



Starting Services for Children with Vision Impairment and Additional Disabilities, including Deafblindness



VOICE & VISION 

National Resource and Training Centre for Children with Vision Impairment and Additional Disabilities, including Deafblindness

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Starting Services for Children with Vision Impairments and Additional Disabilities, including Deafblindness

Even three decades ago, there were no services for children and young adults with vision impairment and additional disabilities in India. Consequently, in the absence of a proper understanding of their needs, most of them were deprived of any kind of schooling. Those who did receive education had to cope in schools for single disabilities.

Fortunately, the scene changed completely on July 11, 1977. For the first time in India, Helen Keller Institute for Deaf and Deafblind initiated programmes for children with deafblindness in Mumbai. Appreciating the unique and varied needs of children with multiple disabilities, professionals at this institute began to provide appropriate and need-based intervention.

Today, several hundred children and young adults with vision impairment and additional disabilities receive appropriate services across the country through home based, CBR or centre based services. But the figures for those who do not receive any education run into lakhs. This is particularly true for children in rural areas who remain unidentified.

It is estimated that 5% of the Indian population is disabled. According to the National Sample Survey Organisation (1991), 1.9% has physical and sensory impairment. However, there is no information on the exact number of persons having a combination of more than one disability. Worldwide research shows that 50%-70% of children with visual impairments have an additional disability. This includes hearing impairment, mental retardation, cerebral palsy, autism and neurological impairment among others.

A growing awareness in India has seen the government pass several laws to safeguard the rights of children with multiple disabilities. The District Primary Education Project (DPEP) and Sarva Siksha Abhyan (SSA) programmes that have been launched include children with disabilities. But this is not enough.



There is an urgent need for policy makers, educators and service providers to look beyond the needs of children with single disability. To understand the fact that children with multiple impairments have needs that are unique and complex, set up services and develop appropriate programmes for them.

As a step in this direction, this booklet endeavours to provide general guidelines and information for developing appropriate programmes for students with vision impairment and additional disabilities, including deafblindness.

The booklet will be useful for:

- Administrators, professionals, parents and caregivers
- Persons interested in initiating programmes
- Existing service providers

UNDERSTANDING CHILDREN WITH VISION IMPAIRMENT AND ADDITIONAL DISABILITIES, INCLUDING DEAFBLINDNESS

What do we understand by a child with vision impairment and additional disabilities?

A child with vision impairment and additional disabilities, including deafblindness may have severe disabilities which include hearing impairment, mental retardation, cerebral palsy and autism. The combination of these disabilities causes severe communication, developmental and educational problems which result in the child being unable to learn in special education programmes developed only for children with a single disability.

Children with vision impairment and additional disabilities have a combination of disabilities that are expected to continue indefinitely and hence impair performance in two or more of the following developmental areas:

- Milestones
- Communication
- Movement
- Cognition
- Self-care
- Social and emotional



What causes vision impairment and additional disabilities, including deafblindness?

The major causes can be classified in three groups.

Pre-natal:

- Lack of proper nutrition
- Lack of proper hygiene, leading to infections
- Prematurity
- Syndromes such as Down, Usher and CHARGE
- Rubella
- Cytomegalovirus
- Toxoplasmosis
- Multiple Congenital Anomalies
- Sexually Transmitted Diseases

Peri-natal (During Birth):

- Anoxia (excessive oxygen)
- Hypoxia (lack of oxygen)
- Birth Trauma
- Low Birth Weight

Post-natal:

- Meningitis
- Head Injury
- Seizures
- Encephalitis

How can we recognise a child with vision impairment and additional disabilities, including deafblindness?

Children with vision impairment and additional disabilities may:

- Appear to be withdrawn and isolated
- Lack the ability to communicate meaningfully with the environment
- Lack curiosity and basic motivation to explore the environment



- Have medical problems leading to serious developmental delays
- Be defensive about being touched
- Have extreme difficulty maintaining interpersonal relationships
- Lack the ability to anticipate future events or results of their actions
- Have feeding difficulties and/or unusual sleeping patterns
- Exhibit frustration and disciplining problems
- Have delayed social, emotional and cognitive development
- Have severe physical disability leading to movement, coordination and speech disorders
- Have to develop unique learning styles

What kind of programme does a child with vision impairment and additional disabilities need?

An educational programme for children with vision impairment and additional disabilities, including deafblindness should provide opportunities for the child to develop independence in communication, mobility, self-care and rehabilitation to the maximum extent possible.

Individualised teaching approaches facilitate the child to develop:

- Ability to communicate, express and understand others
- Ability to move independently
- Ability to use residual vision, hearing and other residual senses
- Motivation to explore
- Exploratory skills
- Concepts
- Self-care
- Social skills
- Leisure skills
- Vocational skills

What are the strategies useful for working with a child with vision impairment and additional disabilities?

- **Build independence:** The primary goal is independence. Encourage the child with special resources, be it wheelchair, white cane, communication system or adapted clothing.
- **Be an advocate:** Make people aware of the child's abilities and needs, and his desire for respect.
- **Teach functional and meaningful skills:** Select skills that will be relevant to the child's environment, age and opportunities for using them and suitable for the child and family.
- **Select natural settings:** Skills should be taught in settings they would be used, as the child often finds it difficult to generalise them to other settings.
- **Break tasks into steps:** The child can learn an activity better if, instead of teaching the full sequence, it is broken into small steps.
- **Provide needed assistance:** Give only as much assistance as the child needs so that he learns to be as independent as possible.
- **Practice skills repeatedly:** Opportunities for a lot of repetition is needed for the child to learn new concepts and skills.
- **Use normal language and voice:** Speak clearly in normal tone and voice, and use natural language.
- **Use real objects:** Real objects with natural smell, colour, taste and touch help the child to develop concepts better.
- **Use multi-sensory approach:** Use the remaining senses to help the child understand language and his environment.
- **Take advantage of teaching moments:** Teach new skills and language when the child is motivated and interested to learn.
- **Use motivation:** Gain the child's attention initially by using materials or activities that interest him like chocolate or music before he is ready for different learning situations.
- **Adapt materials:** Simple adaptations according to the needs of the child make things more accessible. A shirt texture will help differentiate the front from the back.

