

Deaf-Blind Perspectives

Volume 6, Issue 3

Spring 1999

In Australia: Placing Parents and Families at the Center of Our Planning

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In Australia, we have learned much from our American colleagues and in particular from the 1997 amendments to the Individuals with Disabilities Education Act (IDEA). On our vast continent, with its 17 million population, children who are deafblind or have multiple disabilities (i.e., have two or more disabilities in the areas of vision, hearing, physical ability, intellect, and behavior), are at the center of what might well be the most exciting and challenging development in education today. Less than a decade or so ago, few administrators and teachers in Australian schools were concerned with the needs of children who had been so identified, and indeed neither the term deafblind nor multiple disability would probably have been widely recognized outside special education and special school circles anywhere in our country. Until relatively recently, few such children received any kind of sustained education and training outside the provisions of such charitable-sector, specialized agencies as the Royal Institute for Deaf and Blind Children in Sydney and its counterparts in the other Australian states and territories. Since the provision of “care” was the essence of the community’s expectation of their developmental program requirements, such children and young adults were either kept at home or placed in settings generally beyond the responsibility of our generic school systems. Many, as is now well-known, were widely believed to be “trainable” rather than “educable,” and many were deemed to be ineducable. The legacy of this perspective is, to our national shame, that in many parts of Australia, deafblind young adults and adults can still be found vegetating in nursing homes and even as residents in euphemistically named “Training Centers” for people with intellectual disabilities.

Today, the compass needle of change has swung the educationist position to the opposite pole. A dramatically different educational philosophy prevails. We now believe that **all** children are able to learn and that even those with the most pervasive disabilities **can** and **do** learn. In consequence, it is becoming increasingly likely that at some point in their career, every regular school teacher in Australia will encounter a student with one or other sort of significant disability in his or her class and with increasing frequency, will, for better or worse, be-

come responsible for the education of a student who is deafblind or has multiple disabilities. Deciding **what** to teach this student and **how** to teach him or her can pose seemingly insurmountable problems for administrators, classroom teachers, and supporting specialist educators.

This is partly because the majority of children, particularly students with vision impairments, have so many things to learn that educational planning teams, whether in regular or special school, often find it difficult to decide which goals will be most important for the coming year. Other students, whose parents are increasingly seeking their enrollment in the local neighborhood school, have limited response repertoires and a variety of sensory and motor impairments, often with an intellectual disability thrown in for good measure, so that they challenge the

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creativity of both school and itinerant staff to design effective teaching strategies to meet their needs.

It is perhaps trite to state in 1999 that curriculum decisions for children who are deafblind should be based on a shared understanding of each individual student's needs, strengths, and abilities, and on the important questions families want answered. Determining just what, where, and when to teach should, however, be based on shared values about the goals of education. What do teachers, friends, and family believe the child *should* be doing when she or he graduates from school into adult life? What is school preparing the student for? If, for example, administrators, teachers, and parents believe that the individual will be totally dependant life-long and not particularly in need of friends or a job, then what the student is taught while at school is not particularly important. If, on the other hand, those on the educational planning team are able to share a picture in which the individual is a valued, contributing part of community life, with friends and perhaps even some form of employment in the offing, then curriculum content and teaching method become vitally important. Bearing in mind that an Individualized Educational Plan (IEP) is in Australia, as it is in the USA, at the core of the planning process and that it must reflect the input of an entire team, it becomes important to recognize (a) that each student requires individually tailored supports and resources and (b) that whatever teaching strategies are decided

upon, these should be effective, inclusive, and humane.

What Should Be Taught?

The first step in deciding what to teach is to initiate a process that will discover what the child's special qualities are, what are his or her interests and aspirations, and what are the hopes and aspirations of the family and people closest to the child. A highly effective way of doing this, and one that is gaining increasing currency in Australia, is through the development of "action plans" which result from the *McGill Action Planning System*, or *MAPS* (Forest & Lusthaus, 1989; Forest & Pearpoint, 1992; Orelove & Malatchi, 1996; Vandercook, York, & Forest, 1989). MAPS takes its name from McGill University in Montreal and is based to some extent on earlier "lifestyle planning" procedures developed by O'Brien & Lyle (1987) and O'Brien (1987) of Responsive Systems Associates in Georgia. It is a system designed by Marsha Forest and Judith Snow of the Canadian Association for Community Living (CACL), that grew out of the need to actively support students with severe and pervasive disabilities (Ford & Davern, 1989).

MAPS is a group, problem-solving, collaborative team approach to program planning. It is a tool, that in the hands of a creative facilitator is designed to help individuals, organizations, and families move

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into the future effectively and creatively. There are eight key questions in the process and they must all be asked by the process facilitator. The order in which they are asked may, however, be quite flexible, based on group dynamics and the flow of the planning meeting. MAPS planning sessions have been held in classrooms, school cafeterias, organizational boardrooms, small meeting rooms, community centers, church halls, and so forth. The system has been used not only with children of all ages, but also with adults (Rosenkoetter, Hains, & Fowler, 1994; Shauls, 1991). It results in a personalized plan of action that assists in bringing the student and family closer to the daily life of the school (Forest & Pearpoint, 1992). A MAP is not, however, an IEP, nor is it a substitute for an IEP. It is a process that best precedes an IEP and provides the school's transdisciplinary team with important information that will be useful when constructing an IEP. This element of the MAPS process is important because it attempts to portray the child to the best possible advantage and focuses attention on capabilities rather than deficits. The positive emphasis generates important benefits throughout the program planning and implementation phases.

