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**Between Best Practice & Reality,
How We All Learn *With Mark Campano***

The ND Dual Sensory Project and National Consortium for Deaf-Blindness were pleased to have Mark Campano, State Coordinator for the Delaware Program for children with Deaf-Blindness, present in Fargo on September, 21, 2009, at the Country Inn & Suites in Fargo, ND. About 30 professionals from ND and MN attended this one-day training focused on learning styles with communication, and how to apply them to kids with complex needs including Deaf-Blindness. Mr. Campano focused on how the brain looks at experience, interpretation, anticipation, belief, perception, and action. We must also learn to incorporate “wait time” into

each communicative opportunity so children can process what is happening, what it means to me, what I want to do about it, and how do I get my body to do that.

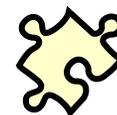
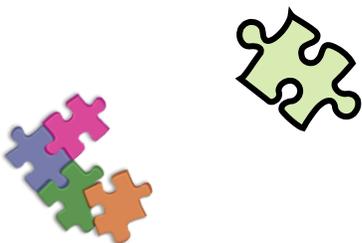


“Kindness is the language which the Deaf can hear and the Blind can see”

~Mark Twain~



A division of the North Dakota
Department of Public Instruction
Dr. Wayne G. Sanstead
State Superintendent



Between Best Practice & Reality, How We All Learn Continued

Many video clips were shared to demonstrate these critical concepts.

Another point shared referred to the importance of active learning: Studies show that over a period of three days, the retention of learning is as follows: 10% of what we read, 20% of what we hear, 30% of what we see, 50% of what we see & hear, 70% of what we talk about, and 90% of what we say as we do it. In addition the group looked at how the factors of cognition, experience, environment, & personality interplay in the art of learning.

Ethically, we must look at the factors of Reality + Best Practices in our teaching of children. Information was shared regarding a workbook to be utilized by educational and/or medical teams to gather and analyze information on a student's likes/dislikes, preferred sensory channel, concrete routines, repeated opportunities in their schedule, and carryover into the home or residential setting.



Over the next two days, observation and on-site coaching was provided by Mr. Campano for two students who are Deaf-Blind and attend the Anne Carlsen Center in Jamestown. The student's educational staff attended the training in Fargo, and then as a team met to complete the workbook on communication. This information will then be incorporated into the student's routines and Individual Education Plan (IEP). Additional follow-up and discussion will be provided over the next couple of months through the use of polycom and a private wiki site.



2009 National Association for Parents of Children with Visual Impairments

by Karalee Maclver, Parent

Cory, Kaylyn, and I were able to attend the 2009 NAPVI (National Association for Parents of Children with Visual Impairments) in Costa Mesa, California. What an exciting event! We were able to network with other families from all over the world. We listened to several inspirational keynote speakers with varying degrees of visual impairment occurring at different times in their lives. As adults, they are able to send a message about the important role parents play in the lives of visually impaired children. By instilling the character traits of perseverance, independence, and ambition in our children, we are preparing them for the world and the many adventures of life.

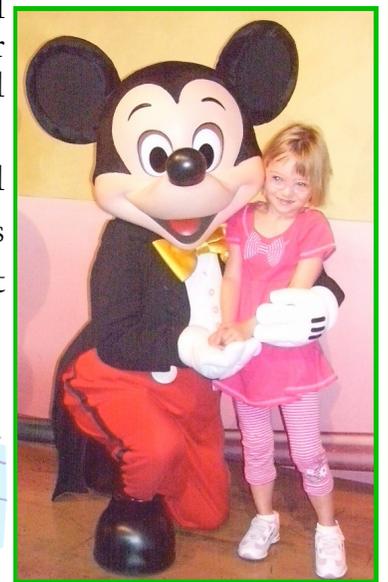
We were also able to attend many informative break-out sessions covering a variety of topics including: the latest in technology, simulations of your child's visual condition, cooking in the kitchen, behavioral issues, dealing with multiple disabilities, deaf/blind topics, preparing your child for life beyond your home, etc. As a teacher and a parent, I enjoyed learning more about the technology available for VI children and ways to foster independence in children.

There were many, many exciting activities planned for children of all ages. Kaylyn had a wonderful time! Kaylyn loved going to "school". The younger children enjoyed playtime, music and art programs, dancing, an aquarium traveling touch tank, and a visit from puppies in training to work with children with disabilities. The older children competed in paralympic events off-site and also attended evening social events.