- **Develop routines:** Routine gives the child a sense of security and helps him to anticipate events.
- **Create a comfortable environment:** A comfortable and relaxed physical environment will encourage the child to achieve his maximum potential. For example, you can use boxes, trays and proper lighting.
- **Plan age-appropriate activities:** The child's age and interests are important for planning an activity. An older child may prefer making a salad rather than playing with a ball.
- **Provide interaction opportunities:** Interaction with peers, family and community is necessary for acceptance and the child should be involved in all social activities and festivals.
- **Use local resources:** Keeping the socio-economic condition of the child's family in mind, encourage the creative use of local low-cost community resources.
- **Strengthen support services:** Utilise assistive devices, government concessions and referral services.
- **Networking:** Exchange resources and knowledge with government and other agencies working in the field of disability.

(Source: Perkins Activity and Resource Guide - A handbook for teachers and parents of students with visual and multiple disabilities, 2004)

SERVICE DELIVERY MODELS

Working with children or young adults with vision impairment and additional disabilities, including deafblindness is possible through various service delivery models. Each model has its own merits and limitations, which makes judging one model as being better than another totally inappropriate. The choice depends entirely on individual needs and environment. Models can be complementary to one another.

Three main service delivery models are prevalent across the country today:

- Home Based Programme
- Community Based Rehabilitation (CBR) Programme
- Centre Based Programme

Working better in rural settings, the CBR model reaches out to children with vision impairment and additional disabilities in remote areas and provides services practically at their doorstep. The total involvement of family, neighbourhood and community helps to achieve the ultimate goal of enabling the child's inclusion in the mainstream. However a CBR service has some limitations such as opportunities for the child to interact with other children with disabilities and their families, and the lack of services of a professional team.

In such a scenario, a CBR programme combined with a centre based service located not too far which the child can visit once or twice a week would compensate this deficiency. Thus a combination of service delivery models makes it possible for the child and family to get the best of both services.

Families who have children with vision impairment and additional disabilities often lack support and need to look after the child day and night. However, occasions may arise when the child cannot be with the family for short periods of time, making residential and respite care services necessary.

I. Home Based Programme

In a home based programme, services are provided to the child at home with the full involvement of family members in both rural and urban settings.

Children with vision impairment and additional disabilities often have medical and mobility issues, which make it difficult to go to a centre. A home based programme offers the child education and training in his own environment, involving the family and neighbours.

Advantages of a Home Based Programme

- Non institutional approach
- Result oriented
- Cost effective
- Doorstep delivery where no other services are available
- Transfer of knowledge, information, technique and skill to relevant people in child's environment

- Education planning is flexible and need-based
- Involvement of family members in planning the child's education and rehabilitation
- Creates awareness regarding needs and potential of the child
- Maximum utilisation of local resources and services
- Reaching out to and serving maximum number of children resulting in cost effective services
- Ensures sustainability of services

Initiating and operating a Home Based Programme

What kind of infrastructure will be required?

Since the special educator works in the child's home, the available space and resources must be used. To meet the child's individual needs, environmental modifications that are possible can be made with the consent and involvement of the parents. Household items and functional objects of play, food and self-care are mostly used during skill training programmes. However for stimulating the senses, parents may be asked to provide some inexpensive toys or items if possible.

Who will be involved in planning, supporting and delivering the services?

The implementing agency or organisation, family and professionals will be involved.

The process of initiating a project will require:

- Survey
- Screening
- Identification of project staff
- Training staff
- Identification of target group
- Home visits
- Guidance and counselling
- Orientation of the project to parents
- Rapport building with the child

- Needs assessment of the child
- Needs assessment of the family
- Referral for clinical assessment
- Functional assessment
- Provision of aids and appliances
- Development of individual educational plans
- Skill training programme
- Parental guidance and counselling
- Evaluation

What role does the implementing agency or organisation play in planning and sustaining the programme?

- Selecting the project area
- Selecting staff
- Training staff
- Providing administrative support
- Supervising and monitoring the project
- Ensuring involvement and support from the community
- Ensuring suitability of the project
- Networking with other agencies
- Raising funds
- Motivating, guiding, counselling and supporting field staff
- Arranging training programmes for teachers and parents
- Arranging training programmes for administrators, volunteers, people in the community

What is the staff requirement?

Staff required for ten beneficiaries would be:

- One coordinator or person in charge
- One educator
- One assistant educator

What role does the coordinator or person in charge play?

The coordinator or person in charge is required to:

- Identify the target group
- Support the agency in selecting educators
- Act as a bridge between the implementing agency and educators
- Coordinate between families and educators
- Visit families
- Network with other agencies and professionals
- Make provisions for aids and appliances
- Arrange training programs for educators and parents
- Organise family strengthening programmes like outings, weekends, workshops for siblings, neighbours and community workers

What role does the educator play?

The educator and assistant educator are the ones who actually take services to the child's doorstep. They are directly involved in:

- Identification of target groups
- Rapport building with parents
Success of a home-based programme depends on how educators interact with the families. Working as partners with families, educators should respect their privacy, culture, strengths and limitations. They should have good communication and listening skills as well as the capacity to understand the parents' needs and expressions. They must endeavour to win the family's trust and be accepted by them. Unless a positive relationship is established, it becomes difficult for the educator and family to work together effectively and meet the child's educational needs.
- Parent counselling
Although the educator is not expected to work as a professional counsellor, her job involves working very closely with family members. This gives her an opportunity to be aware of their social and emotional needs. She should try to help them understand their child's strengths and abilities, and realise that given the right guidance and support their child will learn many essential skills and become relatively independent. The educator has to help families to learn how to work with their child, motivating them by focussing on any positive change.

- Home visits

During home visits, educators explain the aims and objectives of the project and establish a rapport with the family. They assess the socio-economic condition of the family, their needs and strengths. Observing the child in familiar environment, they make parents understand how appropriate training and support can help their child progress and learn skills.