How to Use MAPS

A MAPS meeting generally begins with invitees seated around a table or in a semicircle facing a wall or whiteboard. Each participant is given a notepad and pen or pencil. A facilitator (sometimes two), welcomes the group, explains the process, guides questions, and keeps the session on track. The second facilitator or an assistant serves as a "graphic guide" and records the business of the meeting, sometimes creatively and colorfully, generally on manilla or butcher's paper, which is then mounted with tacks, tape, or pins onto the walls of the room to produce a pictorial record. Sometimes meetings are audiotaped. These records, written, pictorial, or audio are essential to the process.

The facilitator attempts to generate a personal, comfortable, informal group mood and generally urges mutual trust and the avoidance of confusing jargon and acronyms. Each person attending introduces himself or herself and shares information on their relationship to the student who is the focus of the meeting. The facilitator then takes the group through a process which involves generating answers to the following eight questions:

Question #1: What is a MAP? The facilitator describes the ways in which a map is used and links the MAPS process, by analogy, to a road map that will provide directions for the student's life. The result of

the meeting will be a chart which will guide that direction, so that it becomes important for participants to answer all questions.

Question#2: What is (the student's name) history? Answers to this question describe the student's life, particularly focusing on highlights or milestones. Information is included on medical, educational, communication, and social issues. It is often possible for the facilitator to collect much of this information in advance, to avoid spending too much time on the question, requiring only that group members add anything that is missing.

Question #3: What is your dream for (student's name)? Participants are asked to describe their dreams for the student for the next 5 years, 10 years, and as an adult, including dreams about where he or she will live and work, and about the various relationships in his or her life. Dreams need to be conceived as images of what might be possible.

Question #4: What is your nightmare for (student's name)? It is not possible to avoid nightmares if they remain undiscussed. It is important that participants not become despondent if the realities of institutional "care" are raised, or the threat of social isolation or poverty as an adult. Dreams and nightmares are of equal importance to the discussion. Many programs and projects fuel the nightmares rather than the dreams. The entire aim of the MAPS process is to discuss both dreams and nightmares so that the former can be realized and the latter avoided.

Question #5: Who is (student's name)? This is a brainstorming phase of the process. Everyone is invited to provide words that the facilitator records as a portrait of the person. Not merely good or bad words, but words that convey important impressions of the student's identity. The facilitator might also ask, "What other words have persons not present here today used when describing (student's name)?"

Question #6: What are (student's name) strengths, gifts, and talents? In this phase of the meeting the facilitator will record likes, dislikes, preferences, what works, successes, and so forth. The concept of "giftedness" in association with the student, is stressed not in relation to academic ability, but as one of the attributes of the student's personality.

Question #7: What are (student's name) needs and challenges? In answering this question, participants must think about the people and resources necessary to make the dreams come true.

Question #8: (a) What action plans are needed to meet these needs and avoid these nightmares? This phase requires the facilitator, working with group support to pull together finite, specific follow-up plans. These will include defining who will do what, and when and where. For example, when will the IEP session be held, who should attend, when will Circle of Friends activities begin?

(b) What would an ideal day at school look like? Using the information generated in the above process, a matrix can be constructed for use in school program scheduling.

The entire MAPS “machine” can, if efficiently prepared and managed, take about 90 minutes to conduct, with none, or few of the participants bored or overly tired as a result. In many instances, the students themselves have sat through the entire sessions. Facilitators have even invited very young children to be present for as long as they like and have arranged child care if they have decided to leave. Many have stayed for the entire session. This particular outcome merely affirms the notion that most people, including those with multiple disabilities, are vitally interested in their own lives. Those who designed the process claim that the best time to use MAPS is as part of the IEP cycle, or at crucial transition points in the student’s schooling, for example, preschool to primary school, primary to high school, high school to adulthood.

MAPS can be a highly positive process through which the resources of school administration and staff, nondisabled peers, family members, and a variety of supportive people can be harnessed to develop a plan for the inclusion of children with disabilities into regular community school life. The process, which is by no means an arduous one, can be the vehicle for bringing regular and special educators together in the quest to build more inclusive school communities. MAPS has now been used with success in Canada, Britain, and increasingly in Australia for some years, generally with salutary overall impact on the lives of students and families and to the benefit of an increasingly large number of educational agencies.

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Research-to-Practice: Reducing Behavior Problems in Students Who Are Deaf-Blind

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“If only he could talk!” Michael’s mother said as she expressed her helplessness over her son’s apparent frustration. Michael, who is deaf-blind, was screaming and biting his hand while his teacher tried to get him to participate in some schoolwork. “If only he could just tell us what he wants, what’s bothering him!” There was no blaming here, only a feeling that Michael held the secret to satisfying his own needs—if only we could get inside his head and crack the code.

Our project is designed to “get inside” Michael’s head, as well as the heads of 23 other students with deaf-blindness to determine *why* they exhibit problem behaviors such as aggression, self-injury, and tantrums. Once we determine why the students are displaying problem behavior, we attempt to teach them another way of telling us what they want, using vocal output communication aides (VOCAs) in an approach we call “functional communication training.” Finally, the third stage of our project is to assess whether our efforts at teaching these students specific communication strategies in school might be effective outside the school environment.

Finding Out Why Behavior Problems Occur

It is now widely agreed that treatment efforts for behavior problems should be based on the reasons why the student is misbehaving. In fact, the Individuals with Disabilities Education Act (IDEA) now requires such assessments (functional behavioral assessments) for all students with significant behavior problems. Unfortunately, despite this widespread agreement to look at why our students misbehave as the basis for any program, many professionals continue to make such assessments in informal ways, such as through conversations with teachers and parents and brief informal observations of the student. We always begin with informal observations of and interviews with significant others, but we continue the process using *multiple forms of assessment*, including the Motivation Assessment Scale (MAS)¹ and structured observations in the student’s classroom. The MAS is a questionnaire that we can give to teachers, paraprofessionals, family members, or anyone else who has a great deal of contact with the student. The MAS asks questions about where, when, and under what conditions problem behaviors occur and determines their motivations. Information from the MAS, along with other forms of functional behavioral assessments is used to design plans for reducing the behavior problems. Michael’s assessments suggested that his screaming and hand biting occurred more often when demands were placed on him. This told us that he might be acting this way because his behavior sometimes got him out of tasks in his class. His teacher might end work earlier than usual if he got upset. This taught him to get upset when he did not like the work. Clearly, this information was very important to us in designing a plan for reducing his behavior problems.

