



MedEd Connections

Resource Guide

Blind or Visually Impaired

The purpose of this guide is to help families build their understanding and connect important medical and educational information to make more informed decisions, so that their children who are blind or visually impaired (B/VI) can grow and live their best lives. This guide is designed to support families and their children of all ages in Ohio.

Why Is This Information Important?

The information provided in this guide is important because clear and unbiased information about educational and medical options can empower families to make their own decisions and gather greater benefit from the systems designed to serve them. Being aware of multiple choices and perspectives is important. Options available may differ based on where you work or live, the unique needs of your child, and many other factors.

This booklet is a shortened version of an extended online resource. To see the full MedEd Connections Resource Guide: Blind/Visually Impaired, please visit our website: <https://deafandblindoutreach.org/meded-connections-bvi>.

If you have any questions about this MedEd Connections Resource Guide, or you would like further assistance, please contact the Outreach Center for Deafness and Blindness at OCALI:

Email: outreach_info@ocali.org

Phone: (614) 401-2969

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Steps from Screening to Service

Blind/visually impaired Birth to Age Three

Steps	Who	What	State Agency	Parts of the State Agency/ System
Step 1: Screening	Eye doctor, low vision specialist, hospital nurse, or school nurse	Vision screenings are not required before age three. Parents are encouraged to have their children's vision screened if they have concerns.	Ohio Department of Health (ODH)	Hospital, children's hospitals, clinic, doctor's office, or local school district
Step 2: After Screening Follow Up Comprehensive Eye Exam	Eye doctor	For children who did not pass the screening, the performer of the screening sends referral to the eye doctor, who performs in-depth evaluation, determines whether there is vision loss, makes diagnosis if needed, provides recommendations for treatment, and may refer the family to a specialist for glasses or low vision devices.	Ohio Department of Health (ODH)	Hospital, children's hospital, clinic, center, or doctor's office
Step 3: After Diagnosis	Eye doctor, pediatricians, family, early intervention (EI) provider	Early intervention (EI) receives referral, the Individualized Family Service Plan (IFSP) team determines eligibility and assesses the need for EI services to support functional outcomes based on the family's priorities. EI evaluates and plans any needed supports/services for child's physical, cognitive, social and emotional development.	Ohio Department of Developmental Disabilities (DODD)	Early Intervention (EI) service providers
Step 4: After Early Intervention	Family, Individualized Family Service Plan (IFSP) team, and School team	Individualized Family Service Plan (IFSP) team supports child's transition into school. The school team conducts a comprehensive evaluation to determine the strengths and needs of the child. The team creates an Evaluation Team Report (ETR) and determines if specially designed instruction is needed, and if the child qualifies for special education services. A comprehensive evaluation is completed at least one time every three years for children who are eligible for special education services.	Ohio Department of Disabilities (DODD) and Ohio Department of Education (ODE)	Early Intervention (EI) providers and local school district

Blind/Visually Impaired School Age (3-21)

