



# North Dakota Dual Sensory Project D-B Informer

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## The Number 3

By: Lanna Slaby,

Teacher of the Visually Impaired, Jamestown



Alex, Ryder & Gage

When you think about the number 3, we can conjure up lots of sayings or ideas that go with this number. Three wishes, three bears, three musketeers, third times a charm are a few that come to mind. Heroes and heroines are often offered three choices or three tests. And three is a sacred number in many religions. Well in Jamestown, North Dakota, these three students gathered together for a group picture. Doesn't seem like too big of a deal but when you consider the

uniqueness of these three students, it is a big deal. All three students have CHARGE syndrome, a condition that occurs in about 1 in every 9,000-10,000 births. And when you look at the birth rate of the local hospital, around 360 births a year, it is even more remarkable that these three students live in such close proximity to each other.

CHARGE syndrome is a genetic based syndrome caused by a single gene, most often CHD7 on the 8th chromosome. This gene was first identified in 2004 and prior to that, a CHARGE diagnosis was based upon a clinical diagnosis. According to the CHARGE Foundation website, only about 2/3 of people with CHARGE have a positive gene test. Therefore, the diagnosis of CHARGE syndrome is still clinical, based upon the physical features seen in the child.

A division of the North Dakota  
Department of Public Instruction  
Kirsten Baesler



For these three students, the statistic of 2 out of 3 holds true. Ryder was diagnosed with CHARGE based upon genetic testing that was started shortly after her birth and confirmed before she left the hospital at the age of 6 weeks. CHARGE was suspected early on for Gage but not confirmed through genetic testing until he was 18 months old. Alexis' diagnosis was a clinical diagnosis in part due to the gene wasn't identified until 2004 and she was already 6 years old. A doctor in Fargo, ND diagnosed Alexis based upon her physical features at the age of 2. Alexis will soon be undergoing genetic testing next month.

As part of CHARGE, each child can be impacted differently from the major and minor features of CHARGE and this holds true to for these three students too. The letters in CHARGE stand for a feature or characteristic of CHARGE: Coloboma of the eye, Hear defects, Atresia of the choanae, Retardation of growth and/or development, Genital and/or urinary abnormalities, and Ear abnormalities and deafness. These features are no longer used in making the diagnosis but rather the major and minor features of CHARGE are used in the clinical diagnosis.

Of the 4 major features, Ryder, Gage and Alexis all have colobomas with Ryder's colobomas affecting her vision to the degree that she is learning both Braille and print. The location of Gage's and Alexis' colobomas do not seem to impact their functional vision to the degree of Ryder's.

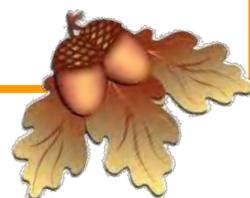
All three students have or had the choanal atresia or stenosis, the 2<sup>nd</sup> major feature of CHARGE. The choanae are the passages that go from the back of the nose to the throat. They can be narrow (stenosis) or blocked (atresia). Ryder and Alexis had the choanal atresia and both have had 2<sup>nd</sup> surgeries on this area in the past two years. Gage has the stenosis or narrowing of his nasal airway.

The third major feature, cranial nerve abnormalities, can affect the nerves, I, VII, and IX/X. Gage does have a diagnosed abnormality of the cranial nerve VII. Ryder and Alexis' medical background do not report this.

The fourth major features involving the ears, is one all three of them have in common. Gage and Alexis both have cochlear implants and Ryder wears bilateral hearing aids. Gage also has a hearing aid for his one ear as the cochlea in that ear is deformed and specialists couldn't guarantee that an implant would benefit him in that ear.

All three of them have some of the minor characteristics of CHARGE. These are significant in making the diagnosis of CHARGE but other syndromes can carry these characteristics too so these are less specific to CHARGE. To name a few of the minor characteristics: heart, growth deficiency, kidney abnormalities, CHARGE behaviors, and genital abnormalities.

And the fifth major feature, which their families, therapists, and teachers can attest to, is their insurmountable amount of determination and their endless river of love and joy, they bring to those around them. These students deal with more than just their hearing and vision loss such as balance issues, complex medical health issues, and as David Brown, an expert in CHARGE, told Ryder's family when he met her at the age of less than 2, "She is going to be her own worst enemy!" As an outsider, it looks like these students are doing well but on the inside, they are dealing daily with the challenges of a faulty sensory system, that requires large amounts of energy and concentration to function at their current level.



# Thank you ND Dual Sensory Project!

Linda Kraft, Teacher of the Visually Impaired, NDVS/SB



I have always felt that I have the best job in the world. In my career as a teacher of the visually impaired, I have been fortunate to work with THE BEST children and their families. One of my main goals when working with children having vision loss and additional disabilities is to find activities that are both motivating and rewarding, because motivation will push the child to meet his or her goals while having fun! The ND Dual Sensory Project has provided the technical assistants in North Dakota with training opportunities and resources that support that goal. I would like to share a story about how important those resources are to me.



This story is about a simple, red, desk bell that I recently acquired from the ND Dual Sensory Project. Actually, the bell is part of a set of eight bells, but the red bell is special. You see, children who have cortical visual impairments are often attracted to the color red and sometimes will look at red objects, when they might not look at objects of any other color. Recently I brought the red desk bell along when doing a CVI evaluation. The child was

finished with his evaluation and I just wanted him to have a little fun at the end of our visit. I set that red bell on R's tray and lightly touched it, so we could hear that soft "ping". R immediately alerted, visually searched his tray for the source of that sweet sound, and aimed his arm at the bell. He was a little off target, so after repositioned his arm, he hit it squarely on top! "PING!" Success! Once he had made contact, he repeated the process over and over again, each time with a little more gusto! You might think this sounds like a small achievement, but for this child to be so motivated, he figured out how to move his body, so that he was able to strike the bell, it was magic!

Thank you to the ND Dual Sensory Project for providing me with opportunity to make this and many other children's lives a little more fun by offering me this wonderful equipment. (R thanks you too!)



Dear DB Informer,

**Ryder Schlafman-Hieb here!**



I'm writing to thank the ND Dual Sensory Project for their generous scholarship that made it possible for my family and me to attend the 2015 International CHARGE Syndrome Conference. This year it was held in Schaumburg, Illinois, which is right outside of Chicago. This conference is a special time for kids and families affected by CHARGE Syndrome to get together. Here, families can swap stories and compare notes. I was just excited to see all my friends again!

