

North Dakota Dual Sensory Project

D - B I N F O R M E R

JULY 2009 WWW.ND.GOV/DEAFBLIND/ 1-800-421-1181

Alternative Pencils

By Lanna Slaby

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"Yes They Can!" "Yes They Can!" sounds like a cheer heard at a sporting event but this was a title of a workshop sponsored by the Minnesota Deaf-Blind Project. Gretchen Hanser, Ph.D., Associate Director for School-Aged Services and with the Center for Literacy and Disability Studies at The University of North Carolina at Chapel Hill was the presenter at the two day workshop in Lake Elmo, Minnesota. The main focus of the workshop was the use of alternative pencils for children with multiple disabilities and how they could access print with the use of an alternative pencil.



The six alternative pencils are a Braille Alphabet Flip Chart, Braille Alphabet Intellikeys Overlay, Color Coded Eye Gaze Frame, Print Alphabet Flip Chart, Tactual Alphabet Intellikeys Overlay and Scanning Set Ups in IntelliTalk II. Why the need for these alternative pencils? Dr. Hanser stated that typical children get over 1000 hours of literacy by the time they get to Kindergarten/First Grade. Students with severe disabilities have had such limited independent manipulation of the alphabet. These students should be given daily opportunities to write the alphabet using the pencil that is easiest for them to access. There is a CD available for purchase that includes directions for making each of the 6 alternative pencils as well as goals, writing activities, teaching strategies and actual student writing samples. The website to view the Alternative Pencil CD is: <http://www.med.unc.edu/ahs/clds/resources/available-for-purchase>

**"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



Alternative Pencils Continued . . .

By Lanna Slaby

Dr. Gretchen shared with the conference attendees, the free downloadable handouts and the on line Tar Heel Reader at the Center. The Tar Heel Reader is free resource where students and teachers can access easy books authored by teachers. The website for this resource is at www.tarheelreader.org. On this website you can choose books by topics and each book can be speech enabled and accessed using multiple interfaces (i.e. switches, alternative keyboards, touch screens, and dedicated AAC devices). The books may be downloaded as slide shows in PowerPoint, Impress, or Flash format.

The downloadable handouts available focus on literacy. Some of the handouts that Dr. Hanser shared with the conference attendees included: Supporting Selection Topic-Creating and Using Remnant Books for Face-to-Face communication, Predictable Chart Writing, Top 10 Tips for Partner Assisted Scanning -Promoting Communication on the Fly for Students with Significant Disabilities-Including Deaf-Blindness and Shared Reading. The website for these downloadable handouts can be found at: <http://www.med.unc.edu/ahs/clds/resources/classroom-how-to-handouts>

Sharon Olson, Early Childhood Special Education Teacher, at the Anne Carlsen Center in Jamestown attended the one day workshop on Alternative Pencils at Closing the Gap in Minneapolis in October. Sharon is currently using Alphabet Flip Chart with two of her students. The Alphabet Flip Chart is intended for students who have some vision and significant motor difficulties.



There are different approaches to using these alternative pencils and as a teacher; you decide what is best for your student. Sharon is currently using partner assisted scanning. The partner will point to each letter on the flip chart using a flashlight to highlight each letter. The student uses a voice output device such as a Step by Step with a recorded message such as, "Hey, that's the letter I want," to indicate which letter they want to use. After the student selects the letter, the partner will immediately write down the student's

selection on the journal page below the flip chart. The partner will say, "Oh, you chose the letter B." This type of writing lesson occurs daily for about 5 minutes. Immediately following the lesson, the partner and the student share what has been recorded in the journal. The journal page is removed and added to the student's writing portfolio for future reference to review the student's progress.