Steps	Who	What	State Agency	Parts of the State Agency/ System
Step 1: Screening	Eye doctor, low vision specialist, hospital nurse, school nurse, or pediatrician	Performs required vision screenings as mandated by Ohio state law.	Ohio Department of Health (ODH) and Ohio Department of Education (ODE)	Children's hospital, clinic, doctor's office, or local school district
Step 2: After Screening, If Did Not Pass	Eye doctor, low vision specialist, hospital nurse, school nurse, or pediatrician	For children who did not pass the screening, the performer of the screening sends a referral to the family, requesting further testing to be done by an eye doctor.	Ohio Department of Health (ODH) and Ohio Department of Education (ODE)	Local school district, hospital, children's hospital, clinic, center, or doctor's office
Step 3: Follow Up	Comprehensive Eye Exam	Eye doctor An eye doctor performs an in-depth evaluation, determines whether there is vision loss, makes diagnosis if needed, provides recommendations for treatment, and may refer the family to a specialist for glasses or low vision devices.	Ohio Department of Health (ODH)	Hospital, children's hospital, clinic, or doctor's office
Step 4: Determining Eligibility and Services	School team	Once a request for an evaluation from a family member or school personnel is received, the school team conducts a comprehensive evaluation to determine the strengths and needs of the child. The team creates an Evaluation Team Report (ETR) and determines if specially designed instruction is needed, or if the child is eligible for special education services. The ETR is reviewed at least one time every three years for children who are eligible for special education services.	Ohio Department of Education (ODE) and Opportunities for Ohioans with Disabilities (OOD)	Local school district
Step 5: IEP Development Individualized	Education Program (IEP) team	If the ETR team (see above) determined that the child needs specially designed instruction, the IEP team will create an Individualized Education Program. The IEP includes any necessary services, accommodations, modifications, and supports needed to access the curriculum. At age 14, as transition planning begins, students can be referred to OOD for services and those services incorporated into the IEP. The IEP is reviewed and revised at annually.	Ohio Department of Education (ODE) and Opportunities for Ohioans with Disabilities (OOD)	Local school district
Step 6: Transition into Adulthood	Individualized Education Program (IEP) team (including the student), community service providers, state and community agencies	Create student centered plan for transition into adulthood including employment, further education (such as college, or trade school), and independent living skills. At age 14, as transition planning begins, students can be referred to OOD for services and those services incorporated into the IEP.	Opportunities for Ohioans with Disabilities (OOD), Ohio Department of Developmental Disabilities (DODD), and Ohio Department of Education (ODE)	Local school district with support from Vocational Rehabilitation (VR), and Ohio Department of Developmental Disabilities (DODD)

Terms and Definitions

Accommodations: Grade level supports and services that allow learners access to the curriculum.

Early Intervention (EI): Early Intervention known as EI, is a statewide system that provides coordinated services to eligible children below the age three with developmental delays or disabilities and their families. The federal Individuals with Disabilities Education Act (IDEA) establishes EI programs in all 50 states. In Ohio, the Department of Developmental Disabilities (DODD) serves as the lead agency for the EI program. EI services are typically provided in the child's home or other community settings.

Evaluation Team Report: The report created after a comprehensive evaluation has been completed. It documents the current performance of the student, as well as strengths and needs of the student. The results in this document are used for special education eligibility determination and helps to plan an Individualized Education Program (IEP), if necessary.

Individualized Education Program (IEP): A team-developed written program that identifies therapeutic and educational goals and objectives needed to appropriately address the educational needs of a student with a disability, qualifying for special education services, ages 3 through 21 years.

Individuals with Disabilities Education Act (IDEA): A federal law that details the educational rights and requirements applicable to students with disabilities.

Individualized Family Service Plan (IFSP): The IFSP is a written plan for providing Early Intervention (EI) services to an infant or toddler with a disability and to the child's family in Early Intervention.

Ohio Department of Developmental Disabilities (DODD): A state agency that offers support across the lifespan to people with developmental disabilities and oversees a statewide system of supportive services that focus on ensuring health and safety, supporting access to community participation, and increasing opportunities for meaningful employment. In Ohio, DODD serves as the lead agency under the Individuals with Disability Education Act (IDEA) for the state's Early Intervention Program.

Ohio Department of Education (ODE): A state agency that is responsible for the education of students in Ohio.

Ohio Department of Health (ODH): A state agency that oversees practitioners of health/medical services and their patients. ODH physicians perform screenings and comprehensive eye exams for people birth through adulthood. ODH provides guidelines to school districts on required vision screenings.

Opportunities for Ohioans with Disabilities (OOD): State agency which partners with Ohioans with disabilities to achieve quality employment, independence, and social security disability determination outcomes.

Optometrist: A healthcare professional who provides primary vision care ranging from vision testing and correction to the diagnosis, treatment, and management of vision changes.