Before the conference began, my family and I went down a few days early to enjoy some vacation time together. We made the long drive over two days, and thankfully Grandma kept the iPad fully charged! Once we got to Illinois, we enjoyed a fun day at the Navy Pier in Chicago. We strolled along and saw some huge ships and Lake Michigan. We also went to the Children's Museum. There I dug for dinosaur bones, and uncovered an entire *Suchomimus* skeleton! After that I saved the city from a blazing fire! I dressed in my very own firefighter uniform, drove the fire truck, and used the fire hose to put out the fire. All in a day's work! The next day, I got to ride the train into the city to see the animals at the Lincoln Park zoo. I love animals! We saw all kinds of animals from all over the world! I saw some sea lions, camels, kangaroos, and lions to name a few. We also had to have some deep dish pizza while in Chicago, and boy was that delicious! I love pizza!



After that, things were underway with the conference. I was so glad to see my old friends, like Sammy and Stephanie; but also to make new friends, like Chloe. While the grown ups went to their classes, I got to go to camp with my friends. Each day at camp there was something new and fun to do. There was a petting zoo one day, a magician the next, even a local fire truck came! The magician called me on stage to help him with a trick! One of my favorite things was building a tool box with my Papa Jerry. I had to hammer in the nails myself! In addition to all the fun at camp, we also got together for fun things at night. One night, there was an American Idol contest, there were people singing, playing instruments, and my friend Chip did his karate moves in front of the whole audience! How brave! We also had the CHARGE Carnival. They had games to play, and even a dance floor with a DJ playing all the best hits. That night, I also presented a donation to the board president on behalf of my grandma and her co-workers at First Community Credit Union. They raised money for the CHARGE Syndrome Foundation, and it made me feel great to present that to them!

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In closing, I wanted to tell you how grateful my family and I am for the ND Dual Sensory Project's assistance in helping us attend the conference. There is so much that is still unknown when it comes to CHARGE Syndrome; and it's really important to be able to attend these conferences. Here we have the opportunity to get great advice from people who have been in a similar situation, and to stay up to date on the latest research. But also, we're able to give advice and hope to the parents and families of the younger kids who have been through so much in such a short time. It wouldn't have been possible without your generosity!

Thanks a million!

Ryder Schlafman-Hieb



Ryder with Grandma & Grandpa and her Aunt

## Article by Kaylee Schlafman--mother to Ryder

Chicago CHARGE Conference was one of the most amazing experiences for us as a family. Ryder loved spending time with the other kids. She also really enjoyed all of the activities that they did during camp. I personally thought one of the best activities was when they brought in a petting zoo for the kids. I learned a lot more of the details that are involved in CHARGE Syndrome. When your child is born with CHARGE they always seem to prepare you for the worst, and overload you with information. Having this experience at the CHARGE conference shows you how much these individuals CAN DO! They are all so happy and determined to overcome all of their challenges. A very good example is when you watch all of the kids in the talent show. They were so proud to show what they could do and they really did do a great job! At first, the conference was a bit overwhelming. There were a lot more people than I was expecting and so much information was available.

Something that I would like to share with others who were not able to attend is that it really is beneficial to go to the conference. There are so many resources available to you. Also the people you meet understand what you are going through and they may even be able to give you some advice based upon their own experiences. Plus you are able to spend time one-on-one with professionals who work with CHARGE everyday. I also wanted to say thank you to the Foundation for helping us go to Chicago. We really did learn a lot and seeing all of those wonderful people in one place was super reassuring as parents of an individual with CHARGE. It helps to show you that everything does work out and these kids are going to go places in their lives. I can't wait for the next conference. Thanks again!

I'm the proud mother of an 11 year old daughter named Kaylyn. Kaylyn was born sixteen weeks premature weighing 1 lb. 9 oz. After a 122 day hospital stay, we were able to bring our sweet daughter home. When in the NICU, Kaylyn developed Stage 4 ROP (retinopathy of prematurity) in both eyes and suffered a mild to moderate hearing loss in both ears. Kaylyn was fitted for hearing aids a few days shy of her seven month birthday. She wore her first pair of glasses at ten months. We were blessed with fabulous early intervention specialist and special needs preschool staff. When Kaylyn began Kindergarten, we noticed a change in her hearing. She was also losing hearing in both ears, more rapidly in her left than her right. She was fitted with a stronger pair of hearing aids and that seemed to be the solution.

Two and a half years ago, we noticed another change in her hearing. At that time, we were referred to another audiologist, Jerica Maxson, who had experience with cochlear implants. Cochlear implants were something we had never considered for Kaylyn because she had some residual hearing. All the education we had up to that point, told us that she would not be a candidate because of that. Jerrica explained to us that she though Kaylyn would benefit greatly from a cochlear implant in her left ear. After learning more about what cochlear implant surgery would entail, we decided that it would be a good choice for Kaylyn.

We were referred to the University of Minnesota Clinic for evaluations with the cochlear implant team. The assessments compiled by the team there shocked us. There were many concerns about Kaylyn's speech development and production that were not even aware of. The audiologist we visited with there suggested waiting on the cochlear implant and trying higher powered heard aid for a few months and re-testing at that point. She had concerns with the need for a cochlear implants due to the amount of residual hearing Kaylyn still had and didn't want to push a surgery that might not be necessary. As parents, we were devastated. After learning more about cochlear implants, we felt this was the best option for Kaylyn to gain confidence, independence, and help with peer interactions. However, we were thankful that she was honest and gave us an option that we could try.

We came back to Minot and met with Jerrica again. Jerrica asked us how we were feeling about things. She said that, if we were interested, she would refer us on to the Mayo Clinic for a second opinion. We decided that it couldn't hurt! Off we traveled to Rochester to meet with the cochlear implant team there. A whole new round of assessments brought about a whole different recommendation. This teams recommendation was a cochlear implant for her left ear and higher powered hearing aid for her right ear. After lots of debate and lots of prayer, we decided to go ahead with the cochlear implant. Kaylyn was scheduled for surgery right after Christmas and activation in February of 2013. Kaylyn's cochlear implant was activated on February 12, 2013. The minute she was turned on was very stressful. She crawled over to me and hung on to my leg while they adjusted volume at different frequencies. We spent a quiet evening at the hotel the night after activation so Kaylyn could adjust to new information being processed by her brain. She enjoyed the quiet but did decide to venture out to Olive Garden for supper as that is one of her favorite places to eat. Luckily, it was a weeknight and not too busy while we were out. Not much seemed to phase her the first night. The following morning, we stopped at Subway to eat breakfast before checking in with our team and heading home. I pushed the button for the ice on the soda machine and Kaylyn looked up. She said, "Mom, what was that?" To which I replied, "the ice machine". "Do you want to push the button?" She did and also pushed the button for the soda. She was totally amazed by what she was hearing. I believe these are sounds she heard before, but they were just noise to her. Her cochlear implant processed the noise and made a connection that there was something making that specific noise. **It was priceless!**



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It has been a tough road for Kaylyn. Two and a half years later, she still does not LOVE her cochlear implant. She knows that it helps her hear better, especially at school and with friends. Her surgery wiped out the residual hearing that she had left in her left ear and that has been a hard adjustment for her. She didn't have a lot of residual hearing, but she relied on what she had. She usually spends the first hour of her day at home relaxing with just her hearing aid in her ear. Her hearing aid is part of her just like any body part. She finds comfort in her ear mold being nestled in her ear. She has some social struggles as well. She does not like to go swimming at all anymore unless ne of us can be sixth her. She doesn't like to wear her cochlear implant in the water. I am not sure if its because of the sound or because she has never worn her hearing devices in the water. She is also more hesitant about spending time with friends away from home as she may have to take her CI out and would not be able to hear a thing.