- Student timetables
- Clinical and functional assessments

Clinical and functional assessments determine the medical, developmental and educational needs of the child, based on which intervention programmes are planned. Educators refer the child to medical practitioners and arrange for clinical assessment. These assessments are required for medical intervention (surgery or treatment), corrective devices, certification and government concessions. Educators carry out functional assessments with support from parents and therapists by observing the child in different environments. Functional assessments determine the child's current performance level, strengths and needs in different areas of development including fine motor, gross motor, communication, social, daily living skills, cognitive, vision and hearing. The assessment details are recorded on checklists and the information is used to determine appropriate teaching strategies and develop Individual Educational Plans.

- Individual Educational Plans

There is no pre-packaged curriculum for children with vision impairment and additional disabilities, including deafblindness. An Individual Educational Plan (IEP) is developed in consultation with the family keeping the child's abilities, age, needs, level of functioning and disabilities in mind. The IEP objectives are in the areas of communication, gross motor and fine motor skills, daily living skills, socialisation, sensory training, orientation and mobility, pre-reading and writing skills, academics and pre-vocational training.

- Family participation
Involvement of family members in the child's training programme is important to ensure that appropriate intervention strategies are carried out daily.
- Review meetings

What should the educator do during subsequent home visits?

The educator usually plans how to conduct subsequent home visits. During a two-hour visit, the steps followed are:

- Exchange greetings with the family
- Elicit information regarding the child's health, follow up and problems encountered
- Teach the child a specific skill based on the IEP objectives
- Demonstrate to the family how the child should be taught a skill
- Explain the method of teaching, answer questions and clarify doubts of family members
- Observe the parents' interaction with the child and suggest any modifications required
- Assign a task as follow up
- Evaluate the follow up on subsequent visit

Repeat home visits at regular intervals. It should be twice or thrice a week, depending on the needs of the child and family.

What qualities should a special educator possess to be effective in a home-based set up?

- Training
The special educator must be trained in deafblindness/multiple disabilities, or at least trained in single disability with subsequent training in multiple disabilities.
- Pleasant personality
- Good listening and communication skills
- Updated knowledge
- Ability to share information and knowledge
- Ability to involve, guide, support, counsel and motivate parents, siblings, neighbours and people in the community
- Ability to establish a network with other professionals and organisations
- Ability to maintain confidentiality regarding information about the child and family
- Confident, well mannered and punctual



What kind of documentation is required for the child?

It is important to maintain records from the time a child is started on a programme. Details of all subsequent evaluations and progress should be recorded with the help of the following documents:

- Survey or screening form
- Medical information form
- Admission or intake form
- Form for screening vision, hearing etc.
- Assessment checklist
- Individual case file
- Daily diary of educator
- Format for IEP

A programme can be started even before all these forms and checklists are in hand. However, it is important that the educator comprehensively records all information acquired about the child in any way that is convenient. Educational goals being planned should also be noted. Necessary checklists and forms can either be acquired or gradually developed to make documentation more organised and accessible. Forms that are available sometimes need modification to suit the requirements of a child.

II. Community Based Rehabilitation Programme

A Community Based Rehabilitation (CBR) programme aims at training and rehabilitating children and adults with vision impairment and additional disabilities in the community itself with the full support and involvement of the family as well as members of the community. This approach works best in rural settings where services may be limited because of the lack of special centres, limited transport facilities, poverty and scarcity of trained manpower.

A CBR model considers the conditions prevailing in remote areas and villages. Working with the child with multiple disabilities in his home empowers the family and community to deal with the challenges of the disabilities locally. Since approximately 70% of the Indian population live in villages, it is estimated



that the majority of children with vision impairment and additional disabilities also live in rural areas. Therefore the CBR model is relevant and important in the Indian context.

Advantages of a CBR Programme

- Takes services to doorsteps, even in the most remote and underdeveloped areas
- Utilises services of local workers and is not dependent on outside professionals. Local people are imparted with theoretical (40%) and practical (60%) training for dealing with communication and other learning needs of children with vision impairment and additional disabilities
- Provides training in age-appropriate functional activities that are meaningful and relevant in their own context. For example, training a 22 year-old young adult with deafblindness in the family livelihood like farming, cattle rearing or managing a small shop
- Aims at teaching self care skills to individuals with vision impairment and additional disabilities in their own environment, using local materials. It is therefore more relevant and easier to sustain in a rural setting

Initiating and operating a CBR Programme

What are the tools required to identify and prioritise the needs of a child?

- Survey form
- Screening schedule
- Medical certificates
- Functional assessment form

What kind of infrastructure will be required?

A CBR programme necessarily makes use of locally available resources. Whether it is space, materials for assessment, sensory stimulation or skill training, CBR workers make do with natural resources, household items, locally made toys and other items available in and around the house and neighbourhood. They tap the ingenuity and creativity of family members and local people who often come up with very useful ideas regarding aids and appliances suitable for the child that can be made with local materials.

Delivering services in a CBR Programme

Who are the main players in community based services' delivering system?

- Family – parents, siblings and extended family members
- Neighbours
- Community members
- Trained village workers
- Professionals who provide support and guidance to village workers

How can a CBR worker motivate a family to work with their child?

She can do so by:

- Helping family members to understand the needs of the child
- Demonstrating the child's strengths and abilities to the family and community
- Helping the family to identify and celebrate even the smallest progress made by the child
- Helping the family to avail of government assistance for assistive devices like hearing aids, glasses and callipers

What are the major needs of families in a rural set up?

- Medical check ups and appropriate medical intervention, mainly for epileptic fits
- Appropriate medical certificates from proper authorities
- Child's independence in self care skills
- Child's independence in motor skills
- Communication system to help members of the community understand and interact with the child
- Possibility of young adults with disabilities contributing to the family income

How can the community at large contribute towards the rehabilitation of someone with vision impairment and additional disabilities?

It can contribute by:

- Accepting him as one of them with his strengths and challenges
- Preventing family members being isolated by involving them and their child in various community activities like village mela, panchayat meetings, celebration of festivals, bhajan sabhas

- Facilitating employment opportunities in the community
- Helping to create awareness and ensure benefits of various governmental and non governmental schemes for children or adults with vision impairment and additional disabilities

How can awareness in the community about vision impairment and additional disabilities be created?