These Alternative Pencils are a great way for students to become involved in the writing process. If you would have any further questions about these Alternative Pencils, please feel free to contact either Sharon Olson at Sharon.Olson@annecenter.org or myself at lslaby@nd.gov. Be sure to include in the subject area the words: Alternative Pencil



Reflections from “*Changing Dynamics of Medical Diagnoses*”

October 27, 2008, Minneapolis, Minnesota

It would likely come as no surprise to anyone that the survival rate for premature babies is on the rise, but did you realize that the survival rate for a baby born at 1500 to 2000 grams (3# 5oz to 4# 7oz) rose from 91% in 1980 to 98% in 2000? Even more remarkable, the increased survival rate of babies considered to be “very low birth weight” (1000 to 1400 grams or 2# 3oz to 3# 1oz) has risen from 45% to 93% from 1980 until the year 2000. In that same time frame, infants weighing less than 1000 (2# 3oz “extremely low birth weight” or ELBW) are surviving at a rate of 57%, up from a survival rate of 9%. Health risks associated with babies born so early include hyaline membrane disease, intraventricular hemorrhage/hydrocephalus, periventricular leukomalacia and chronic lung disease. Statistically, there are fewer cases of cerebral palsy being diagnosed; however the numbers having cognitive disabilities has not changed. A lower socio-economic status drastically impacts these vulnerable babies, who lag behind their peers in the development of skills, with little recovery by 28 to 40 months of age.

★ Taken from keynote address by James Moore, M.D. entitled “*Changing Dynamic of Medical Diagnoses*”.

Intensive care nurseries have moved to a model called “developmentally supportive care”. This model focuses on providing an environment that supports developmental organization through a structured care environment for the premature infant or the sick full-term baby. The primary focus is on parent/infant bonding. These fragile babies are often only able to handle one mode of stimulation at a time. By providing an environment as close to intra-uterine as possible, the outcomes have been fewer days on a ventilator, earlier feeding success, shorter hospital stays, a reduction in the number of complications, and improved neuro-development during the first 18 months of life. Examples of how developmentally supportive care is implemented includes the use of variable lighting in nurseries, isolette covers, no radios, positioning devices, feeding tubes and slow flow bottle nipples, more privacy for families and implementation of “quiet time”. One change that will likely be implemented in the future is more use of private rooms, with babies “rooming in” with moms.

Hospitals have trained NICU staff to read infant cues to promote developmentally supportive care. A premature infant in the stable or “ready” mode would demonstrate regular respirations, stable color, smooth or controlled movements, maintain a calm alert state, a tucked posture with hand to mouth, finger clasp or grasping, leg bracing, visual fixation and tracking and an “oh face”. Babies presenting these cues are ready for outside interaction.

Improved understanding of positioning has led to the use of positioning devices, which has decreased the number of postural abnormalities that can have far reaching effects including abnormal gait and poor balance, poor hand/eye coordination and poor bilateral hand skills. Proper positioning would include having the neck in a “neutral” position, shoulders rounded forward and arms at midline on chest

Reflections from “*Changing Dynamics of Medical Diagnoses*” Continued . . .

or face, trunk supported in soft flexion, hips and legs flexed at midline, head shaping and molding (position changes), nesting with boundaries for security.

Since the “Back to Sleep” campaign was started in the early 90’s there has been an alarming increase in the number of babies developing plagiocephally and torticollis. Positional plagiocephally is characterized by changes in the shape of the skull and its symmetry in infants older than six weeks of age. Torticollis occurs when the sternocleidomastoid muscle is shorter than normal, causing the head to tilt to one side. Over time this causes asymmetry in the face and head. Both of these conditions have lasting developmental implications including delayed gross motor development, eye turns, and difficulty with breast feeding. These babies are often at a higher risk for learning disabilities, visual/perceptual difficulties and motor delays. Prevention includes varying positions, including while handling or holding, encouraging activities to strengthen neck muscles and use of shoulders and arms, and limiting the amount of time babies are spending in car seats. This is promoted through awareness campaigns for parents and caregivers.

An important part of developmental care is fostering positive parent/infant interactions. While the baby is still hospitalized, parents are encouraged to learn to read the cues that indicate the child’s behavioral state. They are taught how to console the infant by identifying techniques unique to their child. Nursery staff also help parents to recognize the child’s strengths and promote development by giving parents specific activities they can do for the child’s adjusted age. Parents are now considered an integral part of the neonatal team, with positive, long term benefits to these tiny patients and their families.