We are at a point where she would probably benefit from another cochlear implant in her right ear but, as parents, feel she needs to be the one to decide that is what she wants. This has been a HUGE adjustment for her and it has taken time for her to get used to hearing in a different way. We are AMAZED at the difference when she is wearing just her CI compared to just her hearing aid.

The decisions that we make as parents are never as easy as we would like. There are many things, looking back, that we would have done differently. Kaylyn was probably old enough to be are part of the decision making a the time we made the decision and we regret not including her in that. However, I think we all feel that it was the right choice for her.

We are blessed to have wonderful CI wearing adults that we have made connections with in Minot that are a support to us and Kaylyn. We are also surrounded by caring professionals who are always willing to listen and help us in any way they can. Please know that there is support out there.

By: Kara MacIver



# ACTIVE LEARNING TRAINING IN NORTH DAKOTA

By Sherri Nelson, Director of ND Dual Sensory Project

Over 50 professionals and a few parents and grandparents participated in the ACTIVE LEARNING workshop held in Fargo on August 13 & 14, 2015 at the Dakota Medical Foundation building. Patty Obrzut from the Penrickton Center for Blind Children in Detroit, Michigan, presented for two full days on Active Learning. This approach emphasizes that when given an opportunity to learn from one's own active exploration and examination of the environment, the child will achieve skills that become part of his/her behavior pattern. These skills then become his/her natural response to interaction with others and give them a level of control over fulfilling their own needs. Progressing from higher levels of interaction, the child reacts positively to instruction and learning. The child initiates his/her responses to the environment and learns directly from these actions.

Given the opportunity, ANY child can learn!! Active Learning was developed over 25 years ago by Dr. Lilli Nielsen, Danish Psychologist, that focused on establishing motivating learning environments for children with complex needs. Dr. Nielsen was an internationally recognized specialist in the education of children who are blind, autistic or had complex needs. She was an outstanding speaker and author of several books and articles, in addition she lectured in several countries around the world. Many ND teachers had the opportunity to hear Dr. Nielsen speak years ago.



Patty Obrzut received permission from Dr. Nielsen in 2002 to educate and train others, and is recognized in North America as a premier educator of the Active Learning Theory. Ms. Obrzut talked about the differences between passive learning vs. active learning. She also shared many of the tools and equipment that are utilized for implementing Active Learning into the home, school or therapy room including the Little Room, the resonance board, and the HOPSA-dress.

On day two, the Five Phases of Educational Treatment were discussed along with the identification of the emotional and intellectual levels of the child. The Functional Schema assessment tool was introduced along with many rich and appropriate strategies for an Active Learning Curriculum. Tables of adaptive toys and equipment were available for participants to examine and manipulate

Continued on Page 9, 10 & 11

Since the Active Learning workshop, many of the toys and equipment utilized by Ms. Obrzut have been purchased through the Dual Sensory Project. The Project purchased a full size Little Room and all of Dr. Nielsen's books and videos. There were 13 professionals who received one credit for professional development from the University of ND by attending the workshop and also continuing education from RID for interpreters who attended.

This training had significant impact on the professionals and parents who attended! A big THANK YOU to Ms. Obrzut for coming to North Dakota!



**KNOWLEDGE IS  
LOVE AND LIGHT  
AND VISION.**

**HELEN KELLER**





“Alone we can do so little; together we can do so much.”  
Helen Keller

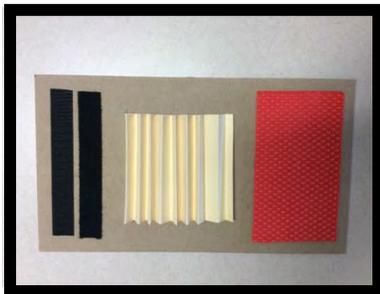


# “Active Learning Conference”

By Cindy Williams, Teacher of the VI, NDVS/SB

This past summer, I had the wonderful opportunity to attend a conference titled “Active Learning” through funding provided by the ND Dual Sensory Project. The conference took place August 13-14 in Fargo, ND and was presented by Patricia Obrzut, M.S., OTR/L of Penrickton Center for Blind Children in Detroit, Michigan. Active Learning is an approach that focuses on creating motivating learning opportunities and environments for children with vision impairment and/or multiple special needs. It was developed by Dr. Lilli Nielsen, a Danish psychologist. According to Dr. Lilli Nielsen, “The philosophy behind the approach of Active Learning is that, if given opportunity to learn from his own active exploration and examination, the child will achieve skills that become a part of his personality, and so are natural for him to use in interactions with others, and of fulfillment of his own needs, and will gradually let him react relevantly to instructions and education, in other words to be as independent as possible.”

Attending this conference provided me with many wonderful ideas on how to implement Active Learning and the strategies that go along with it. Some of the ideas that I look forward to using with the infants and students I work with include expanded use of the Little Room; creating a curriculum that is exciting to *them* so they will examine, explore, experiment and problem solve; and taking into consideration the emotional level of the child. I want my students to be active learners, not a passive participant.



One idea that I wanted to implement right away for a couple of my infant clients is what I am calling a “Scratch Board.” These boards were made out of items I had on hand. They are a very simplified version of Lilli’s “Scratch, Position and Grab (SPG) Board.” I was intrigued to hear Patty, the presenter, state the first thing a child will do with their hand is scratch. I guess I never really thought about it before in a simplified manner. I always thought of items like this (see photo) as a texture board. I now have a new term in my vocabulary “Scratch Board!” Dr. Nielsen states items such as her SPG Board are, “designed to fulfil a learner’s need for activity, while promoting increased fine motor development from a level of scratching, to a level of grasping and manipulation of objects.”



# We are ASTra Certified

North Dakota Hands & Voices became an ASTra certified chapter at the Pathfinder Parent Involvement Conference. Approximately twelve parents and professionals attended ASTra Level 1 training, while about ten individuals went on to participate in ASTra Level 2 Advocate training. Of those ten, five individuals applied to receive certification in ASTra Level 2 Advocate training, which will allow them to guide and assist ND Families through the educational process. The ND chapter anticipates that the advocates will have completed the training requirements by the beginning of June, 2015.