Ophthalmologist: Typically known as an eye doctor, is a physician specializing in the treatment of diseases of the eye.

Transition: The time between two phases. This term is used in various situations. Early transition refers to the time when students are moving from home or early intervention services into the school system at age three for early childhood services. The secondary transition is the time when a school age student moves from school to post school activities. The secondary transition consists of a coordinated set of activities that may address, among others, the assessment, planning process, educational, and community experiences for youth with disabilities as they turn age 14. It is also, the period of time when a student exits the K-12 education system and is no longer eligible for school-based services. The student enters the “real world” where he may qualify for adult services.

Vision Screening: A screening of the ability to see selected images, pictures, numbers, and lights. The purpose of the screening is to quickly identify individuals with vision loss and refer them to an eye doctor for further testing.

After the Vision Screening

If My Child Does Not Pass a Vision Screening, What Happens Next?

A vision screening, also called an eye test, is a brief exam that looks for potential vision problems and eye disorders. Vision screenings are often done by your primary doctor as part of your child's regular checkup. Sometimes screenings are given to children by school nurses.

Vision screenings are not used to diagnose vision problems. If a problem is found on a vision screening either your child's doctor or the school nurse will refer you to an eye care specialist for diagnosis and treatment. This specialist will do a more thorough eye test. Many vision problems can be successfully treated with corrective lenses, minor surgery, or other therapies.

The usual recommendation is for your child to see an eye doctor, called an Ophthalmologist, so that any vision conditions can be examined and identified. An ophthalmologist is a medical doctor (MD) or a Doctor of Osteopathic Medicine (DO) who specializes in eye and vision care. Ophthalmologists are trained to perform eye exams, diagnose and treat disease, prescribe medications, and perform eye surgery. They also write prescriptions for eyeglasses and contact lenses.

Identifying vision conditions early can help your family, your child's school, and health care providers plan how to best support your child as he or she grows. You can request a copy of the results and report for any eye test performed at the time of the exam or any time afterward. These results will be needed for your child to receive services inside and outside of school. The ophthalmologist may then refer you to an optometrist for glasses or magnifying devices.

Vision screenings do not catch everything, so if you suspect your child has a vision loss, trust your intuition and follow up with your family doctor.

Here are some milestones to look for in the first year of life:

- By three months, a baby usually follows moving objects with their eyes and reaches for things he or she sees.
- By six months, a baby usually has better eye-hand coordination and may start bringing things to their mouth, such as a bottle or binky.
- Between seven to twelve months, a baby's eyes are moving in sync and coordinating together. This means both eyes should be looking at the same thing at the same time.

If you feel as though your child is missing milestones, contact your child's pediatrician or eye doctor, and consider contacting Ohio Early Intervention.

Ohio's Early Intervention

Website: <https://ohioearlyintervention.org>

Phone: (800) 755-4769

Preparing for Your Doctor Visit

How Can I Prepare for My Child's Doctor Appointments?

When you have a child with a vision loss, you may be interacting with a variety of medical and educational professionals. Keeping all the information straight can become an overwhelming task. We have a solution! We suggest creating a Medical Care Binder or Notebook. By creating a medical care notebook or binder, you can prepare for office visits, take notes during an appointment, and organize information or reports provided to you by educators or medical professionals all in one location.

Some of the elements that you may want to include in a medical care notebook or binder could be:

- A list of your questions so the doctor can address all of your concerns;
- Written observations of your child's vision abilities, challenges, and habits to share with the doctor;
- Notes taken during the appointment. It may help you remember suggested treatments and the pros and cons and remember the names of recommended specialists;
- Contact information of all doctors and professionals you visit;
- A section detailing your child's medical history, including specific dates, medications, eye exams, and surgical procedures;
- Any hospital discharge paperwork;
- Release forms to provide permission to share information between the school and medical professionals;
- Documents pertaining to early intervention (EI) and your child's individualized family service plan (IFSP), if your child is receiving services;
- Documents detailing your child's individualized education program (IEP) if your child is receiving special education services, or 504 Plan if they receive special accommodations; and
- Health insurance information.