★ *Taken from presentation by Kim Myhre, OTR/L entitled “The Developing Preterm Infant and Life in the Intensive Care Nursery”.*

As the premature infant grows and develops, focus switches to educational considerations. Although the incidence of cerebral palsy has declined, 5-15% of the premature population exhibits major spastic motor deficits and 25-50% exhibit less prominent developmental disabilities that often lead to failure in school. In a 1999 study by Harvey, O’Callaghan and Mohay of executive function (relating to attention, planning, and organizing) in children with extremely low birth weight, on the average, children with ELBW scored significantly lower on all executive tasks. This increases the likelihood of learning difficulty in school. Whitfield, Grunau and Holsit conducted a survey in 1997 documenting a higher incidence of neurosensory disabilities, lower fine, gross motor control, difficulty with visual memory and academic achievement. They were three times more likely to have a learning disorder and almost half had multiple areas of learning difficulty. A common problem is sensory overload when processing complex directions, causing some disengagement from the activity.

One concept addressed was resourcing, which is the principle recognizing that a child needs to prioritize

Reflections from "Changing Dynamics of Medical Diagnoses" Continued . . .

what resources are needed for interaction or performance in order to perform to the best of his ability. To incorporate this principle, the teacher or therapist must help the child organize activities. For example, while playing a board game with the child, the adult would help the child identify the most difficult part of the process of playing the game and then support him through that so he can obtain success. It is hard to constantly fail. When resourcing is utilized by the teacher, it establishes and builds trust and encourages success. This helps to build the child's confidence and encourages a trusting relationship. Using resourcing with formal and informal assessments will help educators obtain a more accurate picture of the child's range of performance.

★ Taken from a presentation by Laura Sopeth, MA, OTR/L, entitled "Concepts in Assessment and Treatment of the Premature Child at School Age".

**TEK TALK**

TEK TALK offers webinars and conferences to learn about new assistive technology. To learn more go to: <http://www.accessibleworld.org>

The Deaf-Blind Communicator (DBC) offers the Deaf-Blind population a truly portable multi-functioning communication device. Consisting of a standard Humanware Braille Note with specific software installed, and a cell phone for a face-to-face companion, the communicator provides several ways for a Deaf-Blind user to communicate. Using this device, the user can easily communicate in virtually any face-to-face environment with a sighted peer!

The built in modem enables the DBC to operate as a standard Braille TTY, and by using the DB companion's cell phone capability with a SIM card, the Deaf-Blind population can now utilize Short Message Service (SMS) technology.

For the more advanced user, with the use of a high speech internet connection, the DBC software incorporates an XMPP messaging client, which allows anyone with a Google Mail (g-mail) account to engage in an instant messaging conversation with other g-mail users. Gmail is quickly becoming one of the largest web based e-mail providers and with its Google Talk PC, DBC users can carry on conversations with both people using a PC for messaging, or with other users of DBC.

For more information, contact: Greg Stilson, HumanWare Product and Support Specialist Greg.stilson@humanware.com or call #1-800-722-3393

This new technology for the Deaf-Blind population was demonstrated at ND Vision Services/School for the Blind during their all staff meetings in March, 2009, by David Weber with Second Vision LLC from Eden Prairie, MN, #1-866-961-8822 or www.SecondVisionOnline.com

The Impact of Trauma on the Developing Child

by Sherri Nelson, Project Coordinator

Cindy Williams, Teacher from ND Vision Services/School for the Blind, and I attended this workshop in Bismarck at the Civic Center on March 2, 2009. Dr. Perry addressed the principles of brain organization & development, the impact of abuse, neglect & chaos, implications for assessment and intervention, changing neural systems, and developmentally appropriate assessment.

The following were points from Dr. Perry's presentation:

*The two biological gifts we are given as humans is the power of relationships & the brain's malleability in early childhood, based on its ability to modify itself based upon repetition and use. This process happens over and over, billions of times every day. An active brain makes more of these connections and strengthens them, while in an inactive brain, the connections slowly fade away because of lack of use.

*"You don't become human just because you were born into the species, but because someone was kind with you, held you, and shared". "We need to figure out how to increase the number and quality of relationships in all children, from high risk to no risk."