Family requests for assistance with advocacy will be considered once the program is fully implemented. Advocacy and support is not limited to, but may include, guidance with education programming and IEP preparation, understanding educational concepts like free and appropriate educations (FAPE), least restrictive environment (LRE), understanding the unique communication needs of children with hearing loss, and understand the impact of hearing loss on learning. If families are interested in consulting with ASTra Advocate regarding their child's educational programming, we would encourage families to contact our local chapter to begin to begin the process.



Article submitted by,  
Andy Strom, Hands & Voices Board Member,  
Parent of Ashden



“What works for your child is what makes the choice™”

# Greetings from your North Dakota PEPNET Team!!

By: Pam Smith, Adult Outreach Coordinator

North Dakota School for the Deaf/Resource Center for Deaf and Hard of Hearing

As you may already know, PEPNET (Postsecondary Educational Programs Network) is a federally funded nationwide project whose mission is to increase the educational, career, and lifetime choices available to individuals who are deaf or hard of hearing.

As an OSEP (Office of Special Education Programs) federal directive, each state has developed a team that works toward reducing barriers, building capacity, and effecting change, in order to improve postsecondary outcomes for individuals who are deaf or hard of hearing, including those with co-occurring disabilities.

Each state's team is required to have a representative from the field of deaf education/administration, a vocational rehabilitation administrator, a parent/guardian, and members from supporting agencies. *Teams from all US states and territories collaborate annually to share ideas.*

We have been busy working on our 2015 Team project, which is to create and present in-service presentations on hearing loss and student transition to various groups across the state of North Dakota. In addition, we decided that it was important to give the case managers of students who are deaf and hard of hearing resources and easy access to a contact person who can offer support to them any time they have questions. We have been traveling across the state to hand-deliver resource portfolios to case managers. These resources have been very well received.

We will be meeting with the other 49 state teams in February, 2016 to develop sustainability plans for the work we have begun in North Dakota. We appreciate and welcome the new collaborative partners we have met throughout this wonderful opportunity!



# OPEN HANDS OPEN ACCESS (OHOA) MODULES

By Sherri Nelson, ND Dual Sensory Project

The Open Hands Open Access (OHOA) Intervener Learning Modules are a national resource designed to increase awareness, knowledge, and skills related to intervention for students who are deaf-blind and are being served in educational settings (ages 3 through 21). The development of the modules is in response to Recommendation 3 of the Recommendations to Improve Intervener Services (NCDB, 2012). Recommendation 3 is one of a set of recommendations intended to establish a strong national foundation for intervener training and workplace supports.

The module content was created by a diverse group of experts in the field of deaf-blindness including state and national deaf-blind project staff, parents of children who are deaf-blind, higher education faculty, teachers, educational interpreters, and interveners. Each includes a variety of accessible videos, photographs, slide presentations, and learning activities. The modules have been guided by an advisory committee, and reviewed by a variety of experts in deaf-blindness and the process of intervention, experts in module design, and field-test participants.

The first 18 modules are available for viewing. If you want to look at a description of each module, you can go to the NCDB website at [www.nationaldb.org/ohoa/modules](http://www.nationaldb.org/ohoa/modules).

The Dakotas Cohort: Trainings in Deaf-Blindness was developed by the Rose Moehring from the South Dakota Deaf-Blind Project and Sherri Nelson from the ND Dual Sensory Project, as a joint venture intended to address the training needs of paraprofessionals who work with students with combined vision and hearing loss. Teachers, parents, therapists, and interpreters are encouraged to participate in these FREE training modules facilitated by Project staff. The ultimate goal is to help students who are Deaf-Blind be successful in their educational and post-secondary endeavors by providing training to the professionals who work with them.

Starting in May, 2015, there were over 30 professionals who joined the Dakotas Cohort that ran from May - August, 2015, completing Modules 1-4 (Over 30 hours of training in Deaf-Blindness). By the end of August, 11 professionals completed all four modules (8 received 2 graduate credits from University of SD) and 7 completed at least one of the modules.

For the Dakotas Fall Cohort that started in August, there are 38 professionals working on Modules 1-4 and 8 professionals working on Modules 5-8. Professionals from the following areas are participating in the training modules: Bismarck, Belcourt, West Fargo, Jamestown, Fargo, Grand Forks, and Dickinson, North Dakota; Aberdeen, Rapid City, Eklton & Sioux Falls, South Dakota and one teacher from Laramie, Wyoming. There are 23 professionals taking these modules for graduate academic credit from the University of SD and a few receiving continuing education units from RID for interpreters. Another Dakotas Cohort will begin in January, 2016. If you are interested, please contact: Sherri Nelson, ND Dual Sensory Project. We would love to have you join our community of learners in Deaf-Blindness.

Read OHOA Modules Comments on Page 15



I recently participated in the taking of modules for the DB Project. These modules are packed with loads of information as it relates to this low incidence population of students receiving services in special education. The modules are easy to follow, show real hands-on taped lessons and make learning such specialized instruction fun and engaging!!! Many of the examples and lessons contained within the modules can be applied to working with other special education students as well! The modules all follow a similar format and build knowledge in digestible bites to assist with their understanding! I found it an easy, affordable way to attain graduate and continuing education credit for licensure. There are so few opportunities to find credit opportunities that apply to such a specific area. While the modules are aimed at training in becoming an intervener, they provide so much more, as anyone in the area of special education knows, it takes a TEAM for student achievement and success. I am currently working on the next set of modules and because they are offered online, you can work at your own pace, and be successful. I would encourage more people to partake in these modules. What an eye-opening experience!!!

**Midge Thompson, Teacher of the Visually Impaired  
West Elementary School  
615 N 25th St.  
Grand Forks, ND 58201**

I participated in the first four OHOA Modules over the summer, and it was a valuable experience for me. My experience with students who have dual-sensory loss is limited, but the learning activities and insights that the modules provided are useful for every educator, and I learned tools and methods that will make me a better educator for every student. I especially enjoyed the discussions that occurred between the participants, as well as the activities that required us to share our ideas and questions with colleagues, even if they were not enrolled in the Modules. I'm sure we learned as much from each other as we did from the material itself. I plan to continue making my way through the modules, and even if my experiences with students who have dual-sensory loss is small, I know having this experience has made me a better educator.

**Emily Stenberg, NDVS/SB Librarian**

“The Deaf-Blind Dakota Cohort Training has been an exceptional learning experience. As a new early intervention professional, I had very little experience working with the deaf-blind population before starting the cohort. I can now say I feel prepared to teach and assist in the learning process of individuals with deaf-blindness. These modules not only provide you with valuable information and research on educating the deaf-blind population, but with hands-on learning. The hands-on simulations you complete helps put the information being presented into real life application. Whether you have experience or do not have experience in working with individuals who are deaf-blind, I highly recommend this training for anyone who is in the education/special education field.”