Early Intervention

What Is Early Intervention, and How Can It Help My Child?

Ohio's Early Intervention (EI) services support the physical, cognitive, social, and emotional development of children with disabilities from birth to age three. Birth to age three is a window in which your child's brain is growing a foundation for future life skills and learning. Children who are blind/visually impaired (B/VI) may need additional support to develop these foundations.

Anyone can contact EI for a referral, including parents, providers, and pediatricians.

Ohio's Early Intervention

Website: <https://ohioearlyintervention.org>

Phone: (800) 755-4769

Or visit the online version of this MedEd Connections Resource Guide (<https://deafandblindoutreach.org/meded-connections-bvi/meded-early-intervention>) for Early Intervention Contacts by County.



Special Education and Specially Designed Instruction

What Exactly Is Special Education and Specially Designed Instruction?

Special education refers to supports and services provided in the least restrictive environment (LRE) to students who need specialized supports and services to access their education. Special education provides access and supports engagement with education and school experiences.

If your school-aged child is eligible for special education, then your child will receive an individualized education program (IEP). An IEP is a legal document that outlines what educational services and supports your child will receive. Updated annually, IEPs include:

- A statement of present levels of academic achievement and functional performance;
- Measurable annual academic and functional goals;
- Special education and related services; and
- Accommodations and modifications necessary to measure a student's true academic achievement and functional performance.

The IEP team is comprised of family members and school personnel providing services to meet your child's educational needs. This includes a school district representative who has the power to commit resources for the student, a general educator working with your child, intervention specialist, a school psychologist, and a parent or guardian. Depending on your child's needs, the IEP team may include other professionals or an agency representative. Regardless of your child's vision status, a teacher of students with visual impairments (TVI), or certified orientation and mobility specialist (COMS), will be significantly beneficial to your child as a student.

You may invite anyone to your child's IEP meetings, including a fellow family member, a trusted friend, or an additional professional. You may find it helpful to ask a friend or family member to come to meetings for the purpose of note-taking.

IEP teams are critical personnel with whom to share relevant medical information, such as audiological and eye reports, which can impact the planning process and ultimately lead to a more thorough and detailed education plan that sets your child up for success.

If your child does not qualify for special education services, he or she may qualify for a 504 Plan, which falls under Section 504 of the Federal Rehabilitation Act. A 504 Plan is considered a general education plan for access rather than a special education service. Such plans are typically for students who do not need specialized instruction but benefit from accommodations or have accessibility needs.

What Does Least Restrictive Environment or LRE Mean?

Least restrictive environment (LRE) is a term used in special education associated with where services and supports are delivered. Simply defined, it means the environment that is most like the typical school environment – where same-aged peers might receive instruction. It can be thought of as specialized supports and services that go with the student to make an educational setting accessible. For students to qualify for special education, they need specialized supports and services, and these are different for every student. Some examples may include technology, and special service providers such as a teacher of students with visual impairments (TVI), paraprofessional, or a speech and language pathologist (SLP). Special service providers may support students inside or outside of the classroom. Your child's LRE is

constructed by identifying your child's needs and then deciding what supports can address those needs.

LRE needs may change as your child grows. Be sure that your team has the relevant medical information that could impact how your child accesses educational materials and environments.

Visit the online version of this MedEd Connections Resource Guide <https://deafandblindoutreach.org/meded-connections-bvi/meded-bvi-what-is-lre> for more information about:

- Where your child can be educated;
- Supplemental aids and supports;
- Service delivery options; and
- Letter template for requesting a special education evaluation.

How Can I Request Special Education Services for My Child?