- Organise meetings with the village *sarpanch*
- Counsel parents to accept their child's disability, appreciate his abilities and let him participate in community life
- Highlight success stories and achievements of disabled persons in the same or neighbouring villages
- Provide orientation to village school teachers and give them some simple, basic literature about visual and multiple disabilities
- Organise medical camps
- Organise village awareness camps
- Organise meetings and orientation sessions for village youths, young mothers and other women
- Encourage village workers to organise plays and skits with the help of village youths to convey social messages like rubella vaccine, need for early and appropriate intervention for children who appear to have visual and other associated problems

Identifying, assessing and developing a CBR Programme

How can individuals with visual and multiple disabilities including deafblindness be identified?

- Contact village *sarpanch* and go through population data of the village at the *panchayat* office
- Conduct door-to-door surveys
- Conduct screening camps in villages
- Contact primary health centre (PHC) doctors

Who can help identify individuals with vision impairment and additional disabilities?

- Multipurpose health workers who, as part of government health machinery, can be given short term training to understand multiple disabilities
- *Anganwadi* (nursery) workers and local schoolteachers can identify children with multiple disabilities at an early age after an orientation course
- PHC doctors who have completed a training programme on disability management organised by the Rehabilitation Council of India and are familiar with visual and multiple disabilities can be used for identification and screening
- Local field workers with adequate training in multiple disabilities can conduct door-to-door surveys and collect authentic data regarding individuals with multiple disabilities in a village

Who will be involved in an assessment?

- Parents
- Siblings
- Extended family members
- Neighbours
- Field worker
- Trained rehabilitation worker
- Medical experts and reports if possible

What kind of material can be used for an assessment?

- Locally available rattles and toys made from wood, mud, seeds and fruits of wild plants and trees
- Metal bangles
- Clay
- Steel spoons, bowls, glasses
- Different grains available locally like wheat, rice, jawar, pulses
- Swings on tree branches
- Cow bells
- Sounds of different birds and animals
- Different coloured clothes common to a particular area like mirror work in Kutch, bright patchwork in Orissa
- Colourful toys and mobiles available in local market

How can a child's vision be assessed?

- Turns towards light
- Finds it difficult to locate toy on mud floor
- Brings toy very close to the eyes
- Bumps into things that are close inside the house
- Bumps into things like big stones or trees outside the house late in the evening or at night
- Does not identify mother's smile or respond to greetings
- Cries when going into bright light
- Turns head to one side towards objects
- Misses objects placed in certain areas and directions
- Does not look directly at objects or persons
- Tilts head for better viewing
- Continuous watering of eyes
- Common eye infections
- Redness of eyes

How can a child's hearing be assessed?

- Does not awaken to noise when asleep
- Reduced or monotonous babbling
- Constant ear discharge and infections
- Does not turn to source of sound
- Watches speaker's lips intently
- Quality of voice and speech is different
- Is inattentive in the classroom or when someone speaks or calls out
- Turns head at an angle to hear better
- Does not hear the bell or other sounds in the environment like birds, animals
- Language and speech development is affected

How can a CBR programme be developed?

- Talking to parents
- Identifying parents' needs
- Listing out the child or adult's strengths

- Listing out the child or adult's likes and dislikes
- Identifying the present mode of communication being used
- Listing out resources available at home
- Listing out resources available in the immediate community like *balwadi*/primary school, panchayat office, local primary health centre
- Demonstrating skill training to family members
- Helping parents notice even the small achievements of the child
- Encouraging and involving family members to follow up the training programme

III. Centre Based Programme

A centre based programme provides services for persons with vision impairment and additional disabilities, including deafblindness at a centre. The child attends the programme where all resources including special educators, therapists and specialised equipment are available.

The number of days and hours that the child comes to the centre depends on his age and needs. While some children attend the programme accompanied by his parent or caregiver, others may attend on their own. The centre may have additional residential facilities for children who live far away.

A centre based programme often proves to be a better option in urban areas where resources and transport are more easily available.

Advantages of a Centre Based Programme

- Child comes out of his home environment and becomes a part of a larger social context
- Child experiences new situations and develops new concepts like travelling regularly to school
- Child gets the opportunity to be with children of his own age group, which helps build social skills and makes learning easier and more enjoyable
- Child gets the opportunity to use different play, educational and therapeutic equipments which may be unaffordable for the family

- Child is prepared for a better adult life, learning to be aware of his needs and adjusting to demands of the outside world
- Parents are in touch with other parents, and able to share and learn from each other's experiences
- Parents get some respite as teachers share the responsibility of looking after the children while at the centre
- Awareness about disabilities is created through increased visibility of the child

Initiating and operating a Centre Based Programme

What kind of location should be chosen for a centre?

The location is important since children come to a centre to receive services. Several factors should be kept in mind while selecting the location:

Number of children to be served

A rough estimate of the number of children with vision impairment and additional disabilities in the city or town can be obtained with the support of health centres, existing programmes for single disabilities, hospitals, paediatric clinics, counselling centres and NGOs active in the area. If the number of children identified with multiple disabilities is small, then adding a unit for such children to an existing programme for children with single disability may be more feasible. A centre based programme can start small with a few children but aim to provide services to at least 20 – 25 children within the next few years.

Well connected

Centre based programmes must be well connected to different parts of the city or town as well as neighbouring areas. Public transport should be easily available throughout the day.

Hygienic environment

Surroundings should be relatively pollution-free and appropriate from the viewpoint of health. There should be no industries or garbage dumping grounds in the vicinity. The neighbourhood needs to be green and clean.

Legalities involved to initiate a Centre Based Programme

The agency must register with the Charity Commissioner under the Societies Registration Act of 1860 and the Public Trusts Act, 1950. It must also register under the Income Tax Act, 1961. The sections relevant to charitable organisations under this act are 2(15), 10, 11, 12, 13, 35 and 80G.

Charitable organisations can receive equipment, medicines and donations from abroad under the Foreign Contribution (Regulation) Act, 1976. Public charitable trusts and societies of a non-communal nature involved in relief work can apply for exemption from customs duty from the Ministry of Finance, Department of Revenue, New Delhi.