**Jordan Anderson, Early Interventionist  
Anne Carlsen Center of Grand Fork**

# About Children Who Are Deaf-Blind



In the U.S., there are roughly 10,000 children who are deaf-blind. Deaf-blindness is a low incidence disability and within this population of children there is great variability. Ninety percent of children who are identified as deaf-blind have additional physical, medical and/or cognitive disabilities.

Although the term deaf-blind implies a complete absence of hearing and sight, in reality, it refers to children with varying degrees of vision and hearing losses. The key feature of deaf-blindness is that this combination of losses limits access to auditory and visual information and creates unique challenges for communication and education. As a result, families often face difficulties in securing the knowledge and resources needed to support their children. Students who are deaf-blind require special teaching methods and accommodations to succeed as learners and because the majority of these children receive their education in their local schools, there is an increased need for specialized professional development to train teachers and service providers.

## **National Center for Deaf-Blindness (NCDB) Goals**

As a national technical assistance center funded by the federal Department of Education, NCDB works to improve the quality of life for children who are deaf-blind and their families by:

1. Creating visibility and direction for identified priorities through a range of practices, activities, supports and partnerships.
2. Identifying and encouraging new innovations in local, state, and national practice and policy.
3. Promoting opportunity for reflection, debate, and constructive dialogue around ideas and developing practice.

Maintaining a rich repository of content, history, and knowledge, easily available and shared by all who are part of the community of deaf-blindness. The NCDB had seven initiative areas of focus including: Intervener Services, Early Identification, Technology Solutions, Family Engagement, National Child Count, Literacy, and Transition. To learn further about each of these areas please visit the website: [www.nationaldb.org](http://www.nationaldb.org)



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***Below is a shortened version of a post by Dr. Linda McDowell - NCDB Project Director***

As most of you in our Deaf-Blind Technical Assistance (TA) Network know, a few months ago I became the director of the National Center on Deaf-Blindness (NCDB). In February, after 16 years directing the Mississippi Deaf-Blind TA project, as well as implementing several other systems change, teacher training, and family support projects, I moved to Oregon to join with staff at the national project.



Linda and Haben Girma



For the past 7 months, I have taken the opportunity to engage in as much dialogue as I could, hoping to learn, and seeking clarity on the work in place and the work to follow. Summit 2015 came quickly.

Several years ago the deaf-blind network (the national center and the state projects) was charged with finding national solutions to national problems, identifying efforts that would improve the lives of every child in every state. The result has been national initiatives to focus on this grant cycle and during each Summit - Early Identification and Referral, Literacy, Transition, Interveners and Qualified Personnel, Family Engagement and Child Count. **The initiatives** represent the common **content** that helps our technical assistance network **touch** the children and their families and achieve the outcomes we seek – learning and participation in a meaningful life. **How we touch** the children, their families and their service providers, are our common **technical assistance practices**. Other sessions at Summit addressed these topics as well – building our community and network engagement, the process of implementation, project and data management, and future directions.

Even with two days, there was not the time at Summit for **all** of us to have focused conversation on each initiative. It is my hope that, collectively, we can address the difficulties, expand the successes, use the effective common practices, and make the necessary modifications for successful implementation of each of the initiatives. As we move into year 3 of our grants, I believe this is the perfect time to invite additional and expanded discussion of our collaborative work. This blog is the first in, what I hope to be, a series of posts designed to encourage all states to engage in the tools and processes developed for each of the national initiatives.

Forum posts will also be coming to the network from each of the initiative and technical assistance practices leads, giving summaries of what has been developed, what is developing, and the various ways a state project might elect to engage in implementation. Conversation will be encouraged and I expect they will include discussion of difficulties, potential modifications, and stories of success. Check in with the [Initiative Groups](#) on the NCDB website for these evolving conversations.

Please feel free to contact each **Initiative lead** for more specific information on these groups: Early Identification: [Megan Cote](#) ; Literacy: [Nancy Steele](#); Transition: [Mike Fagbemi](#); Interveners and other Qualified Personnel: [Amy Parker](#); Family Engagement: [Megan Cote](#); Child Count: [Mark Shalock](#)

**Technical Assistance Practices leads are as follows:** Network Engagement: [Sam Morgan](#); TA Implementation Practices: [Peggy Malloy](#); Evaluation: [Mark Shalock](#); Future Directions: [Linda McDowell](#)

As we begin this next year together, I am looking forward to talking and listening, creating open dialogue about the work in front of us.

# CHILDREN'S BOOKS on DEAF-BLINDNESS

by Elizabeth Bell, NCDB



NCDB recently received an inquiry about where to find children's books on deaf-blindness and disabilities in general. Children's literature is one of my favorite subjects due to my librarian background, so I did some research and put together this list of resources (I focused on books for preschool through 6th grade and didn't include young adult novels). I thought it might be interesting and/or helpful to others, so I'm sharing it here...

A great source for children's books on disability in general is the Schneider Family Book Award, given annually by the American Library Association to books about the disability experience. They give the award in three categories—birth through grade school, middle school, and teen. Go to the link below and select a year to see the winners:

<http://www.ala.org/awardsgrants/awards/1/select>

Probably easier to navigate is their bibliography of books about the disability experience (organized by age range):

[http://www.ala.org/awardsgrants/sites/ala.org.awardsgrants/files/content/awardsrecords/schneideraward/2009\\_schneider\\_bio\\_children.pdf](http://www.ala.org/awardsgrants/sites/ala.org.awardsgrants/files/content/awardsrecords/schneideraward/2009_schneider_bio_children.pdf)

As far as books specifically about deaf-blindness, there are a TON of Helen Keller biographies for kids out there. Just search Amazon or a library catalog to find one that's at the reading level you want. Here are two I like because they have a lot of photos:

Helen's Eyes: A Photobiography of Annie Sullivan, Helen Keller's Teacher

[http://www.amazon.com/Helens-Eyes-Photobiography-Sullivan-Photobiographies/dp/1426322224/ref=sr\\_1\\_1?ie=UTF8&qid=1443837563&sr=8-1&keywords=helen%27s+eyes](http://www.amazon.com/Helens-Eyes-Photobiography-Sullivan-Photobiographies/dp/1426322224/ref=sr_1_1?ie=UTF8&qid=1443837563&sr=8-1&keywords=helen%27s+eyes)

Helen Keller: Her Life in Pictures

[http://www.amazon.com/Helen-Keller-Her-Life-Pictures/dp/0439918154/ref=sr\\_1\\_1?ie=UTF8&qid=1443837713&sr=8-1&keywords=helen+keller+her+life+in+pictures](http://www.amazon.com/Helen-Keller-Her-Life-Pictures/dp/0439918154/ref=sr_1_1?ie=UTF8&qid=1443837713&sr=8-1&keywords=helen+keller+her+life+in+pictures)