Functional Behavioral Assessment Hints

- Conduct two or more *different* functional behavioral assessments for a student’s behavior problems. This will increase your confidence that you have picked the right reasons the problems are occurring.
- Conduct these assessments in *all* settings where you expect to begin a program.
- Be aware that behaviors can occur in different settings for different reasons.
- Sometimes knowing what can make a student well-behaved (e.g., sitting next to the teacher) can tell you why the student is misbehaving (e.g., to get teacher attention).
- Behaviors that appear to occur for sensory reasons (e.g., repetitive behaviors) can over time be used by a student for social reasons (e.g., to avoid demands).

Using the Assessment to Design a Plan

There are many different ways to reduce behavior problems. For example, with Michael we could have simply stopped giving him any challenging class work. We knew from our assessments that making these changes in the classroom would have stopped almost all of his outbursts. But where would this have left him? Obviously, almost all educational goals would have been thwarted. Rather than remove the situations that seem to set off behavior problems, we try to teach the student how to handle these situations. Therefore, at the heart of our efforts to reduce behavior problems is the approach that teaches students other ways to tell us what they want—“functional communication training.” As we saw before, our functional behavioral assessments indicated that Michael’s screaming and hand biting were most likely efforts to escape work. Our solution was to teach him to use a vocal output communication aide (VOCA) to ask his teacher for help when the work was too difficult.

We taught Michael to communicate using his VOCA in much the same way we teach the other students in the project. Since we begin by placing the student in the situation that seems to be causing difficulties, we began by having Michael work on difficult tasks. *Be-*

¹ Information about the Motivation Assessment Scale is available from the publisher; Monaco and Associates, Inc., 4125 Gage Center Drive, Suite 204, Topeka, KS 66604 (800) 798-1309, (785) 272-5501, (785)-272-5152 (fax); www.monacoassociates.com/products/

fore he had time to get upset, we would take his hand and help him press the VOCA, which was programmed to say "Help me!" We then gave him some assistance on the task to make it easier for him. Although he could not hear the voice output, it soon became clear to him if he pressed the button on the device, the task became easier for him. After a few weeks during which time we reduced the amount of help we gave him, he began to use the device with no help each time tasks became too difficult. And, when this happened, his behavior problems were reduced significantly. Although students progress at different rates, if we pick the right situation to begin teaching based on our functional behavioral assessment we are often very successful in teaching students to ask for what they want. Their problem behaviors are in turn reduced.

Reducing Behavior Problems Hints

- Always include strategies for teaching more appropriate skills in any plan to reduce behavior problems.
- Do not rely simply on avoiding situations that lead to problem behavior.
- Be sure the communicative efforts of the student are understandable to others.

Moving Out into the Community

One of the biggest challenges to designing a plan to reduce behavior problems is to create a program that will work outside special settings and with untrained persons. We need plans that will not only work with specially trained teachers and family members at school and at home, but also with the cashier at fast food restaurants, a bus driver, or the stranger on the street. To be successful in the community means that we cannot simply rely on avoiding problem situations; instead, we must teach our students how to adjust and respond to settings that are often unpredictable.

The functional communication training we just described is an ideal way to help students adapt to the community. Thus, our project extends the work in the classroom by taking the students out into their community where we identify situations that may cause them to become upset and then teach them to ask for what they might want. Because the VOCAs can be programmed to clearly communicate the students' requests, they provide a good way to bridge the communication gap between the child who is deaf-blind and the rest of the world.

Reducing Behavior Problems with Functional Communication Training is a three-year granted project from the U.S. Department of Education, Office of Special Education Programs, Model Demonstration Projects in Deafblindness, Grant Number H025D60008. The contents of this article do not necessarily reflect the opinions of the U.S. Department of Education.



NTAC Area Updates

The National Technical Assistance Consortium for Children and Young Adults who are Deaf-Blind (NTAC) provides technical assistance to families and agencies serving children and young adults who are deaf-blind. NTAC's purpose is to assist states in improving the quality of services for deaf-blind individuals (birth to age 28) and to increase the numbers of children, young adults, their families, and their service providers who benefit from these services. Assistance is available to each of the 50 states and the U.S. territories and jurisdictions. Services are provided by technical assistance specialists located in four different areas of the U.S. Below are some examples from each area of current activities in which NTAC is involved.

Area 1

Hawaii and the Pacific Basin Jurisdictions - The Pacific Basin and Hawaii Deaf-Blind Projects recently worked together, in collaboration with NTAC, to present a workshop called "Communication for students who are Deaf-Blind or Multihandicapped" to teams of educators from Hawaii and several jurisdictions in the Pacific. The two deaf-blind projects, NTAC, and the workshop consultant, Terry Rafalowski-Welch, also provided ongoing support to the teams after the workshop ended to ensure implementation of the training.

New Mexico - The New Mexico Deaf-Blind Project, with the help of in-state consultants, is currently adapting training materials into an Internet course to be offered through New Mexico State University. The course, which uses the "Hand in Hand" materials published by the American Foundation for the Blind and the theories and practices of Jan van Dijk, has been presented in a traditional classroom format to local school districts and other agencies across the state for the past two years. The new web-based course will be available to all students enrolled at the university.