If you believe your child needs special education services you can make a written or verbal request to the school principal (preferred), special education coordinator, or school psychologist for your child to be evaluated for special education services. We suggest that you make this request through email, so that both you and the school have a record of the evaluation request. There are letter templates and models for this purpose which can be found through the online version of this MedEd Connections Resource Guide (<https://deafandblindoutreach.org/meded-connections-bvi>). Once your request is received (usually acknowledged by an email reply or a phone call back to you) you will receive a request to come to the school for a meeting within 10 business days. This meeting is for you to share your concerns with the team of professionals at the school, and together determine if more information and evaluation are necessary to better understand your child's needs.



How Could My Child Become Eligible for Special Education Services?

In Ohio, a team evaluates students for special education eligibility. This group of professionals, along with you as a parent, contribute information to help best describe your child's strengths and challenges and help determine if your child needs specialized instruction and supports and services to access and engage in education.

The evaluation is a process that brings together lots of data about your child to determine eligibility for special education services. The team considers a variety of assessment data and gathers relevant functional, developmental, and academic information about the child, including information provided by the parent. The purpose for this evaluation is to determine eligibility for services and to inform educational planning and instruction.

For your child to qualify for special education services in the category of blindness or vision impairment, the comprehensive evaluation will have to indicate that your child is blind or visually impaired (B/VI) with strong evidence that your child's vision condition negatively impacts their access to education. When school personnel perform the evaluation for your child, results are documented in an Evaluation Team Report (ETR), which will indicate if a student is or is not eligible for special education and related services. This data and documentation might include:

- a medical diagnosis;
- the results of medical and/or vision examination;
- documents from early intervention services;
- school assignments; and
- correspondence with your child's teacher documenting the strategies used to address learning challenges.

When school personnel perform the evaluation for your child, results are documented in an Evaluation Team Report (ETR), which will indicate if a student is or is not eligible for special education and related services. The ETR is very important; it contains the information used to determine your child's needs and services, including strengths and areas of challenge. Once eligibility is determined, the development of the special education program can begin. The ETR is reviewed at least once every three years for those who are eligible.

What Are Accommodations and Modifications?

Aspects of the individualized education program (IEP) include specialized instruction, accommodations, and modifications. Accommodations and modifications are not the same, although some people use the terms interchangeably. Accommodations are changes and supports provided to enable access to the same school work and education as other students. A modification means the school work or education for a given student is different from what the other students in the class are doing. Accommodations and adaptations are the same thing. Some examples of accommodations include the following:

- Accessible educational materials in braille, large print, audio, or digital text (see the Learning Media Assessment);
- An advance copy of information in your child's preferred mode that will be displayed on overhead, whiteboard, or chalk board;
- An assigned note taker;
- Seating close to teacher or board;
- Teacher verbalizing writing;
- Extended testing or assignment completion time; or
- Assistive technology (AT) devices, such as technology to support note taking in class, screen reader software, or magnification devices.

Please note: Each individual student is different and may require more or less accommodations or modifications than listed above.

Want To Talk To Someone About the Special Education Process?

Ohio's Coalition for the Education of Children with Disabilities

Phone: (740) 382-5452

Office for Exceptional Children

Phone: (614) 466-2650

Visit the online version of this MedEd Connections Resource Guide (<https://deafandblindoutreach.org/meded-connections-bvi/meded-bvi-accommodations-and-modifications>) for more information about Special Education and Specially Designed Instruction.



Assessments for Students Who Are B/VI

What Assessments Are Necessary for My Child Who Is Blind or Visually Impaired?

Medical and educational teams will use information gathered through assessments to set your child up for success. Information from assessments provides the foundation needed to create strategies and supports to address your child's unique needs. Your professional team may perform a range of the following key assessments, as necessary, with your child.

Clinical Low-Vision Evaluation

A clinical low-vision evaluation is specifically intended for people with low vision. It assesses whether a child will benefit from optical devices, such as monocular telescopes and/or magnifiers. An optometrist or ophthalmologist who specializes in low vision and the prescription of vision devices performs this evaluation. The evaluation centers on how the child uses his or her vision on a daily basis in school, at home, and in the community. Visual acuity, visual fields, and color vision are measured.