Helen Keller

This next one is a biography of Laura Bridgman (slightly fictionalized) that I loved when I was a child, so I decided to include it, even though it's old. It's out of print but available on Amazon: Child of the Silent Night

[http://www.amazon.com/Child-Silent-Night-Fisher-Hunter/dp/0395068355/ref=sr\\_1\\_1?ie=UTF8&qid=1443838656&sr=8-1&keywords=child+of+the+silent+night](http://www.amazon.com/Child-Silent-Night-Fisher-Hunter/dp/0395068355/ref=sr_1_1?ie=UTF8&qid=1443838656&sr=8-1&keywords=child+of+the+silent+night)

Continued on Page 19

Here's a more recent children's biography of Laura (higher reading level):

She Touched the World: Laura Bridgman, Deaf-Blind Pioneer

[http://www.amazon.com/She-Touched-World-Bridgman-Deaf-Blind/dp/0618852999/ref=sr\\_1\\_2?ie=UTF8&qid=1443838917&sr=8-2&keywords=laura+bridgman](http://www.amazon.com/She-Touched-World-Bridgman-Deaf-Blind/dp/0618852999/ref=sr_1_2?ie=UTF8&qid=1443838917&sr=8-2&keywords=laura+bridgman)

Aside from Helen biographies, there are not many children's books out there that deal with deaf-blindness. I did find the following two:

Can You Feel the Thunder?

Thirteen-year-old Mic Parsons struggles with mixed feelings about his deaf and blind sister and his new neighbor. (Grades 4-8)

[http://www.amazon.com/Can-Feel-Thunder-Lynn-McElfresh/dp/068982324X/ref=sr\\_1\\_1?ie=UTF8&qid=1443839504&sr=8-1&keywords=Can+You+Feel+the+Thunder%3F](http://www.amazon.com/Can-Feel-Thunder-Lynn-McElfresh/dp/068982324X/ref=sr_1_1?ie=UTF8&qid=1443839504&sr=8-1&keywords=Can+You+Feel+the+Thunder%3F)

A Dog Called Homeless

Fifth-grader Cally Louise Fisher stops talking, partly because her father and brother never speak of her mother who died a year earlier, but visions of her mother, friendships with a homeless man and a deaf-blind boy, and a huge dog ensure that she still communicates. (Grades 4-7)

[http://www.amazon.com/Dog-Called-Homeless-Sarah-Lean/dp/0062122266/ref=sr\\_1\\_1?ie=UTF8&qid=1443840903&sr=8-1&keywords=a+dog+called+homeless](http://www.amazon.com/Dog-Called-Homeless-Sarah-Lean/dp/0062122266/ref=sr_1_1?ie=UTF8&qid=1443840903&sr=8-1&keywords=a+dog+called+homeless)

Here are two bibliographies of children's books that include blind characters:

<http://www.aph.org/museum/BooksBlindness.pdf>

<https://www.dcmp.org/caai/nadh264.pdf>

Here's a bibliography of picture books organized by disability:

<http://guides.libraries.wright.edu/childrensbooksdisabilitythemes>

Here's a nice, concise bibliography of children's books on disability from the San Francisco Public Library:

<http://sfpl.org/index.php?pg=2000152701>

And last but not least, I have to give a shout out to one of my very favorite books as a child, Connie's New Eyes. It's the true story of a woman getting her first guide dog, starting when the dog is a puppy and following the two of them through their training and back to Connie's home and career. It's illustrated with beautiful full-page black and white photographs. Unfortunately it's no longer in print, but you can get it from Amazon:

[http://www.amazon.com/Connies-New-Eyes-Bernard-Wolf/dp/0397316976/ref=sr\\_1\\_1?ie=UTF8&qid=1443845351&sr=8-1&keywords=connie%27s+new+eye](http://www.amazon.com/Connies-New-Eyes-Bernard-Wolf/dp/0397316976/ref=sr_1_1?ie=UTF8&qid=1443845351&sr=8-1&keywords=connie%27s+new+eye)





## Connect with IPAT to Reconnect Using Telecommunications!

*Peggy S. Shireley, IPAT Senior AT Consultant*

Sending an email or chatting on the phone can be challenging for people who have significant combined vision and hearing loss when they don't have access to the right equipment. The National Deaf-Blind Equipment Distribution Program, known as iCanConnect, administered in North Dakota by IPAT, can help decrease that telecommunications challenge.

iCanConnect serves people from a wide range of backgrounds, including people who have lost their sight and hearing later in life, people with Usher and CHARGE Syndromes, and others experiencing a combined significant vision and hearing loss who meet federal income guidelines. Since becoming the certified entity in 2012, IPAT has met the telecommunication needs of 50 people in North Dakota, living in 20 different counties who met the program eligibility criteria.

We have discovered that each person living with both vision and hearing loss is unique, and that is why the telecommunications equipment provided at no cost through iCanConnect covers such a wide range of options. North Dakotans are now reaching out to friends and family with the help of webcams, screen reading software, voice activated dialers, captioned telephones, signalers and cell phone amplifiers thanks to iCanConnect.

To ask questions, learn more about the program or see if you or someone you know qualifies, call IPAT 800-895-4728 or review the information on our website, <http://ndipat.org/services/i-can-connect>. Please call to make an appointment.

### **Fargo IPAT**

3240-15th Street South, Suite B

Fargo, ND 58104

1-800-895-4728 Toll-free

(701) 365-4728 Local

(701) 365-6242 FAXe



# Parent and Professional Learning Workshop

***“Celebrate Differences, Re-examine our assumptions.”*** That was the overriding message at the Parent and Professional Learning Workshop: Raising and Educating Deaf Children in the 21<sup>st</sup> Century. The workshop was hosted and held at the North Dakota School for the Deaf, October 9-10. The workshop was an opportunity for parents and professionals to come together to participate in discussion(s), share information and learn more about hearing loss.

Marc Marschark, Professor and researcher from National Technical Institute for the Deaf, and Karen Putz, deaf mom and parent of three children with hearing loss, were the featured speakers for the workshop. State and local speakers were Bambi Lambert, Teacher of the Deaf, West Fargo, Kathy Gwenot, psychologist, Lake Region Special Education, and Linda Ehlers, NDSO Outreach Specialist.

Submitted by: Carol Lybeck, Outreach PIP Coordinator



**KINDNESS**  
is the language which the  
deaf can hear and the blind can see.  
-Mark Twain



# Western Regional Early Intervention Conference

By Linda Kraft, TVI ND Vision Services/School for the Blind

The Western Regional Early Intervention Conference is a thirty year tradition that began as an educational opportunity for early interventionists in the southwestern states, who felt they were just too far away from most trainings held throughout the country. The conference, held biennially has become a premier learning opportunity that I was lucky enough to participate in this year. WREIC was held September 16-18, 2015 in Albuquerque, New Mexico. The lineup of presenters included some of the most prestigious authorities in their respective fields, including David Brown (Dual Sensory loss), Dr. Christine Roman Lantzy (Cortical Visual Impairments), and Dr. Mark Borchert (Optic Nerve Hypoplasia).



