

Deafblind Focus

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Observations of Learning Styles of Infants and Toddlers with Visual Impairments or Deafblindness: Using Information About How Children Learn to Plan Effective Intervention

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Assessments of infants and toddlers with visual impairments or deafblindness should include information about how children appear to learn, not just what they are able to do. In order for assessments to lead to developmentally appropriate and family-centered intervention, families and interventionists must understand how children learn most effectively. Interventionists can learn about children's learning styles from both observations of the child and interviews with families/caregivers/service providers. Such assessment requires no specialized materials, but rather relies on keen observation skills and thoughtful interview strategies. Thus, these learning style observation guidelines are appropriate for use in various cultures. They have been used as a tool to guide planning of effective intervention strategies for young children in a wide variety of programs, including well-established programs in the U.S., as well as newly developing programs throughout Asia.

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Indiana Deafblind Services Project Receives Funding

The Indiana Deafblind Services Project has received notification from the U.S. Department of Education that our five-year (2008-2013) grant award has been approved. During the next five years, the project staff and consultants will continue to provide training and technical assistance to Indiana educators, families, and children who have a combined vision and hearing loss. As in the past, emphasis will be placed on collaboration with local, state, and national projects.

Some of the activities that currently are being planned include working with the National Consortium on Deaf-Blindness to conduct a Family Leadership Training Program and working with First Steps in a child find effort to ensure children, birth to three, are correctly identified and are reported to the Indiana project. The Indiana project also will continue to disseminate information specific to deafblindness via a variety of delivery formats, including our new and improved website.

New Web Address for Indiana Deafblind Services Project

The Indiana Deafblind Services Project has a new web address. Be sure to check out the website at www.indstate.edu/blumberg/db/deafblind.htm

Observations of Learning Styles of Infants and Toddlers with Visual Impairments or Deafblindness: Using Information About How Children Learn to Plan Effective Intervention (continued from page 1)

Children are observed in a variety of settings/ activities. Observations of learning style are made in the following areas:

- child's interests, motivation, and preferences
- child's dislikes
- processing time
- self-regulation
- exploratory strategies
- attention to activities
- learning environments
- response to routines
- transitions
- response to learning opportunities
- generalization of skills
- positioning and movement
- challenging behaviors

The full text of the *Learning Style Observations* follows. Electronic copies can be retrieved at <http://www.fpg.unc.edu/~edin/Resources/modules/AM3.cfm>. Additional related materials are available online. These materials were developed through the Early Intervention Training Center for Infants and Toddlers with Visual Impairments—Frank Porter Graham Child Development Institute, University of North Carolina—Chapel Hill. The mission of this five-year project was to develop resources that build the capacity of colleges and universities to prepare personnel to serve infants and toddlers with visual impairments and their families. Five university courses were developed:

- Family-Centered Practices for Infants and Toddlers with Visual Impairments
- Visual Conditions and Functional Vision: Early Intervention Issues

- Developmentally Appropriate Orientation and Mobility
- Communication and Emergent Literacy: Early Intervention Issues
- Assessment of Infants and Toddlers with Visual Impairments

Courses also include information related to young children with visual impairment and multiple disabilities. Materials for all five courses are available online at: <http://www.fpg.unc.edu/~edin/Resources/modules/index.cfm>.

*Early Intervention Training Center for Infants and Toddlers With Visual Impairments
Module: Assessment of Infants and Toddlers With Visual Impairments
Session 3: Areas of Assessment*

Handout I: Learning-Style Observations: Infants and Toddlers With Visual Impairments

Gleason, D. (2006). Learning-style observations: Infants and toddlers with visual impairments. Chapel Hill: University of North Carolina, FPG Child Development Institute, Early Intervention Training Center for Infants and Toddlers With Visual Impairments.

Assessments of infants and toddlers with visual impairments should include information about how children appear to learn, not just what they are able to do. In order for assessments to lead to developmentally appropriate and family-centered intervention, families and interventionists must understand how children learn most effectively. Interventionists can learn about children's learning styles from observations and interviews.

Observe children

- in familiar and unfamiliar activities,
- with familiar and unfamiliar toys and objects,
- in activities they have mastered,
- in challenging or new activities
- in individual and group activities,
- in indoor and outdoor activities,
- during adult-facilitated engagement,

- during independent engagement,
- in movement activities,
- in seated activities,
- in stimulating environments, and
- in quiet, non-distracting environments.