*The experiences of childhood act as primary architects of the brain's capabilities throughout the rest of life. These organizing childhood experiences can be consistent, nurturing, structured, and enriched—resulting in flexible, responsible, empathetic and intelligent contributors to society. Or, all too often, childhood experiences can be neglectful, chaotic, violent, and abusive—resulting in impulsive, aggressive, remorseless, and intellectually - impoverished members of society. Chaos, neglect, and violence in early childhood results in disorganized and under-developed brains.

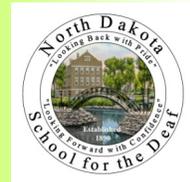
*Neglect and abuse during the first 3 years of life can result in a lifetime of lost potential. Safety, structure, nurturing, and enrichment in these first three years can result in a lifetime of productivity!

* In utero and during the first 4 years of life, a child's rapidly developing brain organizes to reflect the child's environment. The brain adapts

ND Dual Sensory Project
Technical Assistance Team

ND School for the Deaf

Carol Lybeck => Devils Lake
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Nicole Wittiko => Minot



ND Vision Services School for the Blind

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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

The Impact of Trauma on the Developing Child Continued . . .

uniquely to the unique set of stimuli and experiences of each child's world. Early life experiences, therefore, determine how genetic potential is expressed, or not. In the nine months following conception, over 100 billion neurons develop. The brain platforms at about age 4—the majority of neural synapses are developed by this age.

*Altered homeostasis results in new templates of neural activity which create memories. Most of the creation of memory takes place in the first years of life. When the brain has unique patterns of sensory signals, it creates these new templates. The brain only stores novel information by activating our attention. Most of the input that comes in is sorted and stored at the pre-cortical level of the brainstem. We are not rational creatures—we do much pre-cortical processing rather than using our cortex to explain why we did what we did. The cortex is the smart area of our brain. Our first memories in utero are created by the most dominant repetitive sensory experience of the maternal hearing beat (80 beats per minute) which is associated with warmth, comfort, and safety.

*The human brain pays more attention to negative input. Negative comments are 3-5 times more powerful than positive ones. When the brain sees a pattern of behavior that is different, it activates your stress response and forces you to attend to the input.

*Every child will face new and challenging situations. These stress-inducing experiences per se need not be problematic. Moderate, predictable stress, triggering moderate activation of the stress response, helps create a capable and strong stress-response capacity—resilience. Therefore, stress can be good—it makes you leave your comfort zone, react differently, and embrace the challenges of learning.

*Neglect is the lack of input to the brain which results in abnormal development of the brain. When functional MRIs are evaluated you can see distinct differences in brain activity for those who have suffered from neglect.

*We must look at the history of primary caregiving for the child and also at the caregiver's history .

*Attachment, substance abuse, and trauma can affect the brainstem and change the chemistry of the brain. It takes less time for the brain to organize if the input is intense and repetitive.

*There is a continuum of states in response to acute threat—calm, vigilance, alarm, fear, terror. We regress down this mental status when stressed. There can be a hyper-arousal state (fight or flight) which results in persistent arousal to prompt change or a dissociative response (tune out the impending threat). In most traumatic events, a combination of the two is used.

*When children experience repetitive activation of the stress response system, their baseline state of arousal is altered. The result is that even when there is no external threat or demand, they are

The Impact of Trauma on the Developing Child Continued . . .

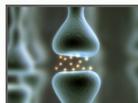
physiologically in a state of alarm. When a stressor arises, they escalate to a state of fear very quickly. Compared to their peers, traumatized children have less capacity to tolerate the normal demands and stresses of school, home, and social life.

*It is important to understand that the brain altered in destructive ways by trauma and neglect, can also be altered in reparative, healing ways. Exposing the child, over and over again, to developmentally appropriate experiences is the key.

*You need to meet children where they are developmentally, not chronologically, or you will fail. If you meet the child where they are and move up the continuum, you will be successful with intervention. We must as a society provide enriching cognitive, emotional, social, and physical experiences for children.