Dr. Roman Lantzy's presentation on CVI was a nice review of information we had heard before, sprinkled with some new information and strategies. A cortical visual impairment is brain based rather than an ocular based visual impairment. The most common cause of CVI is asphyxia. Other causes include strokes, infections (including CMV), structural abnormalities, intraventricular hemorrhage, periventricular leukomalacia, cysts filled with spinal fluid, metabolic causes, prolonged and profound low blood sugar, chromosomal and genetic disorders, and trauma.

Dr. Roman Lantzy, equates the vision of a child with CVI to viewing the world through a kaleidoscope; the child perceives information, but cannot sort or categorize it, so it makes no sense to the child. Dr. Roman Lantzy has identified ten common characteristics of children having CVI. The characteristics include:

**Color preference** – Color (typically red or yellow) can draw and hold a child's attention.

**Movement** - The awareness of movement takes place in the dorsal stream of the brain and helps to keep us safe, but can also be used to gain the individual's attention. Use of shiny objects mimics movement so shiny items can be used to gain the child's attention.

**Latency** - The time between when a target is presented and when there is a response can be short or profound. Processing time increases when the individual is hungry, tired, stimulated or post seizure.

**Complexity** – Complexity can be seen in the surface of the object, the viewing array, and the sensory environment. The human face is also a very complex target for individuals having CVI.

**Light gazing** - Children with CVI will often light gaze. It is often done as a means to escape too much complexity.

**Visual field preference** - Children with CVI usually have a preferred visual field and often it is the peripheral field.

**Novelty** - While most children love to look at new toys and objects, children with CVI prefer targets that they have had experience with.

**Distance vision** - Children most affected by CVI do not see targets presented at a distance.

**Visual reflexes**- This includes blink to touch and blink to a threat stimulus are often affected or absent in children with a cortical visual impairment.

**Visually directed reach** - The lack of integration between the dorsal and ventral stream often affects an individual's ability to execute a visually directed reach. Often the child will look first, look away from the target and then reach.

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Dr. Roman Lantzy stresses that in children with a cortical visual impairment, improvements in vision are facilitated, not automatic. The way that they are facilitated is to use the child's characteristic profile that you acquire by completing Roman-Lantzy's CVI Range to determine how to set up the child's visual environment. For example, if the child's preferred or anchor color is red, you could take wrap red Mylar paper around the base of the child's cup. Another example is to present activities against a black background, to help control the complexity of the viewing area.

Dr. Roman Lantzy stresses the importance of teaching salient features to the child as a way for the world to become more meaningful. She encourages this strategy not only for objects and animals, but also as a way to teach reading. Dr. Roman Lantzy states that children with CVI are often very successful at learning to read using the whole word approach because they are very good at memorizing the shape of familiar words. This can be reinforced by having the child first match word shapes to words. As you reinforce word shapes with the child, Roman Lantzy encourages us as parents and educators to describe the salient features of the individual letters to the child. For example, in the word "cup", you could describe it by saying, "It is a short word, spelled c-u-p. The first letter is a c, which is open on the side. The second letter "u", is open on the top. The last letter is a p, which hangs below the line." Another strategy for using the whole word approach is to begin with two words which have high variability, such as go and done. Use a color highlighter to tightly outline each word. Match the words to their outline. Gradually fade the highlighting as the words are memorized.

One of the frustrating issues surrounding CVI is obtaining a diagnosis. As a result, there is often a delay in the implementation of services. To help alleviate the long wait time, Dr. Roman Lantzy has developed a short questionnaire to be used with families with children under the age six months, to help determine which children who are "at risk". The questions are: Does your child look at your face? Does your child blink to touch? (If the answer to either question is "yes", that is a negative response or -. Any other response is positive or +. If parents respond "no" to any of the following questions, it is a -. Anything else is +.) Has there been any time when your child's functional vision has been significantly decreased? Has there been a time when you wondered if your child could see. Does your baby gaze directly into bright lights? If the answer is positive to either of the first two questions or negative to any of the last three questions, there is a risk for CVI and follow up should be done with an ophthalmologist who has had experience with CVI or contact should be made with a teacher of the visually impaired.

Dr. Roman Lantzy stated that according to one study, no single neurological condition was associated with improvement from Phase I to Phase III, but rather the study concluded that anyone can improve, given good interventions. The average time that it took for children to improve from Phase I to Phase III was 3.7 years, regardless of their age. There appeared to be no correlation between the cause of the CVI and the outcome. It is what we do that matters! Interventions that are "random" in nature do not work. We need to know where we are and where we are going. Dr. Lantzy's parting words were, "Don't be too quick to judge cognitive capability. Don't accept plateaus...and be willing to take risks!"

I always enjoy sharing highlights of NDVS/SB activities. Our little state agency has a big mission that is carried out with passion. Our employees enjoy serving others and making a difference in the lives of children and adults. At the beginning of every school year there is some excitement as well as a little nervousness. The excitement is all about the fun projects and events as well as looking forward to the students who come for short-term programming. It is also exciting to meet new students who have moved to North Dakota. What makes us nervous is an overwhelming desire to meet all of their needs. As we partner with schools and other state agencies like Vocational Rehabilitation, we know that our service is essential to those students meeting their goals. Our ultimate goal is to help these students and adults be college or career ready. So, we much continually assess our resources, continually work on our own skills and measure what we are accomplishing. It is a big job, but we are up to the challenge!

As for the beginning of the 2015-2016 school year, it has already been quite busy. We have hosted two weeks of adult training as well as two student programming weeks. We have staff ready to participate in several important conferences such as "Getting in Touch with Literacy," and the "AER Conference on Vision Loss and Aging." I had the opportunity to attend the annual meeting of the American Printing House for the Blind in Kentucky which was an amazing learning opportunity. I cannot begin to explain how important the educational materials that we receive from APH are to our students in North Dakota. These products are heavily researched and fill a niche that no other provider could possibly fill. The other very significant need that is filled by APH is the provision of braille textbooks and other accessible material. I feel especially excited because I will get to serve on the Educational Products Advisory Committee for APH for the next three years. I am thrilled and excited for this opportunity.

