizmo.html

Children Vision Rehabilitation Program (CVRP)

Provides comprehensive vision rehabilitation services to blind and visually impaired school aged children throughout the state of West Virginia regardless of their ability to pay. The goal of this program is to provide children with tools to become independent and employable by optimizing visual function both at home and school.

CVRP Institute of Learning

Provides a forum for children of the visually impaired to receive direct instruction on specific skills (i.e., braille, independent living, assistive technology, orientation and mobility, and self-help skills). CVRP usually conducts four learning institutes per year. The focus of these institutes are technology, Orientation and Mobility (cane travel), Adventure and a day camp for our “little ones” (elementary) and their families.

CVRP Adventure Camp

Adventure Camp is intended for visually impaired students in grades 8 through 12. The target population is visually impaired on an academic track that needs reinforcement in blind-specific skills such as independent living, improving confidence and socialization. The students must be independent in the area of mobilization.

To learn more about the different camps that are offered visit:

WVU School of Medicine, Department of Ophthalmology and Visual Sciences, Children’s Vision Rehabilitation Program.

<https://medicine.hsc.wvu.edu/eye/outreach/childrens-vision-rehabilitation-program-cvrp/>



WVABLE

A WVABLE account is an investment account that allows qualified individuals with disabilities to save and invest money without losing eligibility for certain public benefit programs, like Medicaid or SSI.

<https://wvable.com/>

West Virginia Assistive Technology Systems Loan Library

WVATS Lending Library Loan programs allow people with disabilities to borrow equipment and try it in their natural environments (home, school, workplace, etc.) to help them in making a better decision as to whether the product and its features will be useful to them.

<https://vll.cedwvu.org/>

West Virginia Birth to Three Program

WV Birth to Three partners with families and caregivers to build upon their strengths by offering coordination, supports, and resources to enhance children’s learning and development.

<http://www.wvdhhr.org/birth23/Default.asp>

West Virginia Children’s Health Insurance Program

WVCHIP was created to help working families who do not have health insurance for their children. If a primary care provider suspects that a child has a hearing problem, the child should receive further evaluation and necessary treatment.

<https://chip.wv.gov/Pages/default.aspx>

West Virginia Department of Education (WVDE)

Oversees educational services for all students in West Virginia’s public and state operated schools.

<https://wvde.us/>

WVDE, Office of Special Education

To improve results for children and youth, primarily through leadership and financial support to local education agencies.

<https://wvde.us/special-education/>

West Virginia Early Hearing Detection & Intervention (EHDI) Information

The goal of the Early Hearing Detection and Intervention program is to identify congenital hearing loss in children before three months of age and to assure enrollment in appropriate early intervention services before six months of age.

http://www.infanthearing.org/states/state_profile.php?state=westvirginia

West Virginia SenseAbilities

WV SenseAbilities is the WV Deafblind grant funded by the US Department of Education to the WV Department of Education to provide technical assistance and training to create appropriate early intervention and educational opportunities for children with combined vision and hearing loss, birth to 21, their families, teachers and service providers.

<https://wvde.us/special-education/resources-sp-page/low-incidence-disabilities/>

West Virginia Schools for the Deaf and Blind (WVSDB)

The WVSDB is a state-funded residential school that provides education and supportive services to deaf and hard of hearing and blind and partially sighted children of West Virginia.

<https://www.wvsdb2.state.k12.wv.us/>

WVSDB Outreach

WVSDB provides a comprehensive early intervention program for infants and toddlers with a vision or hearing loss. These specialists work collaboratively with the West Virginia Birth to Three Program

https://www.wvsdb2.state.k12.wv.us/apps/pages/index.jsp?uREC_ID=808293&type=d&pREC_ID=1195565

Santa Letters <https://nfb.org/programs-services/early-childhood-initiatives/santa-letters>

- National Federation of the Blind/Programs and Services

Every December, the National Federation of the Blind helps Santa send letters in Braille to young blind children across the country.

Nothing promotes reading like a letter from Santa! Last year's letter inspired Louise to Braille her own letter to Santa to leave with milk and cookies, since, as she put it, "Santa must be able to read Braille if he can write it!" Thank you!

How did it start? Well, more than ten years ago, Santa asked us to be his honorary elves. Ever since, we've been helping him send letters in contracted Braille to blind children who are **ten years old and younger in the United States**. Along with the Braille letter, Santa includes a print letter so that those who might not read Braille can follow along. He also includes other fun holiday activities.

Submit your requests between November 9 and December 16.



Notes and Information

Need more information?

Flip to the Glossary & Resources section for common terminology, helpful organizations, and websites to answer your questions.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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West Virginia Birth to Three

350 Capitol Street, Room 427

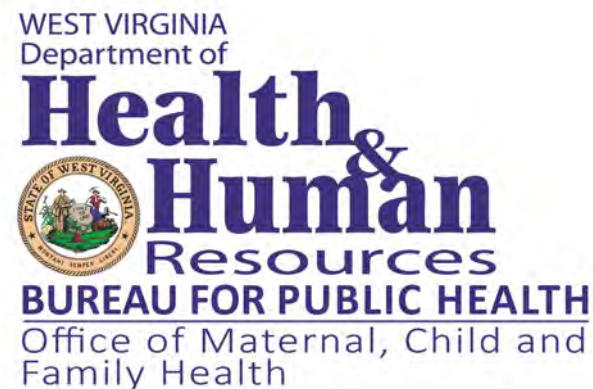
Charleston, WV 25301

Telephone: 304-558-5388

In WV: 1-800-642-8522

Fax: 304-558-2183

www.wvdhhr.org/birth23



West Virginia Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA), with the West Virginia Department of Health and Human Resources as lead agency and administered through the Office of Maternal, Child and Family Health.