Consider the following factors and the impact that each may have on specific aspects of children’s learning styles:

- health concerns (e.g., ongoing medical conditions, surgery, illness),
- medications (e.g., type of medication, timing of medications),
- seizures,
- sleeping schedule,
- nutritional issues (e.g., adequacy of food and liquid intake, gastrointestinal [g]-tube), and
- physical comfort (e.g., teething, constipation, gas).

Interventionists should talk to families, caregivers, and other professionals about children’s learning styles at home and in a variety of settings (e.g., childcare, homes of relatives and friends, community locations). Families are often able to provide unique information about their children. Learning style can be identified by observing children’s interests, motivation, and preferences; dislikes; processing time; self-regulation; exploratory strategies; attention to activities; learning environments; response to routines, transitions, and response to learning opportunities; generalization of skills; positioning and movement; and behaviors. The following questions may be used to guide learning-style assessments.

Interests, motivation, and preferences

- What interests or motivates the child? What does the child like? For example, favorite people, activities, music, objects, and sensory characteristics of objects/activities
- What types of reinforcements are most effective for the child? For example, social praise, food, preferred toy, music, touch, and movement
- What are the child’s favorite activities? For example, snuggling on parent’s lap with a book, singing a song, playing frolic games, and playing with musical toys

- What are the child’s favorite objects?
- What is the best way to present an object to the child? For example, touch a body part with an object, provide a sound cue, or present an object in the child’s left visual quadrant
- How does the child respond to music, finger plays, and/or poems with a strong rhythm/beat? For example, the child tolerates tactile activities when they are paired with a song or poem with a beat
- Does the child have favorite songs? If so, what are they?
- What are the child’s favorite foods?
- What makes the child happy? For example, interactive play with grandfather, playing with shiny Mardi Gras beads with sister, and quiet time on Mom’s lap
- How does the child show that he or she enjoys an activity, interaction, movement, song, or object? For example, kicks feet, vocalizes, smiles or laughs, makes contented cooing sounds, listens or stills to show alertness, or keeps hands in close contact with toy
- Are there particular people with whom the child is most comfortable?

Dislikes

- What, if any, are the child’s least favorite activities?
- What activities, if any, does the child avoid?
- What objects, if any, does the child refuse to touch?
- What foods, textures, or temperatures, if any, does the child particularly dislike?
- What objects, activities, people, sounds, etc., if any, does the child fear?

Processing time

- Describe the child’s processing time in various situations. Count in seconds the elapsed time from adult input/cue to the child response. How much time does the child need in order to respond
 - in familiar situations/activities?
 - in unfamiliar situations/activities?
 - given a verbal cue only?

- given a visual sign and verbal cue?
- given a tactile sign or physical prompt with a verbal cue?
- Is the child provided enough time to process and respond to the information?

Self-regulation

- What strategies does the child use to calm him/herself? For example, brings hand to mouth, pushes feet against side of crib or other firm surface, or closes eyes to reduce environmental stimulation
- How does the caregiver calm the child or support the child's attempts to self-calm? For example, swaddling baby in a blanket, assisting child in bringing her hands to mouth, providing slow rhythmical rocking, applying firm pressure on shoulders, reducing noise in the room, and limiting handling and movement of the child
- What communication strategies, sensory strategies, or behavioral support strategies are effective in supporting the child's attempts to self-regulate? Are there any interventions that have been implemented that did not work?
- What signals and cues does the child give to indicate
 - "I need a break or a change from this activity,"
 - "I can calm myself," or
 - "I need help to calm myself"?
- Does the child become upset or get overly stimulated easily?
 - How do you know when the child is overly stimulated? For example, the child becomes irritable, falls asleep, closes eyes, or avoids visual input.
 - In what environments or contexts does the child become overstimulated? For example, in new places, during large family gatherings, at the mall, or in noisy places
 - When the child does become upset, can he or she be calmed easily?

Exploratory strategies

- Describe how the child explores or recognizes familiar objects, places, and people.