The family outing is always a highlight of the conference. This year, all families traveled by bus to the movie theatre to watch the movie, UP, with audio enhancement. Each VI child was given a headset as they entered the theatre. During the movie, audio descriptions of each scene were given along with the dialogue. It was an awesome experience!

Of course, we couldn't fly all the way to California without a visit to Disneyland and the beach. It was an experience that Kaylyn will treasure forever! We have made many life-long friends. Kaylyn was also able to meet other children and young adults with visual impairments. We hope these new found relationships will continue for years to come! If you ever have the opportunity to attend this national conference, it will change your life!

Thanks you so much to the ND Dual Sensory Project and the ND School for the Blind/Vision Services Foundation for their financial contributions towards our family trip to California for the 2009 NAPVI Conference. It was a rewarding and inspirational trip!! We all had a blast!



Transition to What?

by Maureen McGowan, Helen Keller National Center

Transition has been a buzz word for many years in the education system. There are Transition meetings, Transition Specialists, Transition Camps, and a over abundance of written material on the subject. A quick review of what Transition” means for Deaf-Blind students is always a good idea for teachers, students and family members. The process of transition can be so simple, but not so simple to implement and follow through with.



Transition (simply put), is the plan that is in place to assist students in identifying and obtaining their dreams/goals for the future based on their likes and dislikes. For many of our Deaf-Blind children the future is closer then we think and it can be scary for teachers and parents alike. What will happen to my Deaf-Blind child once they reach the magic age of 21? Where are the services and programs? How do they qualify for these services and what is my responsibility for evaluating these programs?

Some ideas for service providers have been mentioned before, but here is a quick list that might be helpful;

- ★ Begin today, documenting the child’s likes, dislikes and preferences
- ★ List the various ways the child communicates (behavior, gestures, simple signs)
- ★ Who are the important support people in the child’s life and what do they provide? Respite care, communication instruction, medical needs, etc.
- ★ Video tape your child while they are eating, playing, communicating and completing a task
- ★ Become familiar with the “alphabet soup acronyms” that are used in the adult services system. There are national, state and local programs that may be useful to you and your child.

Once your child is out of the school system, the supports may not be available in your home town, so it’s imperative to plan ahead and research what is available, where. Some programs may have a waiting list before your child can be eligible. Others may be limited in their services, for example; they provide day work programs but no housing, or provide housing options but no community services. Some programs will have 24 hour medical staff on duty, others do not. Obviously, there is a lot to learn, but piece by piece, the puzzle can be solved.

To assist with the transition process, the Deaf-Blind child should have a team of support people in place by at least age 16. (But if you don’t have that team in place, starting today and making some calls will start the ball rolling!)

One of the calls you can make to receive some assistance with this process is to the Regional

Transition to What? Continued

Office of the Helen Keller National Center, located in Denver.

Transition is a natural process in life for all of us, and if we can view it that way, and not be afraid of the future, good things may come of it!

Maureen McGowan
Regional Representative
Helen Keller National Center
303-934-9037
Maureen.McGowan@hknc.org



Future Services Plan Related to NDSD

By Carmen Grove Suminski

Effective July 1, 2009, I was assigned a dual role at the ND Vision Services/School for the Blind and the ND School for the Deaf. My weeks are spent at both sites and vary from week to week. I am currently living on the School for the Deaf campus. I appreciate the support and professionalism of staff, students, and parents at both entities plus that of the staff of the Department of Public Instruction. I continue to learn every day and appreciate the opportunity.

The following is a Press Release sent to inform the public of the upcoming Future Services Plan relating to NDSD.

“By legislative action, the North Dakota School for the Deaf (NDSD) will be developing a Future Services Plan to meet the needs of persons who are deaf and hard of hearing who reside in North Dakota. As part of that planning process, a Future Services Plan Transition Team has been appointed by the Department of Public Instruction State Superintendent Wayne Sanstead to develop consensus based recommendations for such services.

The Future Services Plan Transition Team is comprised of NDSD parents, staff, and alumni, legislators, local education, vocational rehabilitation and university personnel plus community members.