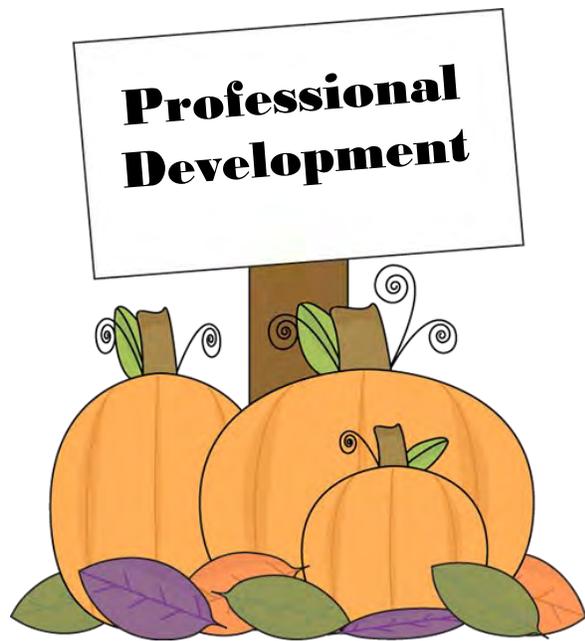
In the upcoming year we will be hosting our first low vision clinic in March. This is a first in North Dakota. We are emulating a very successful model from our neighboring state of Minnesota. We will be bringing an experienced low vision optometrist to Grand Forks to work alongside Dr. Kari Torkelson ( an O.D. in Grand Forks) to conduct the very first true clinical low vision exams in North Dakota. Previously people have had to travel to neighboring states.

One more important thing to share is that NDVS/SB will begin doing focused strategic planning this year. Jon Harding from the Kansas School for the Blind (and well know educator of students with dual sensory loss) will work with NDVS/SB staff to plot our course for the future. We want to not only react to changes in our field effectively, we want to prepare for the future and lead the way!



Paul H. Olson, Superintendent

North Dakota Vision Services/School for the Blind



"One can never consent to creep when one feels an impulse to

**Soar.."**

Helen Keller

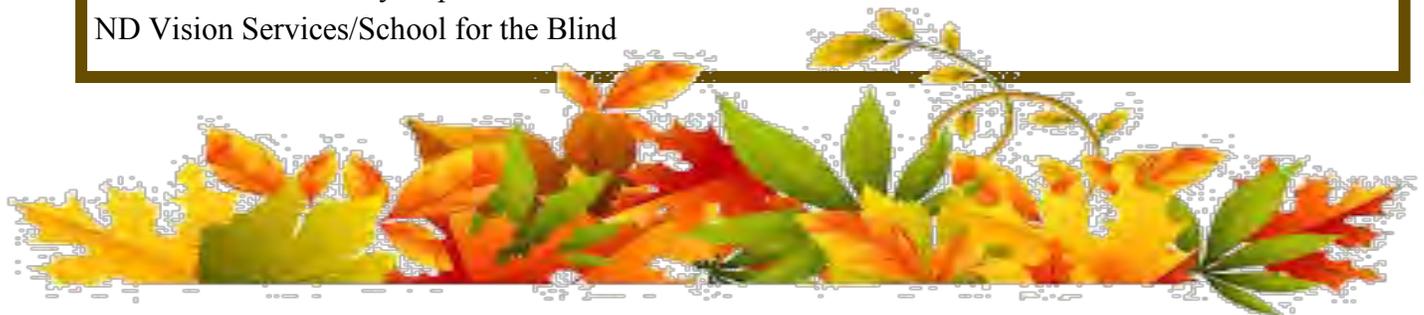
I had the wonderful opportunity to attend the Annual Pediatric Cortical Vision Impairment (PCVI) Conference this summer in Omaha, Nebraska. Many leaders in the field of PCVI were in attendance including Christine Roman-Lentzy, Ph. D., Mark Borchert, MD. Dr. Roman Lentzy, MD, Tanni Anthony, PhD-a ND native now living in Colorado, and many others. All the presenters in the 2 day conference were well versed in the pediatric world of CVI.

Topics during the conference included Causes of PCVI, Advocating, Alternative Concepts for Evaluation, Orientation and Mobility and Reading Development. There were also parent and medical professional panels so the audience could ask questions regarding children they serve.

Although all the speakers and sessions were fantastic, one of the highlights for me was listening to an Optometrist, Nicole Hooper, OD, who is also a parent of a child that has CVI. Her insight to many issues were fascinating as well as touching. She spoke with passion regarding the approaches needed for clinical evaluation of the child who presents as a child who may have CVI. She was a great speaker who understands both the medical and educational needs of children with CVI.

I am thankful for the professional development training that was provided through ND Vision Services/School for the Blind. As a Technical Assistance provider for the ND Dual Sensory Project, it is critical that all staff keep up on current practices through continuing education! I was able to network with different providers including parents, medical professionals as well as Teachers of the Visually Impaired. My only disappointment was that it was only 2 days!

Kathy Grzadzielewski  
Teacher of the Visually Impaired  
ND Vision Services/School for the Blind





# New Resources for the Deaf Blind Library



## Dig Into READING

If you wish to check out FREE resources from the Deaf-Blind Library, please contact EMILY STENBERG, at ND Vision Services/School for the Blind by calling her at #701 795-2709 or email @ estenber@nd.gov

# Upcoming Events



## **Building State Capacity to Address Critical Issues in Deaf Education: Transition from Secondary Education to Postsecondary Options Summit Annual Meetings and Anticipated Outcomes**

This Summit – the fifth in the series hosted by PEPNET 2 -- brings together teams from 50 states to address critical issues in deaf education that address positive student outcomes, graduation, and transition to postsecondary education and training. The Summit agenda includes content sessions, large and small group discussions that address barriers to transition and consider what comprises a successful transition, and time for each team to continue working together. In addition, we'll showcase the progress made by each team by using poster sessions to share information about each team's goals and accomplishments.

The Summit will be held at the Grand Hyatt in Atlanta, Georgia on February 8-10, 2016. Registration is limited to 5 invited team members per state, including parents and representatives of educational programs, social services agencies, and organizations that represent the diverse needs of youth who are deaf and hard of hearing. According to our notes, the North Dakota team includes Pam Smith, Tom Schiwal, Sherri Nelson, Bambi Lambert, and Kristen Vetter.

At the conclusion of the Summit Series, we expect each state team to report/demonstrate one clearly identified (tangible) change practice that occurred within their state, institution, or stakeholder group as a result of participating in the Summit Series. In addition, PEPNET 2 will publish a document that shares the experiences and accomplishments of the participating state teams.

## **2016 OSEP Project Directors Conference Sunday, July 31, 2016 – Wednesday, August 3, 2016.**

Washington Marriott Wardman Park  
2660 Woodley Rd NW  
Washington, DC 20008  
[\(202\) 328-2000](tel:(202)328-2000)

## **North Dakota CEC conference "Celebrate Sweet Success".**

2/5/2014 - 2/7/2014 Bismarck, North Dakota



## **THE CEC 2016 National Conference**

**CEC2016**  
SPECIAL EDUCATION  
CONVENTION & EXPO  
ST. LOUIS | APRIL 13-16

Life  
is either  
A GREAT  
Adventure  
or  
NOTHING  
Helen Keller



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