Utah - Beginning in the fall of 1999, Corry Hill, a Utah parent and the Family Support Specialist for the Utah Dual Sensory Impairment Project, will facilitate discussions with other family members in the state about important practices for deaf-blind individuals and how to implement those practices for Utah's children and young adults. The discussions will focus on a list of the 10 most important practices in the areas of communication, behavior, and instructional strategies that were developed by family members at the NTAC/NFADB National Parent Workshop held in July 1998.

Area 2

Iowa, Kansas, Missouri, and Nebraska - Several states in Area 2 have begun using a training model called "State and Local Team Partnership Training." This model, developed by the HKNC-TAC (Helen Keller National Center - Technical Assistance Center) Project, focuses on training teams to facilitate successful transitions from school to adult life for youth who are deaf-blind. Each state has adapted the model to fit its own unique needs. Iowa is training in-state trainers to provide ongoing support to teams within the state. Kansas and Nebraska are training teams by using a case-study approach centered around specific youth who are deaf-blind. Missouri is setting up employment teams that focus solely on placing youths who are deaf-blind in appropriate jobs that match their interests and abilities. The NTAC Technical Assistance Specialists in Area 2 and the directors of each of the state deaf-blind projects are providing follow-up support to teams through onsite consultation and training, sharing of resource information, and frequent telephone and e-mail contact.

Area 3

Florida - Florida has also developed a unique approach to the State and Local Team Partnership Model by forming a transdisciplinary state team called the Florida Network on Deaf-Blindness. The team meets regularly to provide support to local transition teams that work with individual students who are deaf-blind. Through collaborative efforts with local school districts, the Florida Outreach Project on Deaf-Blindness, NTAC, and adult services personnel, these teams are implementing best practices for transition and creating positive outcomes for students who are deaf-blind and their families. Another organization currently being established in Florida is the Family Network on Deaf-Blindness which will strive to raise awareness about issues and needs regarding deaf-blindness, and work with

the state and local partnership teams to enhance transition services in the state.

Area 4

New Jersey - Several groups are working together to strengthen parent-to-parent activities in New Jersey that will provide support and empowerment for parents and advocacy on behalf of children and young adults who are deaf-blind. These organizations include the New Jersey Technical Assistance Project, NTAC, Prism Organization, Inc. (the current state parent organization), and the New Jersey Commission for the Blind and Visually Impaired. In March 1999, 15 families will meet for a weekend retreat to determine the needs of parents of children who are deaf-blind, evaluate Prism's current value and mission statements, learn about existing state and national resources, and determine next steps.

Rhode Island - In September 1998, Rhode Island held its first-ever statewide conference on deaf-blindness called "Keeping In Touch: A Statewide Conference on the Needs of Individuals with Combined Hearing & Vision Loss." The conference was supported by numerous agencies including L.I.F.E., Inc. (Living In Fulfilling Environments), NTAC, Rhode Island Services to Children with Dual Sensory Impairments, and the Helen Keller National Center. The conference was well attended by service providers from across the state.

West Virginia - West Virginia is currently in its second year of a Model Sites Team Training Project, a collaborative effort between NTAC, the West Virginia Deaf-Blind Project, and the Kanawha County School District. Its purpose is to train teams who work with students who are deaf-blind to utilize effective educational practices. The projected outcome in years three and four of the project is to have the currently involved classrooms and programs serve as model sites for teachers and service providers in the state.

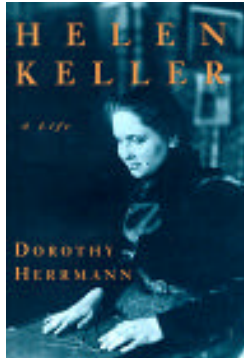
Delaware - NTAC and the Delaware Program for the Deaf-Blind, in collaboration with other state agencies, are in the process of field testing a community employment initiative for persons with severe disabilities, including deaf-blindness. The purpose of this research-based initiative is to identify barriers that prevent individuals access to working in the community and to develop strategies that lead to systems change. The findings of the field test will be documented in an executive summary outlining statewide policy and procedural issues, and recommendations for personnel training and outreach.

The following is from the Jan./Feb. 1999 issue of Ragged Edge magazine. Reprinted with permission.
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A Woman of Her Time—and Ours (Book Review)

Sally Rosenthal

Helen Keller: A Life by Dorothy Herrmann. New York: Knopf, 1998. Hardcover, 394 pages, \$30



I know who you are. You read Ragged Edge. You're disabled and hip, a cool crip. You expect your favorite crip magazine to be just as cool. So I know what you're thinking when you see that this issue's review is of a Helen Keller biography. Yet another one. Another able-bodied dissection or sanctification of the ultimate historical icon of feminine disability. Believe me, I know what you're thinking. At best, you want to turn the page; at worst, you're already contacting the subscription department to cancel further delivery. If there's one thing cool crips don't need in the 1990s, you figure, it's another look at Keller's life.

Oh, how wrong you are.

Another look—a radically different look—at arguably the most famous disabled woman of the twentieth century is just what you do need. And you will find it in *Helen Keller: A Life*, a fresh, riveting interpretation of Keller's life and work by Dorothy Herrmann.

Don't feel bad, though; I almost dismissed Herrmann's book, too, when I heard the promotion of it on my local National Public Radio station. Herrmann was scheduled to be interviewed about the new biography on an upcoming talk show. This particular listener, never a fan of other Keller biographies which seemed to paint her as a saint or hopelessly enmeshed in a symbiotic relationship with her teacher Annie Sullivan Macy, wasn't overly enthusiastic about a new book. Recalling all the childhood "inspirational" accounts I had read of Keller's life

(as well as the occasional adult memoirs), I wrote off Herrmann's new work before the talk show began.

Oh, how wrong I was.