In addition, the clinical low-vision specialist will check for refractive errors (the shape of the eye doesn't bend like correctly resulting blurred vision) and the potential for the student to benefit from vision devices. Often devices are prescribed to meet a specific request of the patient. For example, a patient may want to access prices on items in the grocery store; the doctor may then prescribe a pocket magnifier that can be conveniently placed in a purse or pocket. One of the most beneficial results of the low-vision evaluation is the link made between medical and functional or daily living aspects of vision loss. It is recommended that this evaluation is performed regularly to determine needs as vision changes.

The Functional Vision Assessment (FVA)

An FVA provides information about how your child uses his or her current vision to access the visual world. It is an assessment of how a child uses the vision he or she has in everyday life, so it is usually not done with children who are totally blind or have light perception only. Since a child's visual condition and abilities can change over time, the FVA needs to be repeated periodically.

The FVA will investigate how your child uses his vision for:

- near tasks, closer than 16 inches;
- intermediate tasks, 16 inches to 3 feet; and
- distance tasks, more than 3 feet away.

The results of this assessment will enable the team to determine what your child may need to be able to access visual information at a school and in the community more efficiently. Some issues and strategies the team might discuss based on the results include low-vision devices, assistive technology (AT), proximity to chalk boards or Smart boards, lighting, color contrast, using a cane, training the other senses, and more. The FVA is performed by a teacher of students with visual impairments (TVI). The TVI may ask to use information provided by the general education teacher and medical professionals. A copy of your child's medical diagnosis, eye exam report, and clinical low-vision evaluation are not required, but would be useful for this assessment.

Learning Media Assessment (LMA)

The LMA determines what mode and format your child will use to read and write and is performed by a teacher of students with visual impairments (TVI). This may include braille, audio, digital text, large print, or a combination of approaches. Reading and writing may also be accessed through assistive technology (AT) or low-vision devices.

The LMA will provide information about the accessible educational materials (AEM) the student will need while in class. One key purpose of the LMA is to determine whether the student who is blind or visually impaired (B/VI) needs braille instruction. Please note that braille will provide grammar and spelling access in a way that audio information does not.

Other Possible Assessments

Other assessments conducted based on the unique strengths and challenges that your child has may include orientation and mobility assessments performed by a certified orientation and mobility specialist (COMS), and an assistive technology (AT) assessment. The orientation and mobility assessment will help the COMS determine how to best instruct your child for safe and effective navigation in various environments, and whether a cane or other adaptive tools are needed. A common assessment performed by COMS includes Teaching Age-Appropriate Purposeful Skills (TAPS).



Transition

How Can I Support My Child's Transition into Adulthood?

When your child turns 14, the individualized education program (IEP) team increases planning with a focus on preparing for his or her transition into adult life. At age 14, your child will start to receive official invitations to join the IEP meetings. However, your child is welcome to attend their IEP meetings at any age. Your school team may want to perform an Age Appropriate Transition Assessment (AATA) before age 14 so that your child's current needs for adult skill development can be identified and addressed. As transition planning begins, students can be referred to Opportunities for Ohioans with Disabilities (OOD) for services. Transition meetings are good opportunities for your child to start earnestly thinking about and planning for his or her future.

The transition planning process opens lots of opportunities for your child to practice independence. This is a great time for your child to start working on using his or her own voice and assertiveness for self-advocacy. It is also a time to practice independence across his/her entire day. For example, they could complete some of the following tasks:

- Charging and keeping track of assistive technology (AT) devices;
- Getting up independently for school;
- Making and managing doctor appointments; and
- Speaking directly to doctors and teachers about any challenges and needs he or she may have.
- Taking their own medication, such as eye drops

Visit the online version of this MedEd Connections Resource Guide (<https://deafandblindoutreach.org/meded-connections-bvi/meded-bvi-transition>) for more resources including:

- Supporting your child's independence medical and health wise;
- Daily Living Skills Videos from Washington State School for the Blind; and
- Outreach Center and OCALI transition resources.