The initial Transition Team meeting will be held at the ND Heritage Center, on the Capitol grounds in Bismarck on Thursday, October 29, from 9:00 a.m. to 4:00 p.m. Future meetings will be held monthly at the Comfort Suites, Bismarck, through May, 2010. The public is welcome to attend, and there will be time for public comment prior to the close of each Transition Team meeting.

The primary goal is to develop a plan to provide comprehensive services for all persons who are deaf and hard of hearing in North Dakota.

For information, please refer to the North Dakota School for the Deaf website www.nd.gov/ndsd or contact NDSD Superintendent, Carmen Grove Suminski at csuminsk@nd.gov and 701-665-4410.”

This upcoming season brings much thankfulness and joy as we anticipate “fun-filled” times with family, friends and co-workers. Wishing You All a Most Happy Holiday!

ANTIFEEDBACK HEARING AIDS

BY MATTHEW FRISK, AUDIOLOGIST

We all have heard the complaints before... "my hearing aid whistles!" or "you're whistling!" which can be embarrassing and frustrating. For parents of a child which hearing aids, the whistling can be a distraction. The good news is that due to recent improvements in digital hearing aids, there are now special computer chips that reduce and in some cases eliminate whistling also known as feedback. Acoustic feedback occurs when some of the amplified sound leaks from the ear canal and is picked up by the hearing aid microphone and then re-amplified. This starts the cycle of leakage and re-amplification (the "feedback loop") that results in the squeal we know as "acoustic feedback."

The most common fix for acoustic feedback is to decrease the sound or increase the acoustic seal in the ear canal. This is often performed by remaking the earmold to fit tighter. For some hearing-impaired people, particularly those with moderate or moderate-to-severe hearing losses, this may take care of the problem. However, there is a limit to the amount of sound isolation that any earmold can provide even with the tightest mold and given enough amplification, sound is going to leak from the ear canal and will start the feedback cycle.

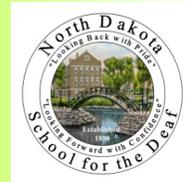
Individuals with severe profound hearing losses often are unable to achieve the desired amplification targets because of the occurrence of acoustic feedback, no matter how well fit the earmold. To minimize feedback, they will often reduce the gain level of their hearing aids, yet squealing may still occur when they move their jaw when talking, chewing or when something is placed next to the hearing aid such as using the telephone, putting on a hat or giving someone a hug. These people require an effective solution to their feedback problem that entails more than simply making tighter earmolds.

In some cases, the hearing loss is not that poor and it is necessary to use a "vent" in the earmold to manage sound and make the fitting more comfortable. This vent helps reduce the users own voice as it can sound "hollow" or "booming," as if they're talking in a barrel. This is due to the acoustic phenomenon known as the "occlusion effect." It occurs when an earmold completely fills the outer portion of the ear canal. What this does is trap the amplified, bone-conducted sound vibrations of a person's own voice in the space between the tip of the earmold and the eardrum. Instead of exiting through the ear canal into the environment as would normally occur, the sound is instead reflected back toward the eardrum, thus increasing the loudness perception of a talker's own voice. This is unpleasant to the user as well as can cause a sense of pressure or blockage when an earmold is inserted. Other fitting techniques such as inserting the earmold deeper into the

ND Dual Sensory Project
Technical Assistance Team

ND School for the Deaf

Carol Lybeck => Devils Lake
Linda Ehlers => Fargo
Position Open => Grand Forks
Tami Iszler => Bismarck
Nicole Swartwout => Minot

**ND Vision Services****School for the Blind**

Dianne Giessinger => Minot
Linda Kraft => Fargo
Lanna Slaby => Jamestown
Cindy Williams => Devils Lake
Mary Verlinde => Bismarck
Katrina Wendel => Grand Forks
Ken Dockter => Grand Forks
Paul Olson => Grand Forks
Pat Hill => Grand Forks
Deb Johnsen => Grand Forks
Candy Lien => Grand Forks
Diane Mihulka => Grand Forks
Tracy Wicken => Grand Forks



Technical assistance request forms are located at
www.nd.gov/deafblind/
or call 1-800-421-1181

ANTIFEEDBACK HEARING AIDS CONTINUED

canal can help reduce the occlusion effect, but this often brings on a whole new set of discomfort problems.