Infrastructure required for a Centre Based Programme

What kind of space and how much of it should be acquired?

A programme can be started in any hired, donated or private space with enough provision for natural light and fresh air. Two 12' x 15' rooms with some open space for play and sensory activities like sand/water play and plantation will be enough for 10 – 15 children.

If space is insufficient, children can be called in two groups or a staggered timetable can be followed for the younger children.

The toilet and wash area should be spacious and well lit with running water and modifications to make it accessible. A ramp and well-defined steps with railings are essential.

If there are enough resources to construct a new building, the following points should be kept in mind:

- A ramp and straight, broad and well defined steps
- Properly planned doors, windows and pillars
- Enough fresh air and natural light. If any of the rooms do not receive natural light, there should be provision for artificial lights, preferably tube lights
- The structure should be simple and easily negotiable for visually impaired children, avoiding unnecessary twists and turns

- If resources permit, areas for different activities, for example dining area or play area, should be marked clearly with different textures on the floor or walls
- The approach pathway should be straight and have clear cut boundaries
- An open area should be earmarked for outdoor play and gardening
- Enough safety measures should be taken to prevent accidents like falling from the balcony/terrace or wandering off on to the road

What kind of furniture and accessories will be required?

A programme can be started with minimum furniture and fittings. Initially one only needs to have:

- Good mats, the quantity depending on number of children
- Low plastic or wooden stools for keeping toys or work material so that children do not have to bend down to look at them
- Shelves or cupboards to store play/teaching material and other equipment safely
- Table and few chairs for teachers to prepare teaching material, write reports/diary

As resources improve, one can add:

- Tables and chairs for the children. Chairs should be modified to suit the children's need and tables should be appropriate for their height
- Racks or drawers for the children to keep their things
- A good mattress with cushions and bolster. It is useful for young children to relax and indulge in physical play or go through some tactile picture/story book with the teacher in a comfortable posture
- Curtains to block out unnecessary glare in rooms that get direct sunlight

What kind of educational material, toys and play equipment will be needed?

The programme can be started with some very basic educational material and a few simple inexpensive toys:

- Stationary: chart paper, glue, drawing books, thick crayons, sketch pens, basic colours and paint brush, drawing pins, soft boards for timetables and charts

- Sound makers: rattle, tambourine, brass bell, squeaky rubber toys and plastic bottles filled with various objects that make different sounds like grains, seeds, peanuts, candies or marbles
- Basic toys: dolls, vehicles, bright coloured balls of different sizes and textures, moving toys that respond to being pressed, shaken, pulled or pushed - even homemade colourful paper fans that rotate
- Peg boards with different shapes and bright contrasting coloured blocks
- Household objects for visual and tactile stimulation: shiny wrapping papers in different colours, shiny decorations used for festivals, cloth pieces of different textures, rugs, different textured durries, bubble wrap used for packing breakables, sponge, colourful tops, colourful costume jewellery, penlight torch, bottle of massage oil, box of sand, plastic bowl for water play, empty plastic bottles and boxes, thread reels strung together, plastic baskets to keep the play material
- A small swing, preferably with support/railing on the sides for security

Other play equipments like slide, trampoline, tricycle, rocking horse can be added when more resources are available.

Note

- Toys and equipment used should be of plastic or wood as far as possible, without glass parts or sharp edges
- Use ordinary objects like fruits, flowers, vegetables, leaves, twigs, grains, stones, soil, seeds, feathers for teaching language and concepts as well as making teaching aids

Establishing and managing a Centre Based Programme

Who all are involved in establishing and managing the centre and delivering services?

Managing Committee

The managing committee is responsible for:

- Acquiring space for the centre and providing the main structural modifications required
- Completing legal formalities like registration and obtaining income tax exemption under Income Tax Act, 1961, Section 80-G

- Raising funds and being the final authority on its disbursement
- Appointing staff members, including the principal/coordinator
- Managing overall administrative and policy decisions
- Providing ongoing support to staff and professionals involved in the programme

Principal/Coordinator

The principal/coordinator will be overall in charge of the programme. A background in special education with minimum 5 years work experience is important.

The principal/coordinator is responsible for:

- Selecting teachers with the managing committee
- Supervising the teaching overall, and providing guidance and support to teachers
- Managing day-to-day administrative issues
- Making teaching material and equipment available
- Giving guidance for writing annual and progress reports of sponsored children for donors
- Arranging services of therapists and other professionals
- Assisting parents to acquire aids and appliances under government schemes
- Coordinating between management committee and staff members
- Facilitating staff development with training, refresher courses and workshops for staff and parents
- Networking with other agencies and professionals
- Being involved in all matters related to the wellbeing of students, families, staff and managing committee

What should the teacher-student ratio be?

The number of teachers being appointed depends on the number of children admitted in the programme. However, the teacher-student ratio for children with vision impairment and additional disabilities including deafblindness is high, as teaching and training is on an individualised basis.



The teacher-student ratio should be 1:1 for young children. It can be 1:2 or 1:3 as the child grows older.

One can start with a few hours of intervention services per week for a child in the early intervention programme, increasing the hours and days as he grows older.

What qualifications do teachers and assistant teachers require?

A teacher requires Diploma/BEd in Deafblindness/Multiple Disabilities/Single Disability of RCI recognised courses. An assistant teacher is required to be Class XII pass with at least 1 year teaching experience in single or multiple disabilities.

What is the role and responsibility of the teacher?