*Investing in high-quality early childhood programs could avoid the expensive, often inefficient or ineffective interventions, required later. Increase opportunities for children to interact with others, especially those who are good role models. Simple changes at home and school can help: limit TV use; have family meals; play games together; and include neighbors, extended family, and the elderly in the lives of children. Develop the six core strengths of children: attachment, self-regulation, affiliation, attunement, tolerance, and respect.

*If we choose to continue researching, educating, and creating problem-solving models, we can shape optimal, developmental experiences for our children. The result will be the realization of our full potential as a humane society.



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 2nd Ave NW, Mandan, ND 58854; 701-667-3342 or kathleen.schmaltz@ndsu.edu

RESOURCES

Practice Perspectives: The Path to Symbolism, *National Consortium on Deaf-Blindness, August 2008.* *The Path to Symbolism* describes the importance of early communication experiences for the development of symbolic communication in children who are deaf-blind. The publication is based on research and review articles by Susan Bruce (Boston College) and colleagues. Two recent studies by these researchers are highlighted. The first is on the use of gestures in children who are deaf-blind and the second is on the rate of international communication acts in children with severe disabilities, including deaf-blindness. Standard and large print versions are available on the NCDB website: <http://nationaldb.org/NCDBProducts.php?prodID=62>. Print and Braille copies are available free-of-charge from NCDB. Phone: 800-438-9376. TTY: 800-854-7013. E-mail: info@nationaldb.org. Web: www.nationaldb.org.

Tangible Symbol Systems and Pre-Symbolic Communication Online Classes, Two classes, developed by Charity Rowland and Philip Schweigert, on communication for individuals who are deaf-blind (or have other severe challenges), are now offered online by Oregon Health & Science University (OHSU). Tangible symbol Systems provides instruction on all aspects of teaching an individual to use tangible symbols and also addresses the theoretical basis and research related to this approach. Pre-Symbolic Communication addresses the use of pre-symbolic means of communication by individuals who are not able to use symbols to communicate. For more information contact Carolyn Mills, OHSU Design To Learn Projects. Phone: 888-909-4030 or 503-494-2291. E-mail: tangible@ohsu.edu. Web: <http://www.ohsu.edu/oidd/d21/pages/train.html>.

Perkins School for the Blind On-Demand Webcasts, Perkins is a leader in the development of training models for educators who work with students who are visually impaired, with or without additional disabilities. Webcasts from their experts are now available on-demand at www.perkins.org/webcasts. Currently, there are webcasts available on the following topics: creating vocational portfolios, mealtime skills, and social skills. For further information, contact Marianne Riggio at 617-972-7264 or Marianne.Riggio@Perkins.org.

FVND Events-FVND topical calls, How are we beating the gas prices, family/professional time restraints and still getting informational and educational information to families? FVND offers Topical Calls for families of children with special health care needs. Topical calls are a workshop by teleconference, you dial into a toll free number, there is a mini workshop, and time for question and answer. Check it out at www.fvnd.org.

ND Caring Program, The ND Caring Program provides health coverage to uninsured children. They have recently raised the federal poverty rate of the family to 200%. The changes will be made soon. Families who are uninsured should call 800-342-4718 for more information or go to the website at www.ndcaring.org. An estimated 11,000 North Dakota children do not receive basic health care. They are from working families who earn too much to qualify for government-funded programs, yet not enough to pay for private insurance.



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

Sherri Nelson, Project Coordinator
701-795-2730 or 800-421-1181

North Dakota School for the Deaf

Outreach teachers 701-665-4400 or 800-887-2980

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

Outreach teachers 701-795-2700 or 800-421-1181



RESOURCES

2009 OSEP National Parent Center Conference Materials Available Online, PowerPoint presentations and other materials from conference presentations made at “High Expectations, Endless Possibilities,” the January 2009 OSEP National Parent Center Conference are available online at The Technical Assistance ALLIANCE for Parent Centers website. A number of conference sessions focused on issues of importance to transition-age youth and their families including the recent reauthorization of the Higher Education Opportunities Act and higher education opportunities for students with intellectual disabilities; RSA and rehabilitation services transition resources and opportunities; foster care youth and education; seclusion and restraint; parent leadership strategies; and strategies which promote parent-professional partnerships. For more information go to: <http://www.taalliance.org/conferences/2009/agenda/asp>.