To help avoid the occlusion effect a larger vent can be used. Increased venting can permit sound leakage and thus cause further acoustic feedback. The larger the vent, the more the occlusion effect can be reduced, and this is positive. But the larger the vent, the greater the susceptibility to acoustic feedback, and this is bad.

The problem with traditional and older amplification is that the hearing aid specialist will attempt to provide maximum comfort with venting and will try to avoid entering the realms of feedback. In some cases, this is impossible and the only solution is to reduce amplification and not provide enough sound to meet the prescribed settings. On the other hand, meeting prescribed settings but having feedback is not a successful fit either and it comes down to working with the lesser of two evils. Clinicians (and their clients) often find themselves trying to achieve a workable balance - between a tolerable occlusion effect and a minimally acceptable pattern of amplification. That is, until recently.

Digital hearing aid technology has now allowed clinicians to approach the goal of reaching our amplification goals (or targets) without the limitations imposed by acoustic feedback. The first electronic Feedback Cancellation (FBC) Systems produced in 2003 worked by reducing the degree of amplification at the feedback frequencies. This was similar to the clinician manually reducing gain. In some cases, the hearing would "notch out" the offending frequency by markedly reducing the gain around that point. While both of these methods somewhat "fixed" the feedback issued, it did not dramatically improve meeting targets and ultimately improve hearing sensitivity.

Newer generation technology allows FBC circuits to continually monitor the output of the hearing aid to determine whether some portion of the amplified signal contains elements that have the acoustic characteristics of acoustic feedback. When it does, the feedback circuit first determines the frequency, amplitude, and phase of the feedback component and then generates signals of opposite phase that will cancel or dramatically reduce feedback. Since acoustic feedback is often a complex signal (like a tone with a series of harmonics), the cancellation process requires a complex solution, since more than one frequency is involved. This has to be done very quickly and has to be done adaptively. This occurs when the characteristics of acoustic feedback often change such as chewing, talking, moving your hand in front of the hearing aid, etc. The FBC system must continually generate solutions to the changing feedback frequencies.

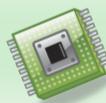
As a clinician, I can attest that the new FBC systems do indeed help eliminate the problems of feedback. Feedback used to be the number two complaint of hearing aids, (number one is hearing in background noise). Now, we hardly run into problems with feedback with the hearing aids. One consequence of having the FBC systems work so well is that patients often check their battery by placing their hand over the hearing aid to make it "whistle". The old hearing aids would whistle indicating a working battery. With the new FBC hearing aids, there is no whistle and patients think that their battery isn't good because "it didn't whistle". This no doubt can be fixed with counseling and directing patients to their owners manual regarding the low battery indicator.

Antifeedback circuits have undergone a significant change through their development. The first circuits were marginal at best. However, their significant improvement has opened up a completely

ANTIFEEDBACK HEARING AIDS CONTINUED

new realm of “open fitting” hearing aids and has allowed clinicians the ability to fit hearing aids more appropriately. The outcome is, more satisfied users, and less complaints of “you’re whistling!”

Matthew Frisk, Audiologist
 Hearing Solutions Inc.
 2700 12th Avenue S, Suite D
 Fargo, ND 58103
 (701) 232-2438



Did You Know?



- ★ 80-95% of information that we receive about the world in which we live comes through our vision and hearing.
- ★ Deaf-Blind doesn't mean totally deaf and totally blind. Most children on our census have some use of hearing and vision.
- ★ We work with agencies and a variety of programs across the state to identify students with dual sensory loss (Deaf-Blind).

- ★ Every state has a Deaf-Blind Project funded by the Office of Special Education Programs in Washington, DC making it possible for these projects to offer **FREE** services. We utilize staff from the ND Vision Services/School for the Blind and ND School for the Deaf for technical assistance.
- ★ We currently have 42 children from birth through age 21 on the ND Deaf-Blind Census.
- ★ Complications of prematurity is the leading cause for Deaf-Blindness in ND.