- Doing functional assessments with the support of other professionals
- Helping families with clinical assessments by accompanying the child and giving any assistance required to medical personnel
- Making an Individual Educational Plan (IEP) and timetable for each child
- Planning appropriate learning activities and experience sessions (both indoor and outdoor) for each child with the assistant teacher, in keeping with the IEP
- Planning and conducting appropriate leisure time activities like games, music, art and craft, as well as cultural events
- Preparing teaching material
- Counselling the parents—answering questions, removing doubts and helping them understand their child’s abilities
- Explaining IEP to parents and demonstrating the teaching strategies in order to ensure the continuance of the programme at home. Educational goals and objectives in an IEP are based on a child’s age, interests, abilities and family needs. Long term (5 years) and short term (one year, further divided into two terms) goals are made after careful assessment of the child’s needs
- Writing reports and maintaining records of the child’s progress, assessment, medical intervention
- Coordinating between therapists and parents



- Keeping the principal/coordinator in charge of the centre informed about classroom needs, children's progress and any specific issues of concern
- Modifying and ensuring that classrooms and other areas of the centre is according to the children's requirements - barrier free environment, provision of landmarks
- Making home visits when required to observe the child's behaviour at home or modify the home environment
- Acquiring and maintaining suitable aids and appliances for each child either through parents or the centre

Note

- If resources permit, hiring a trained mobility instructor will be very useful for the programme
- Bigger organisations may require separate project coordinators to head different sections
- The structure, hierarchy and designations of heads may vary from one programme to another, depending on individual requirements

What kind of non-teaching staff will be required?

Basic office staff which includes a secretary and an accountant. In addition to knowing the local language well, both should have good working knowledge of English. Computer literacy will be useful.

Part time cleaner and maid who also assist in taking care of the younger children.

What is the role of the family?

A team approach is used in centre based programmes but families have an important role to play. To motivate and keep them involved in the programme, it is necessary to:

- Take the parents' priorities into account while making an IEP
- Explain the purpose of activities planned to parents and demonstrate teaching strategies
- Train parents and siblings to use the same mode of communication with the child as in school
- Emphasis the importance of following up the programme at home and keeping the teacher informed about the child's performance at home

What is the role of other professionals?

Many of the children have medical complications and may frequently require medical services of other professionals like ophthalmologist, audiologist, speech therapist, physiotherapist, occupational therapist. It is therefore very important to establish links with conveniently located government or private health centres providing these services. This will facilitate periodical check ups and assessment for children, and provide guidance for parents and teachers.

Admission procedure in a Centre Based Programme

Who can be admitted in a centre based programme?

Any child with vision impairment and additional disabilities who requires individualised training and programming may be admitted. Referrals for admission are generally made by other agencies, medical/counselling centres or professionals. Necessary information and case history of the child can be obtained from:

- Medical reports and government certification
- Observations made during the initial functional assessment
- Details provided by parents

Any child not receiving services should be given priority in admission.

What are the documents required?

- Admission form, filled in properly
- Birth certificate
- Copies of all available medical reports
- Progress reports of other programmes attended (if any)
- Income certificate of parents (to identify parents in need of financial support)
- Government Disability Certificate for all diagnosed disabilities or handicapping conditions (if necessary, the programme can assist parents in obtaining it)

LEGISLATIONS ON DISABILITY ENACTED BY GOVERNMENT OF INDIA

Four Acts have been passed for the welfare of people with disability:

- National Trust Act, 1999
- The Persons with Disabilities Act, 1995
- Rehabilitation Council of India Act, 1992
- The Mental Health Act, 1987

The National Trust Act (1999) looks at provisions that need to be made for persons with disability during their lives and when parents are no longer there to look after them.

The Persons with Disabilities Act (1995) has provisions for various aspects of life of persons with disability such as intervention, education, research and employment.

The Rehabilitation Council of India Act (1992) monitors training of rehabilitation professionals and personnel, promoting research in rehabilitation and special education.

The Mental Health Act (1987) deals with laws related to treatment and care of mentally ill persons and endeavours to ensure better provisions with respect to property and other related matters.

Facilities for persons with disabilities

Education:

- National Open School (NOS):* Set up in 1989 by the Ministry of Human Resource Development, Government of India, NOS provides flexible educational opportunities. Besides the freedom to learn, it helps the person develop himself in his own field of interest.
- District Primary Education Programme (DPEP):* This is a centrally sponsored project for development of primary education at district level in every state of India. DPEP undertakes screening and assessment of children, enrolment in district primary schools, and house-to-house and school survey of children, including children with disability.

- Special Schools:* Voluntary organisations setting up schools for children with disability under the Assistance to Voluntary Organisations for the Handicapped scheme are given relief up to 90% of costs. Under this scheme, assistance is also given for vocational training centres, workshops and homes for people with disability. Funds can be allotted for construction of buildings, purchase of equipment and even staff salary.
- Integrated Education for Children with Disability:* The main objective of this scheme is to educate children with disability in a normal school environment and promote their acceptance in the community. The central government gives 100% financial assistance to educational institutions to provide additional facilities for the education of children with disability. Besides assistance for purchasing stationery and equipment, free board and lodging are also provided.
- Scheme for Scholarships:* Scholarships are given to students with disability for pursuing education from Class 9 onwards. Education up to Class 8 is free in all states and union territories. Some state governments also provide scholarships from their own resources. Scholarships are given for academic education, technical and professional training, correspondence studies and on-the-job training. In addition, students with visual impairment get a reader's allowance and those with physical disability receive an allowance for transport and maintenance of aids.

Aids and Appliances:

Persons with disability are given aids and appliances either free of cost or at a discount of 50%, depending on the income of the person or that of his parents/guardians. Persons with orthopaedic disability are eligible for crutches, wheelchairs, tricycles and other prosthetic/orthotic aids. Hearing aids are provided to hearing impaired persons while the visually impaired are given Braille slates, Braille pocket frame, abacus and measuring tapes for high school students. While students undergoing vocational training are given Braille measuring devices like micrometers and callipers, Braille writers/tape recorders are given to those enrolled in post-graduate classes.

Training and Employment:

- i. *Jobs:* 3% vacancies in central government and central Public Sector Undertakings are reserved for persons with physical disability. Age relaxation of up to 10 years is allowed.
- ii. *Employment Exchanges:* While 22 special employment exchanges have been set up in the country for persons with physical disability, 40 special cells in normal employment exchanges register and help people with physical disability.
- iii. *Rehabilitation Centres:* To assess the ability of persons with disability, arrange for their training and place them in regular employment, 16 vocational rehabilitation centres have been set up. In addition, 6 skill training workshops and 11 rural rehabilitation centres have been set up to promote placement of persons with disability in rural areas.
- iv. *Self-employment:* Loans up to Rs 35,000 are available under the Self-employment for the Educated Unemployed Scheme. National Handicapped Finance & Development Corporation (NHFD), state governments, municipal corporations and local bodies give soft loans to persons with disability and allot kiosks, vending stalls and booths. In a bid to promote employment, the Government of India gives national awards to entrepreneurs from private and public sectors who give maximum employment to persons with disability during one year.