Dorothy Herrmann, a biographer who did not describe herself as disabled (leading me to assume she was nondisabled—and the book information on her gave me no information to the contrary), surprised me with her insightful, new slant on Helen Keller—who emerged from Herrmann's interview as more of a mover and shaker than a plaster saint. The woman Herrmann described was a staunch supporter of labor unions, the Soviet revolution and her fellow disabled comrades in arms—certainly not the heroic figure of grade-school library books who "triumphed" over her disability. Herrmann, I began to suspect as I listened to the interview, just might be on to something.

What ultimately won me over, however, was the manner in which the author spoke of Helen Keller in connection with other disabled people, disabled women in particular. The Keller she wrote about was a woman with her own deaf-blind reality, a reality Herrmann reported was just as valid as any nondisabled reality. Without denying the very real limitations of Keller's life, Herrmann was able to bring her subject to life as a passionate, vital woman, albeit one whose life might always remain somewhat of an enigma. Herrmann's astute observations and articulation of them changed my mind about her subject. No longer a shadowy disabled saint, Helen Keller became both my foremother and sister.

I picked up Herrmann's book a day later on a visit to my local bookstore. And I was not disappointed. *Helen Keller: A Life* turned out to be just as fascinating as the radio interview.

As with any biography, the basic historical facts are there: Keller's birth in 1880 in a small Alabama town, her deaf-blindness before the age of two due to a still-debated cause, the arrival of a half-blind, poverty-stricken Annie Sullivan a few years later—and, the rest, as the saying goes, is history. What amazed and intrigued me as a disabled woman, however, were the aspects of Keller's life that had never quite made it into previous accounts.

As Herrmann points out, the Helen Keller with whom most people are familiar is a stereotypical sexless paragon who was able to overcome deaf-blindness and work tirelessly to promote charities and organizations associated with other blind and deaf-blind individuals.

A recent traveling photographic exhibition sponsored by the American Foundation for the Blind, an organization for which Keller spent much of the lat-

ter part of her life working, did nothing to dispel this common public legend (nor does the literature distributed by the AFB and other associations with whom her name and image are closely linked). Missing are the very things that those of us with disabilities would find interesting and empowering, aspects of Keller which would serve to make her a truly real and believable woman.

But Herrmann makes those missing details an important part of her book. Keller, a woman of staunch, radical convictions, supported many causes of her day. A believer in the universality of all people, Keller publicly espoused socialism, communism, radical labor unions and strikes, and spoke out against US entry into World War I. Not content to stop there, Keller managed to draw the conclusion that people of her day with disabilities were also part of the oppressed masses—and as deserving of dignity and liberation as other oppressed groups. Not exactly the stuff of which plaster saints are made—especially one who, in later life, was presented by her close circle of companions (and the organizations who benefitted from her endorsement) as a triumphant, cheerful (read: “almost normal”) woman.

Keller, Dorothy Herrmann concludes, might well have been a willing accomplice in the remaking of her image. Dependent both on her companions for all daily care and communication with the outside world and with the organizations for financial support, Keller might have had no other option than to downplay the beliefs that would have made her far more human than an able-bodied public wanted.

Another event in the younger Keller’s life might also, Herrmann suspects, have caused her to become more publicly compliant. Although she and a young socialist had fallen in love and applied for a marriage license, her hopes were dashed by a complicated set of circumstances—the family’s disapproval, Annie Sullivan’s fear of usurpation, and, possibly, the potential groom’s second thoughts. The Keller who longed for sexual fulfillment and the married life expected for most women of her time rarely appears in other accounts, making Herrmann’s biography the most complete and complex we have.

Complex? Yes. Admittedly, *Helen Keller: A Life* is a new look at an old subject, but the fact remains that very subject herself remains complex. Because of her very real severe disability and the historical context in which she found herself, Keller will always, to some extent, remain an enigma. Herrmann’s book does much to credit Keller with striving to carve out a personal and public image for herself, no small feat for any woman of her time. The controversies sur-

rounding her relationships with Annie Sullivan Macy, her other companions, her charitable organizations and a public both drawn to and repelled by her remain at the end of Herrmann’s book.

Perhaps the task of any first-rate biographer is to ask more questions than to provide concrete conclusions. No life, especially one as singular as Helen Keller’s, can be neatly parceled. Thanks to Dorothy Herrmann, however, it has emerged, thirty years after Keller’s death, as a life of much more than stereotype and legend.



Graduate Programs That Offer Opportunities In Deaf-Blind Education

Peggy Malloy

A number of universities in the United States offer graduate programs for training teachers to work with children who are deaf-blind. The following programs either offer degrees in deaf-blindness or have significant course content related to deaf-blindness incorporated within other degree programs. The descriptions below were compiled from information submitted by each program. Contact each program directly, for more information.

Vision Impairments-Deafblind Program

UAB School of Education
 Education Building
 University of Alabama at Birmingham
 Birmingham, AL 35294

Contact:

Dr. Mary Jean Sanspree
 (205) 934-3440
 Alabama Relay (800) 251-5325 (TTY)
 msanspree@icare.opt.uab.edu

The University of Alabama awards a master’s degree or graduate certification in teaching students who have visual impairments. Deafblind studies are embedded throughout all subject areas. Practical experience involves clinical hours in public schools as well as optional placements, so that students receive teaching experience in a wide spectrum of class-

rooms. All students have individual programs designed to address their strengths and needs. Most coursework is presented during the summer and on weekends. An average of 12 students are enrolled each year. UAB also has a program in Iowa. Scholarships are available.

Teacher Preparation in Severe & Multiple Disabilities

Department of Special Education, Rehabilitation, and School Psychology
 College of Education
 University of Arizona
 Tucson, AZ 85721

Contact:

Dr. Stephanie MacFarland, Coordinator
 Dr. John Umbreit, Director
 (520) 621-5165
 (520) 621-7822 (TTY)
 szm@u.arizona.edu

The University of Arizona offers a master's degree and certification in teaching students with severe and multiple disabilities. It includes course content related to teaching children who are deaf-blind, including the importance of assessing and developing communication systems and programs. A functional and inclusive approach to teaching individuals with severe and multiple disabilities is emphasized. Opportunities are available to pursue areas of concentration in specific subjects such as deaf-blindness, autism, and school-to-work transition. Twenty-five students are currently enrolled. Scholarships are available for full-time students.