HOMESCHOOLING



If you or a friend's family are homeschooling your children, you might be interested in this: <http://www.homeschool-rewards.com/>. The site discusses the pros and cons of homeschooling, curricula, fundraising ideas; it also has a blog site. You can register on their secure site to receive the "Homeschool Rewards newsletter". These other websites give information about homeschooling children with disabilities:

<http://maaja/tripod.com/>

<http://www.familyvillage.wisc.edu/education/homeschooling.html>

<http://www.bellaonline.com/articles/art45894.asp>

<http://www.kidscanlearn.net/>



RESOURCES

AIM—Assessment Intervention Matrix, Wolf-Schein, Enid G.; Schein, Jerome D. Coconut Creek, Florida: Three Bridge Publishers. (2009)
 The Assessment Intervention Matrix (AIM) is a curriculum used to teach individuals with significant communication or sensory impairments (including those with severe auditory and visual problems or autism) to develop communication and daily-living skills in realistic, meaningful contexts, at school and at home. It is designed to bridge the gap between assessment and intervention through a process of continuous assessment, structured, intensive intervention, and reassessment, and can be tailored to the needs of pupils with a wide variety of abilities and deficits. AIM is divided into 2 parts addressing 7 skill areas. Part 1: drinking, eating, dressing, and toileting. Part 2: personal care, housekeeping, and food preparation. This CD-ROM contains an updated version of AIM, which was previously released in 1995 and 2002. The CD contains separate pdf files of the AIM sections and their associated assessment and curriculum forms. Cost: \$34.95 (includes priority mailing). Available from Three Bridge Publishers, 1703 Andros Isle Suite J-2, Coconut Creek, FL 33066. Phone: 954-978-1368. Fax: 954-968-3970. E-mail: scheinej@aol.com.



Parent Resource Centers through NDSU Extension Service has many classes to offer on parenting and parenting issues.



Fargo: Angela Berge, Parenting Resources Coordinator, NDSU Extension Service/Cass County 1010 2nd Ave S, PO Box 2806, Fargo, ND 58108-2806; 701-241-5700 or angela.berge@ndsu.edu

Minot: Holly Arnold, Parent Resource Coordinator, 1020 N Broadway, Minot, ND 58703; 701-838-1812 or holly.arnold@ndsu.edu

Dickinson: West Dakota Parent & Family Resource Center, 701-456-0007

Williston: Deb Roel, Coordinator, 110 W Broadway Ste 202, Williston, ND 58801; 701-774-6335 or prc@nd.gov

Devils Lake: Patti Kerlin, Coordinator, Jigsaw Junction, 115 5th Ave NE, Devils Lake, ND 58301; 701-662-7529 or blomqu@stellarnet.com

Grand Forks: Judith Konerza, Coordinator, 3351 17th Ave S, Grand Forks, ND 58201; 701-787-4216 or jkonerza@gfschools.org

Jamestown/Valley City: Amy Tichy, Coordinator, 230 4th St NW #204, Valley City, ND 58072; 701-845-6652 or 701-845-8528; amy.j.techy@ndsu.edu

Bismarck/Mandan: Kathleen Schmaltz, NDSU Extension Agent, Human Dev & Family Science/Parenting Resources Coordinator, 210 2dn Ave NW, Mandan, ND 58854; 701-667-3342 or kathleen.schmaltz@ndsu.edu

OUR TEAM

Our team is here to serve families and professionals of individuals who are Deaf-Blind, birth through age 21. Please get in touch with us if you have questions, or feel we could be of assistance!

HOW TO ACCESS OUR SERVICES:

ND Dual Sensory Project	North Dakota School for the Deaf	ND Vision Services/School for the Blind
Sherri Nelson, Project Coordinator	Outreach teachers 701-665-4400	Outreach teachers 701-795-2700
701-795-2730 or 800-421-1181	or 800-887-2980	or 800-421-1181

**Accent Your Life! Music Therapy with Children
who have Multiple Disabilities**

By Natasha Thomas

On October 7th, 2009, a bronze statue depicting a young Helen Keller, her face lit in recognition as her teacher Annie Sullivan spelled “W-A-T-E-R” on her hand, was unveiled at the US Capitol. To commemorate this momentous occasion, students from the Alabama Institute for the Deaf and Blind sang a medley of patriotic songs. As I read this information on the CNN Newsfeed, I couldn’t help but wonder just how many people across the country were reading it as well and asking themselves how these children learned to sing. As a music therapist who has worked with both the Deaf and Blind populations, even I am still amazed from time to time at the powerful potential of the human will to accomplish anything it sets its mind to, but here is the honest truth: music is a medium that transcends all of our senses. We think of it as a primarily auditory animal, and, yes, it helps to be able to hear it, but think back to the last concert you attended. Sound has an overwhelming capacity to be felt physically – the simplest beat of a drum can reverberate in your chest with profound force, especially when pumped through a sound system into a stadium full of people! Watching music being made is also an experience in itself. Following which instruments are playing when, depending on the speed of play, can be more exciting than a tennis match! Playing an instrument requires a very specific set of motor skills, and no one can deny that even singing requires a great deal of concentration and breath to coordinate. But, above all, music moves us to the very core of our human emotions. It is thus a multi-sensory medium and powerful tool ripe for wielding by board certified music therapists around the world.