Travel:

Concessions are available for travel by rail, bus and air. Persons with disability are also exempt from paying road tax for their vehicle and 50% of diesel/petrol cost is subsidised up to a certain limit.

Postage Concessions:

There is no postal charge for Braille literature. Talking books are also allowed free postage if dispatched from a recognised institution or person with visual impairment.

Government Employees:

Government employees with disability receive some benefits such as travelling allowance, housing on priority, tax exemption.

TRAINING FOR TEACHERS

To teach children with vision impairment and additional disabilities, a person should undergo special training:

- Teacher's Training: DSE (Deafblind)
- B.Ed/Diploma in Special Education - Vision Impairment/Hearing Impairment/Cerebral Palsy/Mental Retardation

For training in Deafblindness, interested persons can contact:

- i. The Course Coordinator
National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)
East Coast Road, Muttukadu 603 112
Kancheepuram District, Tamil Nadu
Tele-Fax: (044) 27472389
Email: niepmd@gmail.com
Grams: NIEPMD
- ii. Course Coordinator
Helen Keller Institute for Deaf and Deafblind
Aditya Birla Complex,
CCI, TTC Industrial Area
Shil-Mahape Road, Navi Mumbai 400 701
Tel: (022) 27782193, 27782214, 27782108
Email: hkidbtcc@vsnl.net,
hkivashi@vsnl.net
www.hkidbind@hathway.com
- iii. Course Coordinator
Clarke School for the Deaf and Mentally Retarded
#3, 3rd Street, Dr Radhakrishnan Road,
Mylapore, Chennai 600 004
Tel: (044) 28475422, 28474910
Email: clarkskn@md2.vsnl.net.in

FORMS

I. Needs Assessment Form

(Source: Voice and Vision, National Resource and Training Centre for Children with Vision Impairment and Additional Disabilities, including Deafblindness)

Needs of organisations who serve or desire to serve children with multi sensory impairments

I. Name of organisation:

Address:

Ph:

Fax:

Email:

Registration Number:

FCRA:

Contact Person with Designation:

II. Priority Area/Current Population served:

1

2

3

No. of staff employed:

Position:

Qualification:

Years of service:

III. If you currently serve children with multisensory impairments -

1. What are the criteria for admission in your unit?
2. How many children do you serve? What are their age and disability combinations?
3. How many staff do you have in your unit?
4. What is your service delivery model? (tick all that apply)
Centre based Home based CBR Residential
5. When this programme was initiated, what were your biggest barriers?
Expertise of staff
Identification of children
Infrastructure

Private donations

NGOs

INGOs

Fees

Corporate

Sales

Capital fund

Basic needs of children with multi sensory impairments in India

1. Has there been a survey in your district to identify children with multi sensory impairments?
If yes, please share the results.
2. Are there any services for prevention?
Matri Sishu Kalyan Kendra
Immunisation
Other medical facilities available
3. Is there awareness among the public about the programmes listed above?
4. What educational and rehabilitation services are available in your district?
5. Are there facilities for assessment and provision of aids and appliances?
6. What financial assistance is available for families of children with multi sensory impairments from -
Government
NGOs
Your organisation
Others

Please attach extra sheets wherever necessary.

Thank you for your time and inputs. We truly appreciate your support.



II. Survey tools and assessment formats for CBR services

(Source: Blind People's Association, Ahmedabad)

Survey Form

M MR
F MD
CP
AU

Organisation:

Project Area:

Implementing Agency:

Field worker's Name:

Cluster:

Village Name:

Total population:

Survey date:

Taluka:

District:

1. Full name:

2. Address:

3. Birth Date/Age:

4. Sex: F/M

5. Age of onset of Disability:

6. Cast:

a) SC

c) OBC

b) ST

d) Others

7. Marital status:

a) Married

c) Unmarried (Single)

b) Widow

d) Divorcee

8. Disability Information (put ✓ mark)

a) Mental Retardation ()

c) Autism ()

b) Cerebral Palsy ()

d) Multiple Disabilities ()

9. Cause of Disability:

10. Any medical treatment taken so far:

Yes () No ()

If yes, give details:

11. Disability Certificate:

Yes () No ()

12. Total number of family members:

13. Any other disabled person at home:

Yes () No ()

If yes, mention relation:

14. Registered for Below Poverty Line Card (BPL): Yes () No ()

15. Disability Identity Card: Yes () No ()

If yes, mention number:

16. Family Business:

17. Monthly Income in Rs.:

18. Received any benefits from Government: Yes () No ()

If yes, give details:

19. Educational Status: a) Illiterate b) Primary c) Secondary d) Higher Secondary

20. Any other Information:

Signature of Field worker:

Other Documents at CBR Level

General Register

Sr. No.	Name & Age	Disability	Date of Identification	No. of visits of field worker during the	Major Activities carried out during the month	Remarks

Medical Register

Sr. No.	Date	Name	Age	Name of doctor	Advice	Details of treatment	Special consideration	Follow up date

Details of field worker's visits

Sr. No.	Name, Age and Address	Date/Day of visit

Three-monthly Reporting format

Name of Project In Charge:

Name of Special Educator/CBR worker:

Sr. No.	Name & Age	Major objectives of the reporting period	Activities during the reporting period	Major achievements	Action plan for next three months	Remarks	Signature

Daily Reporting format

Sr. No.	Name & Age	Day/Date	Purpose of visit	Details of activities	Observations	Remarks	Signature of supervisor

III. Survey Form for the Identification of Children with Disabilities

**(Vision Impairment, Deafblindness, Speech Impairment,
Hearing Impairment, Physical Disabilities, Mental Retardation,
Autism, Cerebral Palsy, Multiple Disabilities)**