Preparing Teachers to Educate Students with Severe and Multiple Disabilities from Diverse Cultures

California State University, Northridge
 18111 Nordoff St.
 Northridge, CA 91330-8265

Contact:

Dr. June Downing, Associate Professor
 (818) 677-5261
 (818) 677-2577 (TTY)
 june.downing@csun.edu

The program at California State University, Northridge, leads to a Master of Arts degree in special education with an emphasis on severe and multiple disabilities and a certificate in deaf-blindness. Inclusive educational practices are stressed as well as working with students from a variety of diverse

cultures. Approximately 15 students are enrolled in the program, which has a stipend of \$6,000 per year as well as other benefits, such as monetary support for attending professional conferences.

Boston College Teacher Preparation in Deafblindness

School of Education, Campion Hall
 Chestnut Hill, MA 02167

Contacts:

Dr. Barbara McLetchie
 (617) 552-8431
 mcletchie@bc.edu

Dr. Richard Jackson
 (617) 552-8429
 jacksonr@bc.edu

Boston College has operated a program preparing teachers at the master's level to work with learners who are deafblind for over 30 years. Students may choose an area of speciality such as early intervention, serving adolescents, or working with families. Varied educational practicum settings are required. Out-of-state as well as local experiences are encouraged. Scholarships are available. Fifteen students are currently enrolled in the program.

Michigan State University Master's Program in Deafblind Education

Counseling, Educational Psychology and Special Education Department
 331 Erickson Hall
 East Lansing, MI 48824

Contact:

Dr. Susan Bruce, Coordinator
 (517) 355-1871
 alonsol@pilot.msu.edu

Students enrolled in the Special Education Master's Program in Deafblind Education, at Michigan State University complete the requirements of either the Deaf Education Program or the Visual Impairment Program in addition to the Deafblind Program requirements. The importance of communication, language, and orientation and mobility to the quality of life of individuals who are deafblind is emphasized. A deafblind-specific methods course is required, as well as a semester of intern teaching. Thirty-three students are currently enrolled in the Visual Impairment Program and approximately one-third of these are going on to specialize in the

Deafblind Program. Scholarships and graduate assistanceships are available.

Hunter College of the City University of New York
Hunter College School of Education
Department of Special Education
695 Park Avenue
New York, NY 10021

Contact:

Dr. Rosanne K. Silberman
(212) 772-4740
rsilberm@shiva.hunter.cuny.edu

Hunter College offers a Master of Science Degree in Special Education with a specialization in Severe/Multiple Disabilities Including Deafblindness. The program is designed to prepare teachers to provide instruction to learners with severe disabilities, including those with deafblindness in specialized and inclusive settings. Emphasis is on collaboration between special education and general education to prepare students to improve the quality of learning and increase educational opportunities and standards for all learners. Tuition waivers and stipends are available. Thirty students are currently enrolled in the program.

San Diego State University Preparation of Teachers to Educate Children Who Are Deaf-blind
Department of Communicative Disorders, SDSU
5500 Campanile Drive
San Diego, CA 92182-1518

Contact:

Dr. Kathee Christensen, Coordinator
(619) 594-6137 (V/TTY)
kchrste@mail.sdsu.edu

The Department of Communication Disorders at San Diego State University has a graduate-level teacher preparation program which leads to the Education Specialist Credential: Deaf and Hard-of-Hearing with an optional specialization in deaf-blindness. The program combines a Master of Arts degree with the California credential. Information regarding deaf-blindness and the education of deaf children with special needs is infused across the curriculum. The specialization in deaf-blindness includes additional field work, special studies, and practicum with learners who are deaf-blind. Six students are currently enrolled in the program. Stipends for tuition and other expenses are available for qualified students.

Texas Tech University College of Education Master & Doctoral Degree Programs

Box 41071
Lubbock, TX 79409-1071

Contact:

Dr. Roseanna Davidson, Coordinator
(806) 742-2334
tdavi@ttacs.ttu.edu

Texas Tech University has had federal and private grants to train teachers since 1989. A full master's degree is offered, which can be completed in 1.5 years for the full-time student. A doctorate in education with a major in deafblindness is also available. Students are certified as teachers of the severely handicapped, and may also earn a vision credential with additional coursework. Part-time enrollment is possible. Practicum placement is possible in many sites nationally. Stipends are offered for tuition and expenses. Ten to twelve students are typically enrolled annually.

We encourage you to copy and share information from *Deaf-Blind Perspectives*, but please provide appropriate citations.

Correction

In the Winter 1998-99 issue of *Deaf-Blind Perspectives*, author Ronald Malcom was incorrectly identified as an associate professor at the University of Nevada at Las Vegas. His correct title is part-time instructor. (Ed)



For Your Library

All Kids Count: Including Students with Disabilities in Statewide Assessment Programs

Landau, Julia, J.D.; Vohs, Janet R., B.A.; Romano, Carolyn A., J.D. Boston, MA: Federation for Children with Special Needs, 1998.

Provides information about policies and practices related to inclusion of students with disabilities in large-scale assessments. Includes information on individual state policies and practices based on a survey by Parents Engaged in Education Reform (PEER) as well as an analysis of the survey results. Cost is \$20.00. Order from: PEER Project, Federation for Children with Special Needs, Voice: (617) 236-7210. Fax: (617) 572-2094. E-mail: peer@fcsn.org

The Educator's Guide to Feeding Children with Disabilities

Lowman, Diane, Koontz, Ed.D.; Murphy, Suzanne McKeever, M.Ed., CCC-SLP. Baltimore, MD: Paul H. Brookes Publishing Co., 1999.