Music therapy is an allied health profession which uses elements of music to improve, increase, and maintain development, cognition, social skills, and sensory integration. “Board Certified” therapists must have a Bachelors degree in music therapy from an accredited university, culminating with a 1040 hour Internship in Music Therapy. The University of North Dakota, my alma mater, is one of about seventy accredited colleges in the United States offering this degree path. Following graduation, candidates must past a 2 hour Board Certification Exam in order to earn the title of “Music Therapist, Board Certified,” or “MT-BC.” Music therapists are educated in areas of psychology, sociology, anatomy, and of course music, among other specializations available for study. After earning a degree and board certification, MTs are required to maintain their credentials by acquiring continuing education

Dual Sensory Advisory

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ND Vision Services Supt, &
ND School f/t Deaf Supt
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- Jody Neva**
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Deaf Outreach

Accent Your Life! Music Therapy with Children who have Multiple Disabilities Continued

credits at conferences and workshops around the country. In many ways, music therapists are no different than the physical, occupational, or speech therapists you may see working with your children, we simply use a different medium to achieve some of the same goals.

Ways in which Music Therapists may use music to address client needs may include: singing activities to establish proper speech and language patterns, playing and moving to music for the development of motor skills, and guided listening or the use of props (like puppets and scarves) to improve sensory integration issues. Music can also serve as a motivator for appropriate social behaviors, e.g., turn taking and appropriate self expression. By learning to wait their turn to play an instrument, or asking nicely to trade instruments with a peer, children are able to practice the skills necessary for them to function in society in a non-threatening, fun, and engaging environment. This is music therapy's greatest strength: a means for reaching and motivating children who may not be thriving otherwise.

There are many resources for families and organizations to learn more about music therapy and locate therapists in their area. The American Music Therapy Association (AMTA) website – www.musictherapy.org – contains links to a wealth of information on MT and related subjects. Local resources include Therese Costes and Andrew Knight, both faculty for UND's Music Therapy program, and Emily Wangen (advertised here previously) who travels to serve children in the Grand Forks' Altru Health System, Public Schools, and private clients in homes across North Dakota, including Fargo and Valley City. I also work in the Grand Forks Public Schools, but my work with North Dakota Vision Services/ School for the Blind allows me to travel further to those students qualifying for state services. Currently, those stops include Minot, Jamestown, and Wahpeton. I also serve a variety of private clients across the state (including Bismarck), though my practice, Accent Life Music Therapy Services. For those living in the Grand Forks area, free sessions are currently being offered for elementary aged children at the LISTEN Drop-In Center on Wednesday nights from 5:00 to 5:30pm. We are working with Infant Development to start a Pre-school group, so if you are at all interested, I can be reached for more information on these and other services at natasha.mtbc@gmail.com or (218) 791-4220.

Music Therapy is a tremendous tool that families and organizations across the state are using to promote the achievement of their children's physical, sensory, social, and academic needs, enabling them to lead richer, fuller, lives. If ever you find yourself wondering whether music could really work for your child, consider the story of Evelyn Glennie, world renowned Scottish percussionist. Profoundly deaf by the age of twelve, Glennie now gives over 100 performances a year around the world on drums, xylophone, and a host of other world instruments. Widely characterized for playing barefoot, Evelyn is also known for leaving one other article of hers offstage when she performs: *her hearing aids*. "Hearing is a form of touch," she says, "I hear [music] through the body, by opening myself up... There's sound everywhere—we just have to listen."



Literacy for Your Child

Below you will find a checklist reprinted from the National Institute for Literacy's *Literacy Begins at Home: Teach Them to Read* publication found on their Website, <http://www.nifl.gov/nifl/publications.html>.