(Source: National Association for the Blind India, Mumbai)

Date:

District:

Gram:

Panchayat:

Area:

Name of the Surveyor:

1. Name and address of the person with disability:
2. Male/Female:
3. Age: a) 0 - 6years b) 6 - 14 years c) 14 years - 20 years
4. Category of the disability:
5. If information on the child's disability is available, please provide complete details, including if the child has multiple disabilities:
6. Cause of disability:
7. Has the child been checked up for the disability earlier? If so, give full details:
8. Child's level of functioning -
 - a. Education:
 - b. Training received:
9. Write briefly on the child's present level of functioning in the following areas of development:
 - a. Communication skills:
 - b. Cognitive development:
 - c. Fine Motor skills:
 - d. Gross Motor skills:

- e. Use of Senses:
- f. ADL (Activities of daily living) skills:
- g. Mobility:
- h. Social skills:
- i. Leisure & Recreation:

10. Does any other member of the family have a disability? If so, please give details:
 - a. Category of disability:
 - b. Age:
 - c. Sex:
 - d. Cause of disability: By Birth Accident Injury Illness
11. Number of people in the family with disability:
12. Main occupation of the family:
13. Yearly income of the family:
14. Number of earning members in the family:
 - a. Name(s):
 - b. Occupation:
15. Has the family received any assistance from Government schemes or an NGO:
16. Any other important information:
17. Signature of the parent/guardian:
18. Signature/thumb impression of the person with disability:
19. Recommendation for the following service:
Inclusive Education/Special Education/Home-Based Education & Care/Adult Education/Rehabilitation/Government Pension Scheme
20. Signature of the surveyor:

ENLISTING SUPPORT

- i. Ministry of Social Justice and Empowerment
Government of India Shastri Bhawan, A Wing
New Delhi 110 001
- ii. Samaj Kalyan Kendra (in your state)
- iii. Member Secretary
Rehabilitation Council of India
B- 22, Qutab Institutional Area
New Delhi 110 016
Tel: (011) 25632408, 26856892, 26534287
Email: rehabstd@nde.vsnl.net.in
Website: www.rehabcouncil.nic.in
- iv. Chairperson
National Trust
IPH Complex, 4, Vishnu Digamber Marg, New Delhi
Tel: (011) 23217414
Email: nationaltrust@ren02.nic.in
Website: www.nationaltrust.org.in
- v. Voice and Vision
National Resource and Training Centre for Children with Vision
Impairment and Additional Disabilities, including Deafblindness
Helen Keller Institute for Deaf and Deafblind
Municipal Secondary School
N M Joshi Marg, Byculla West,
Near 'S' Bridge, Mumbai 400 011.
Telfax:(020)23080315, 9423991956
Email:reena@voicevisionindia.com
Website: www.voicevisionindia.org
- vi. Director
Sense International (India)
405, Favourite Residency,
Opp St Xavier's Loyola Hall,
Memnagar, Ahmedabad 380 052.
Tel: (079) 27910792, 27911054
Email: info@senseintindia.org
Website: www.senseintindia.org

- vii. Hon Director & Consultant
Helen Keller Institute for Deaf and Deafblind
Municipal Secondary School, South Wing
N M Joshi Marg, Near 'S' Bridge, Byculla West, Mumbai 400 011
Tel: (022) 23087052 Email: hkidbind@hathway.com
Website: www.helenkelleridb-mumbai.org
- viii. Executive Director
Blind People's Association
Dr Vikram Sarabhai Road, Jagdish Chowk
Vastrapur, Ahmedabad 380 015.
Tel: (079) 26304070, 26300106
Email: blinabad1@sancharnet.in
Website: www.bpaindia.org
- ix. Deputy Director & Head of Education
Department of Education, National Association for the Blind India,
11, Khan Abdul Gaffar Khan Road,
Worli Sea Face, Mumbai 400 025.
Tel: (020) 24948581, 24935370
Email: nabed@vsnl.com Website: www.nabindia.org

It is necessary to register with the National Trust to receive government support.

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Miles, Barbara; Riggio, Marianne (Eds.) (1999). *Remarkable Conversations. A guide to developing meaningful communication with children and young adults who are deafblind*. Perkins School for the Blind, Watertown, Massachusetts.

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SOME USEFUL WEBSITES

1. Perkins School for the Blind:
<http://www.perkins.org/professional/webcasts>
2. Voice and Vision: www.voicevisiondia.org
3. National Trust: www.nationaltrust.org.in
4. Rehabilitation Council of India: www.rehabcouncil.nic.in,
www.rehabcouncil.co.in
5. National Institute for the Empowerment of Persons with Multiple Disabilities: www.niepmd.tn.nic.in
6. Helen Keller Institute for Deaf & Deafblind, Mumbai:
www.helenkelleridb-mumbai.org
7. Blind People's Association, Ahmedabad: www.bpaindia.org
8. Sense International India: www.senseintindia.org
9. Deafblind Link: www.dblink.org
10. Sense International UK: www.senseinternational.org.uk
11. Texas School for the Blind: www.tsbvi.edu/
12. Deafblind International: www.deafblindinternational.org

ABOUT US

Voice and Vision, a national resource and training centre for children with vision impairment and multiple disabilities, including deafblindness, is supported by the Hilton/Perkins Program of Perkins School for the Blind, USA. The project aims to increase educational opportunities for children with vision impairment and additional disabilities throughout India by utilising a cadre of highly skilled professionals to provide training, resources, and mentorship to professionals, paraprofessionals, families and caregivers of such children.

As a Training Centre, Voice and Vision conducts training in partnership with Government agencies and NGOs, including:

- Six-week intensive Master Teacher training course. On completion of this training, Master Teachers train other teachers in their region and are a local resource on educating children with vision impairment and additional disabilities, including deafblindness
- Need-based training for staff of Government agencies and NGOs
- CBR training
- Caregivers' training
- Working with families

Resource Materials:

- Resource Library
- Training Manual & CD/Video for Master Trainers
- Information Booklet
- Newsletter in print and E Form



VOICE AND VISION ADVISORY BOARD

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