- Describe how the child explores new objects, places, toys, and materials.
- What types of objects does the child examine? Consider
 - tactile qualities (e.g., texture, weight, vibration),
 - size and shape (e.g., a toy small enough to fit easily in a child's hand, a shape that is easy to grasp),
 - visual characteristics (e.g., reflective, shiny, brightly colored), and
 - auditory qualities (e.g., musical, toy that makes a continuous sound, low-pitched sound).
- How is the child most effectively encouraged to explore?
 - Does the child initiate exploration independently?
 - How much and what type of adult assistance does the child need (e.g., providing adequate pause time, providing prompts to encourage the child to explore)?
- How does the child use various senses to explore (e.g., vision, touch, hearing, movement, mouthing)?
- Describe the child's sense of curiosity. For example, when a sound is presented somewhere in the room, how does the child respond? If something is presented in a box, how does the child approach it?
- Does the child use particular compensatory strategies when exploring? For example, does the child look away when exploring with his or her hands; does the child put a hand up to look through the fingers when seeing something new?
- Describe how the child interacts with new people.

Attention to activities

- How is the child's attention best gained (e.g., through eye contact, signing/gestures, sound, spoken word, tactile cue, visual cue, a combination)?
- How is the child's interest in an activity or interaction best maintained?

- If the child loses interest during an activity, how can attention be regained? How can the child be reengaged in the activity?
- Describe the child's attention to activities based on
 - type of activity,
 - familiarity of the activity,
 - time of day,
 - environmental conditions (e.g., noise level, lighting),
 - sensory characteristics of the activity,
 - motor components (e.g., movement or stationary activity),
 - adult or peer involvement,
 - seizure activity, and
 - medication (e.g., timing, dosage, type). (Note: Children may be drowsy and less likely to be attentive for the first hour after some medications are administered).

Learning environment

- Describe environments that facilitate the child's active engagement in activities and interactions with people. For example, a quiet environment, controlled lighting, clearly organized space with a minimum of clutter
- Does the child become overly stimulated in particular environments? If so, what sensory aspects does the child find overly stimulating (e.g., visual, auditory, tactile, movement)?
- Is the child easily distracted in particular environments? If so, what distracts the child (e.g., visual, auditory, tactile, movement)?
- Which aspects of the physical environment especially appeals to the child?

Response to routines

- Does the child have consistent routines for daily activities such as eating, bathing, dressing, sleeping, and play?
- Does the child anticipate consistent daily routines?
- How does the child demonstrate anticipation of daily routines?
- How does the child respond to changes in routines? For example, a child may be comfortable with changes in her routine; she

is used to eating while seated in her highchair at home but is also comfortable eating sitting on an adult's lap at the home of a relative. Another child may become upset when her routine is disrupted. She is used to a bedtime routine of reading a story with her parents before falling asleep in her crib. Although her parents keep the routine of reading a bedtime story when they visit grandparents' house for the weekend, the child will not fall asleep in her port-a-crib, recognizing it is different from her crib at home. When the family returns home, it takes a full week for the child to get back to falling asleep on her own in her crib after just one night's disruption in her bedtime routine.

Transitions

- Are transitions difficult for the child?
 - If so, describe the ways in which transitions are difficult.
- What strategies help the child transition smoothly from one activity to the next? For example, having a predictable sequence of daily activities, a verbal warning before a change in activity, a "finished box" in which to put materials from a completed activity, or a "transition song"

Response to learning opportunities

- How does the child respond to physical demonstrations, such as hand-under-hand demonstration?
- How does the child respond to touch cues?
- How does the child respond to visual cues or to visual demonstration and modeling?
- How does the child respond to pointing cues?
- How does the child respond to verbal directions?
- How does the child respond to gestural cues or sign directions?
- How does the child respond to object cues?
- How does the child respond to picture cues?
- How can adults most effectively communicate with the child?
- How does the child respond to emergent literacy experiences? For example, does the child have opportunities to share storybooks? How does the

child respond? How does the child respond to pictures or tactile illustrations? How does the child respond to shared storybook reading?

Generalization of skills

- Is the child able to generalize skills to new situations or to new objects? For example, if the child enjoys playing with a favorite drum at home, is he or she able to generalize when playing with a new drum at a neighbor's house? Can he or she generalize the skill to play a xylophone with a stick or mallet?
- If possible, observe the child doing a familiar activity in a new place. This observation can provide information about generalization of skills, problem-solving strategies, and how the child approaches and learns in a new environment. For example, if the child has learned to wash his or her hands at the bathroom sink at home, how does he or she approach washing hands at a sink in the childcare center or in the bathroom at the local library?