Checklist for Parents of Toddlers



Here are some ways you can help your child “get ready to read” at the ages of two and three:

- ★ I read with my child every day, even if it's only for a few minutes. 
- ★ I encourage my child to bring his favorite books to me so that we can read together.
- ★ I point to pictures, name them out loud and encourage my child to point to pictures while we read.
- ★ I watch to see if my child sometimes makes eye contact with me when I read aloud. That tells me she is paying attention to me and the story.
- ★ I talk with my child throughout the day about things we are doing and things that are happening around us.
- ★ I try to be patient when my child wants to read the same book over and over again.
- ★ I encourage my child to “play” with books—pick them up, flip them from front to back and turn the pages.
- ★ Sometimes I listen when my child “pretends” to read a book—he holds the book, goes from page to page and says words, even though they're not the words on the page.
- ★ I give my child paper and crayons so she can scribble, make pictures and pretend to write.

ANNOUNCEMENT

A statue of 7-year old Helen Keller was unveiled on Wednesday, October 7, 2009 in Alabama. “It is the first in the National Statuary Hall Collection depicting a person with a disability and the only one of a child.” (AP) To learn more and watch a video by going to: <http://www.wkrg.com/420503>. Or take a look at the photographs at: <http://Photos.al.com/birmingham-news>.



UPCOMING EVENTS

- ★ FVND is happy to announce **The FVND University**. We now have 2 online workshops. Our first online course is in becoming a mentor support parent to other parents through our ND Parent to Parent Program... We are very excited about offering online workshops to families and providers. The second is Learning to be a Health Advocate. <http://fvnd.myicourse.com/>
- ★ **Supporting Language and Communication for Individuals with Autism-** December 4, 2009 8:30 am - 3 pm at INNOVIS HEALTH – Innovations Room 3000 32nd Avenue South Fargo, ND 58103 This workshop is open to teachers, therapists, parents and anyone involved in the care of individuals with autism. I am very excited to be able to bring this opportunity to families in North Dakota. Please feel free to share this information with anyone who may be interested. Space is limited for the workshop and it is on a first come first serve basis. People may register for the workshop online and here is a direct link: <http://www.dynavotech.com/training/onlocation/details.aspx?id=1066> Contact: karen.fowler@dynavotech.com, 218-340-6554 Karen is North Dakota's new communication device consultant for Dynavox
- ★ **2009 OSEP National Early Childhood Conference, December 7-9,2009.** Where: Arlington, VA. For more information, visit <http://www.nectac.org/~meetings/national2009/splash.html>.
- ★ **Working with Autism: An Inside View Presenter:** Bev Harp **Date:** January 6, 2010 **Site:** Comfort Inn, Bismarck **Time:** 9 a.m. – Noon 1 p.m. – 4 p.m. **Registration Fee:** \$75.00 – submit to MSU **Contact:** Cheryl Rystedt Minot State University/NDCPD 500 University Avenue West, Box 36 Minot, ND 58707 cheryl.rystedt@minotstateu.edu 1-800-233-1737
- ★ **Living Real Lives: Tools for Self-Direction By:** Kathie Snow **Date:** January 12, 2010 **Time:** 1 p.m. – 4 p.m. **Fee:** \$30.00 per site – submit to MSU **Contact Cheryl Rystedt,** Minot State University/NDCPD, 500 University Avenue West, Box 36, Minot, ND 58707 cheryl.rystedt@minotstateu.edu 1-800-233-1737
- ★ **ND CEC Convention, January 28-30, 2010** at Seven Seas, Mandan. For more information go to <http://www.ndcec.k12.nd.us>
- ★ **Save the Date 7th Annual Assistive Technology Expo-Ramada Plaza Suites, Fargo, ND April 15, 2010 Website:** www.atexpo.org **Contact:** Daphne Meyers at 1-877-760-2939 or email daphne@atexpo.org
- ★ **Save the Date-The Pathfinder Parent Involvement Conference** is scheduled for May 6, 7, and 8th, 2010 at the Grand International Inn, Minot ND.
- ★ The next location was announced for the 2011 CHARGE Syndrome International conference (their 10th year!) by President Neal Stanger. They will be heading down to sunny Orlando, Florida, July 28-31, 2011. The venue for the conference is the Rosen Shingel Creek Hotel. The conference chair for 2011 is Janet Murray. For more information watch the website: <http://www.chargesyndrome.org>



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Dual Sensory Project