“**A Guide for students Who are Deaf-Blind Considering College**”, A resource guide that was developed by Helen Keller National Center (HKNC) staff, Jo Ann Enos & Beth Jordan, is no longer in print. However, it can be downloaded from the HKNC website, <http://www.hknc.org>. Look under publications and scroll down to #6 to view the text or pdf formats. This is a useful tool for high school students who are Deaf-Blind, including those with Usher Syndrome, who need further education to enhance their career opportunities.

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My Hands

By Amanda Stine



My hands are . . .
My Ears, My Eyes, My Voice . . .
My Heart.
They express my desires, my needs
They are the light
That guides me through the darkness

They are free now
No longer bound
To a hearing-sighted world
They are free
They gently guide me

With my hands I sing
Sing loud enough for the deaf to hear
Sing bright enough for the blind to see

They are my freedom
From a dark silent world
They are my window to life
Through them I can truly see and hear

I can experience the sun
Against the blue sky
The joy of music and laughter
The softness of a gentle rain
The roughness of a dog's tongue

They are my key to the world
My Ears, My Eyes, My voice...
My Heart



They are me



**From DB-LINK, National Information Clearinghouse on Children Who Are Deaf-Blind.



UPCOMING EVENTS

- ★ **Music Therapy In Motion**, Emily J. Wangen, MT-BC, Music Therapist-Board Certified is providing music therapy in the Fargo/Moorhead area. Music Therapy is an allied health profession which uses music to improve, increase, and maintain development, cognition, social skills, and sensory integration. She will also be providing Berard's Auditory Integration Training, AIT. For more information on Music Therapy and AIT, contact Emily at butterfly_eb@yahoo.com, or by phone 218-791-0908.
- ★ **Families Connecting with Families**, July 17-19, 2009, Costa Mesa, California. For more information go to www.napvi.org, www.brailleinstitute.org, or www.juniorblind.org. An international conference covering all aspects of raising a child with a visual impairment.
- ★ **Summer Institute "Auditory Learning the K.I.D.S. Way"**, July 20-22, 2009. Minot State University Department of Special Education (Co-Sponsored with ND School for the Deaf Outreach). For more information: Katherine Poline, MSU Special Ed, 500 University Ave W, Minot, ND.
- ★ **The 9th International CHARGE Syndrome Conference**, July 24-26, 2009, Hilton Chicago/Indian Lake Resorts, Bloomingdale, IL. For more information contact the CHARGE Syndrome Foundation, Inc. #573-499-4694 or 1-800-442-7604.
- ★ **Tina Feigal will be speaking in Fargo in July**. Tuesday, July 28, 2009, 6:30-8:30 pm. NDSU Festival Concert Hall, 12th Ave N & Bolley Drive, Fargo, ND. She is the author of *"The Pocket Coach for Parents: Your Two Week Guide to a Dramatically Improved Life with Your Intense Child"*. **Registration required:** Call 701-241-5700 or email diane.langer@ndsu.edu. The parent workshop is free and open to the public. There will also be a professional workshop on Wednesday, July 29, 2009, 9:00-12:30 pm. The professional workshop requires a registration fee.
- ★ **Freedom Resource Center**, August 6, 2009 in beautiful Wahpeton, ND will host a Youth Leadership Forum, for youth with disabilities ages 14-16. This is a beginning course for youth that want to learn more about leadership and self advocacy. We are accepting youth in our North Dakota and Minnesota service areas. **ND:** Cass, Barnes, Stutsman, Richland, Dickey, LaMoure, Logan, McIntosh, & Ransom. **MN:** Becker, Clay, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin, & Douglas. Please call or email for more information: 1-800-450-0459 or freedom@freedomrc.org.
- ★ **27th Annual Conference—Closing the Gap**, October 15-17, 2009, Minneapolis, MN. For more information call 507-248-3294 or email: info@closingthegap.com or visit the website: www.closingthegap.com.



ND Department of Public Instruction
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Agency: _____

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Mail to: ND Dual Sensory Project
Sheri Hettwer, Admin. Asst.
1401 College Drive N
Devils Lake, ND 58301-1596

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