Positioning/movement

- What positions are most effective for specific activities for the child? For example, seated in adapted chair with tray and support under elbows to facilitate reaching for and manipulating toys on the tray, supported sitting in parent's arms while listening to story and looking at clear pictures and feeling textures on the pages, supine with towel or pillow support under shoulders while reaching for objects hung from a floor mobile, or side-lying on right side to facilitate use of both hands
- Are there any positions that should be avoided?
- Does the child learn effectively during movement activities? For example, the child learns movements of interactive movement games or finger plays; or the child most frequently and clearly communicates when involved in swinging or bouncing activities.
- Does the child learn effectively during stationary activities? For example, the child attends longer to an activity when seated in a chair with a tray.
- Does the child benefit from clearly defined play spaces? If so, describe. For example, play

corner, toys attached to tray/easel/play space, chair and tray/table, or floor play area defined with blanket

- Are there any positions or movement activities that the child avoids?

Challenging behaviors

- Does the child have behaviors that interfere with interactions with people, exploration of objects, or participation in daily activities and routines?
 - Describe the behaviors.
 - How often does the behavior occur?
 - How long does the behavior last? (What is the duration?)
 - When does the behavior occur most frequently?
 - When is the behavior unlikely to occur?
 - What purpose does the behavior seem to serve for the child?
 - How do people respond to the behavior?
 - Are there any potential medical issues related to the behavior?

In Summary

- How does the child most effectively learn?
- How can adults best support and facilitate the child's learning?
- What environmental conditions best support and facilitate the child's learning?

Free Technical Assistance Provided

The Indiana Deafblind Services Project's staff and consultants work with children and youth, ages birth through 21, who are deafblind, along with their families and service providers. The goal of the project is to improve the quality of educational services available to Indiana's infants, toddlers, children and youth with dual sensory impairments. In order to achieve this goal, the project provides free technical assistance, training and support services. To request assistance, please contact the project at (800) 622-3035 or email DB@indstate.edu.

New Materials in our Online Loan Library

<http://isu1.indstate.edu/deafblind>

Tactile Communication Series - I: Introduction to Tactile Communication

This DVD is an introduction to communicating with a child who is deafblind or who needs tactile communication. Suggestions are given about accepting all of the child's ways of communicating and helping the child access new people, events, and places. (Closed Captioned) MEDIA-COMM.TT08

Tactile Communication Series - II: Using Tactile Signs and Cues

This series of three DVD's teaches family members and service providers how to use tactile signals and cues effectively with young children who are deafblind or who need tactile communication. Many signals and cues are presented as well as activities which show signals and cues being used in natural home situations. (Closed Captioned) MEDIA-COMM.TT12

The Transition Process - Early Intervention to Preschool

This multimedia set is for service providers and intervention teams who are involved in transitioning children with special needs from early intervention to preschool settings. Information is included related specifically to children with vision loss, hearing loss, and deafblindness. This program includes a 225-page training manual with accompanying videotape, and a DVD which can be used for self-study. It has been field tested and found to be a comprehensive and clear guide for promoting smooth and effective transitions. MEDIA-TRANS.P30

For Parents: Transitioning Your Child - Early Intervention to Preschool

This DVD is designed to help parents understand the process of transitioning their child from early intervention to preschool. It is based on "The Transition Process - Early Intervention to Preschool" and includes information on Procedural, Safeguards, the 2nd Birthday IFSP Meeting, the 90-120 Day Transition Meeting, and the IEP Meeting. MEDIA-TRANS.P25

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FAMILY SCHOLARSHIP PROGRAM

Family scholarships are offered to parents and family members of children with deafblindness that have current certification status on the Indiana Deafblind Census. Family scholarships are to be used to reimburse families for expenses incurred while attending training on deafblindness or a closely related topic which supports the direction of the Indiana Deafblind Services Project.

Scholarships must be requested in advance and may cover the costs of conference registration fees, mileage, airfare, hotel and child care. Scholarships are currently limited to \$500 per family, based on available funding.

More details about the program along with the application form can be found online at

<http://www.indstate.edu/blumberg/db/families.htm>

If you don't have access to the internet, you can request more information from the project at 1-800-622-3035.

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