Provides educators with specific information to design and implement comprehensive feeding plans for children with disabilities. Includes a chapter on feeding issues common to children with sensory disabilities, including children who are deaf-blind. Available from Brookes Publishing Co., (800) 638-3775.

Free Appropriate Public Education: The Law and Children with Disabilities

Turnbull, H. Rutherford III; Turnbull, Ann P. Denver, CO: Love Publishing Company, 1998.

This book covers the six principles of the Individuals with Disabilities Education Act (IDEA), as most recently enacted in 1997. These principles are zero reject (including discipline), nondiscriminatory

evaluation, appropriate education (including positive behavioral support), least restrictive environment, due process (including mediation), and parent participation. Also includes pre-1997 provisions of IDEA for comparison to the amended law.

Making Friends: The Influences of Culture and Development

Meyer, Luanna H., Ph.D. (Ed.); Park, Hyun-Sook, Ph.D. (Ed.); Grenot-Scheyer, Marquita, Ph.D. (Ed.); Schwartz, Ilene S., Ph.D. (Ed.); Harry, Beth, Ph.D. (Ed.) Baltimore, MD: Paul H. Brookes Publishing Co., 1998.

Focusing on issues of disability, cultural diversity, and combinations of the two, the 22 articles in this book explore the process of how children make, keep, and end friendships from childhood to early adulthood. Experienced teachers and professionals offer advice on creating positive atmospheres, supporting friendships, teaching respect, and improving behaviors. One article discusses the support of social relationships for students who are deaf-blind. Available from Brookes Publishing Co., (800) 638-3775.

Making it Happen: Student Involvement in Education Planning, Decision Making, and Instruction

Wehmeyer, Michael L.; Sands, Deanna J. Baltimore, MD: Paul H. Brookes Publishing Co., 1998.

The IDEA mandates students' participation in their education planning process. This text provides information on programs, strategies, procedures, and materials that promote students' involvement in transition planning, IEP development, and other aspects of education planning. Available from Brookes Publishing Co., (800) 638-3775.

Mosby's Resource Guide to Children with Disabilities and Chronic Illness

Wallace, Helen M., MD, MPH (Ed.) et al. St. Louis, MO: Mosby, 1996.

This book provides an overview of the different needs of children with disabilities and chronic illnesses, those of their families, and the array of services created to meet those needs. A significant portion of the book is devoted to describing services needed by children with special needs including information on the scope, objectives, skill and preparation of personnel. Designed for service providers

with a strong bias toward interdisciplinary service delivery, parents, students, new team members or advocates will also find useful information here. To order, contact Mosby at (800) 426-4545.

Out-of-Sync Child: Recognizing and Coping with Sensory Integration Dysfunction

Kranowitz, Carol Stock. New York, NY: Skylight Press, 1998.

Offers comprehensive, easily understood information on sensory integration dysfunction including identifying symptoms, characteristics and associated problems. Also includes criteria and guidance for diagnosis and treatment, and suggestions for families and teachers. Specifically recommended by parents of children with CHARGE Association. May be ordered by calling (800) 788-6262, or by visiting <http://www.penguinputnam.com>.

Pediatric Visual Diagnosis Fact Sheets

Blind Babies Foundation. San Francisco, CA: 1998.

This collection of fact sheets provides information on the most commonly encountered eye conditions among pediatric patients in the United States. These include: cortical visual impairment, retinopathy of prematurity, optic nerve hypoplasia, albinism, optic nerve atrophy, and retinal diseases. A seventh fact sheet addresses diagnostic tests and materials frequently used with young children. Sets or individual sheets may be ordered from Blind Babies Foundation, (415) 771-5464, Blind Children's Center, (800) 222-3566 or Hilton Perkins Program, (617) 972-7220.

Health Information Websites

The following information is adapted with permission from a conference presentation entitled Internet Prescription for Health Information, presented at Online Northwest '99, Portland, Oregon, February 12, 1999, by Dolores Judkins, MLS, Coordinator, Consumer Health Resources, and Librarian/Web Manager for Center for Women's Health, Oregon Health Sciences University. The entire presentation outline is available on the web at <http://www.ohsu.edu/women/judkinsd/consumer.htm>.

There is a wide variety of health information on the web, and unlike printed materials such as books and magazines, much of the information does not go through any kind of editorial or filtering process before it is placed there. Anyone who wants to can put anything they want on the web, so it is up to the user to evaluate the information.

When searching the web for information, the reader should look at each document with the following criteria in mind:

- Authority: who is the author, what are the author's qualifications?
- Currency: how recently has the information been updated?
- Objectivity: what is the reason for the page; is it to sell a product or is it purely informational?

A good way to search for health information on the web is to go to established web pages that have gathered good information. The following websites are particularly easy to use to search for health information.

General Websites

Achoo

<http://www.achoo.com>

Achoo's objective is to "catalog, index, describe, and rate the mountain of healthcare information on the Net." There are both searching and browsing functions.

Dr. Koop's Community

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

A project of Empower Health, a company led by Dr. C. Everett Koop. It includes health information, message boards, chat rooms, and a newsletter.

HealthAtoZ: the Search Engine for Health and Medicine

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

A list of sites that are cataloged by medical professionals, their vision is to be the “starting point for all your health and medical searches on the Information Superhighway.”

Healthfinder

<http://www.healthfinder.gov>

A “gateway consumer health information web site” produced by the U.S. Dept. of Health and Human Services. It includes information from the federal government, state and local agencies, not for profit organizations, and universities. Much of it is full text. It also includes links to organizations.

Mayo Clinic Health Oasis

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

Directed by a team of Mayo Clinic physicians, scientists, writers, and educators, this site is updated daily.

MEDLINEplus

<http://medlineplus.nlm.nih.gov/medlineplus/>

A new resource produced at the National Library of Medicine. It contains a carefully selected list of resources on a growing number of health topics and includes links to organizations, clearinghouses, and MEDLINE (a database listing journal articles in medicine, nursing, and related fields).

NOAH (New York Online Access to Health)

<http://www.noah.cuny.edu>

Produced jointly by the New York Academy of Medicine and the New York Public Library. It is one of the few resources with Spanish language material.

OnHealth: Resources

<http://www.onhealth.com/ch1/resource/>

Includes links to Drug Database, Conditions A-Z, Alternative Practices, Herbal Index and a personal health tracker.

Government Agency Websites

Centers for Disease Control

<http://www.cdc.gov/>

Includes the full text of publications such as Morbidity and Mortality Weekly Report, as well as travelers’ health information and data and statistics. It also has links to state health departments.

CHID: Combined Health Information Database

<http://chid.nih.gov>

CHID is a database produced by health-related agencies of the Federal Government. It provides titles, abstracts, and availability information for health information and health education resources in 18 different subject areas including: Deafness and Communication Disorders, Maternal and Child Health, and Medical Genetics and Rare Disorders.

Department of Health and Human Services

<http://www.os.dhhs.gov>

This page includes considerable consumer health information, as well as the Catalog of Federal Domestic Assistance Programs.

Food and Drug Administration

<http://www.fda.gov/>

Includes information on human and animal drugs, cosmetics, foods, toxicology, medical devices and radiological health and inspections and imports. It has information about current topics, including new drugs, new therapies (e.g. aromatherapy), and guidelines for drugs/cosmetics/foods. It includes the FDA Drug Approvals List and selected documents are in French, Spanish and Russian

National Institutes of Health

<http://www.nih.gov>

Includes links to the individual institutes and offices, health information such as MEDLINE, CancerNet and AIDS related information, and grants and contracts.

National Library of Medicine

<http://www.nlm.nih.gov>

This site includes information about NLM and other NIH services, research and development activities such as the Visible Human, almost 60,000 images

from the Images from the History of Medicine service, the NLM online catalog, and MEDLINE.

National Center for Biotechnology Information

<http://www.ncbi.nlm.nih.gov>

This site has information on genetics and includes a number of databases including GenBank, a gene sequence database, and OMIM: Online Mendelian Inheritance in Man.

If you are unable to locate information on a particular health topic using any of the above sources, you may want to try searching for information using a more general web search tool. For links to these tools as well as additional websites in the areas of medicine, disability, education, deaf-blindness, and more, see the DB-LINK website. DB-LINK information specialists are also available to help you find the information you need.

DB-LINK
(800) 438-9376
(800) 854-7013 TTY
www.tr.wou.edu/dblink
dblink@tr.wou.edu

Announcements

Camp Abilities: A Developmental Sports Camp for Children Who Are Blind and Deafblind

Lauren Lieberman
SUNY Brockport
Department of Physical Education
Brockport, NY 14420
Ph. (716) 395-5361
Fax (716) 395-2771
llieberm@brockport.edu

Camp Abilities is a week long residential summer camp held at State University of New York at Brockport. The Summer 1999 session is from July 7th to July 13th. The camp serves blind and deaf-blind children from age 8 to 18. Activities include: track and field, swimming, goal ball, beep baseball, tandem cycling, gymnastics, canoeing, judo, archery, bowling, dancing, camping and horseback riding. The camp is totally accessible for children who are deaf-blind. Early registration is encouraged.

HKNC Summer Seminar for High School Students Who Are Exploring Future Vocational and Educational Opportunities

Sue Ruzenski
Helen Keller National Center
111 Middle Neck Road
Sands Point, NY 11050-1299
Ph. (516) 944-8900 x272
Fax (516) 944-8637

The Helen Keller National Center is offering a two-week seminar, August 9-20, 1999 to deaf-blind junior and senior high school students interested in learning about vocational rehabilitation services while meeting new friends. Information and training will be offered regarding supports and services available to teens and young adults who are deaf-blind which will assist in gaining employment. Participants will also have opportunities to learn ways to do some problem-solving and self-advocacy to promote a positive college experience. Tuition: \$300 per week. Room and board: \$250 per week. Class size is limited to 6-8 participants.

Active Learning Conference

Patti Elsperman
Evansville Association for the Blind
500 Second Ave.
P.O. Box 6445
Evansville, IN 47719-0445
Ph. (812) 422-1181
Fax (812) 424-3154
Eabcdc@evansville.net

Dr. Lilli Nielsen, internationally known for her work with disabled children, will speak at a conference sponsored by the Evansville Association for the Blind, held at the Radisson Hotel in Evansville, Indiana. Two sessions will be offered, an introductory course scheduled for June 21-23, and an advanced course scheduled for June 28-30, 1999. The registration fee is \$100.00 for each course. The seminars are of interest to parents as well as professionals who interact with children displaying various disabilities including blindness, autism, hearing impairment, and mental retardation. Dr Nielsen will lecture and provide slides, videos, and demonstrations to show care givers how to interact with special needs children using her innovative techniques. She will also work with individual families. Contact Patti Elsperman for more information.



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 Fax: (503) 838-8150, E-mail: dbp@wou.edu

0599

All issues of Deaf-Blind Perspectives are available on the Internet at www.tr.wou.edu/tr/dbp

Deaf-Blind Perspectives is a free publication, published three times a year by the Teaching Research Division of Western Oregon University. The positions expressed in this newsletter are those of the author(s) and do not necessarily reflect the position of the Teaching Research Division or the U.S. Department of Education. DB-LINK and NTAC contribute staff and resources for content, editing, and publication.

Deaf-Blind Perspectives
 Teaching Research Division
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 345 N. Monmouth Ave.
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