Want To Talk To Someone About Transition?

OCALI's Lifespan Transition Center

Phone: (614) 410-0993

Literacy

Where Can I Get Braille or Talking Books for My Child, and How Can I Support My Child's Literacy Skills?

Literacy is key for accessing education and becoming a successful adult. Children who are blind or visually impaired (B/VI) need reading material in a format that is accessible to them. Such formats include large print, braille, audio, and digital text. Text may also be accessed with assistive technology (AT) or low-vision devices. The teacher of students with visual impairments (TVI) will perform a Learning Media Assessment (LMA) to determine how your child can best access text. The LMA will be an ongoing process because the student's vision and skills may change over time. The TVI and a literacy specialist can work together to provide reading and writing opportunities for your child. It is also important for your child to have books at home in a form easiest for your child to read. The more children read with their family and friends at home and in school, the stronger their literacy foundation will become.

The following are resources related to literacy for people who are B/VI. You can access these resources through the online version of this guide: <https://deafandblindoutreach.org/meded-connections-bvi/meded-bvi-literacy>:

- Hadley Institute for the Blind and Visually Impaired offers an online family education program, including braille courses.
- Paths to Literacy - provides a braille resource packet for parents of young children.
- Seedlings Braille Books provides free or inexpensive braille books for children.
- Cleveland Public Library hosts the Ohio Library for the Blind & Physically Disabled.
- The National Library Service for the Blind and Visually Impaired has a free braille and talking book program.
- Bookshare offers school-age students free electronic braille, large-print, audio, and online accessible books, periodicals, and magazines.
- Braille Institute offers free braille books for families.
- American Printing House (APH) - For all kinds of braille texts, games, labelers, and products for school, daily life, and recreation.

Is There Any Funding Support for Accessible Educational Materials at School?

Ask your school district to check out the Federal Quota Program (<https://ataem.org/obtaining-aem/federal-quota>), which provides supplemental funds to local school districts to purchase materials for students identified as legally blind. The program is housed in the Assistive Technology and Accessible Educational Materials Center (AT&AEM).

Assistive Technology

What Is Assistive Technology and How Can It Support My Child?

Children who are blind/visually impaired (B/VI) use a variety of assistive technology (AT), devices to access education and participate in recreation. AT can be low-tech or high tech and includes tools and adaptations that may or may not contain electronic or mechanical components. If your child is under age three, it is important to go through the AT consideration process with your individualized family service plan (IFSP) team. If your child is school age, it is important to work with your child's individualized education program (IEP) team to determine your child's AT needs.

Regardless of your child's age, you can consider your child's AT needs with professionals providing early intervention, medical, or health services. The AT consideration process is a critical point in which educational, medical, and health professionals can come together to address your child's specific needs.

Assistive Technology Consideration Process

Individualized education program (IEP) teams are required to consider assistive technology (AT) as a part of a student's annual IEP meeting. Technology should fit the student instead of fitting the student to the technology. During the AT consideration process, the team determines a student's need for AT. The AT consideration process results in one of three outcomes: (1) the student does not need AT, (2) AT is needed and specific details regarding how, when, and where the devices and services will be provided have been documented or, (3) AT is needed, but further assessment is necessary. If further assessment is needed, this is when the AT assessment process begins.

If the team decides an AT assessment is needed, they should determine your child's needs, environments, and tasks your child needs to accomplish. This process may include trying AT free for a trial period. AT trials can be accessed through the online version of this guide.

OCALI's Lending Library

Website: https://www.ocali.org/project/lending_library

Below are examples of AT used by people who are blind or visually impaired (B/VI). In addition to these links, a teacher of students with visual impairments (TVI) or certified orientation and mobility specialist (COMS) can provide information about AT options. A variety of B/VI apps are available through for Apple or Android devices. Resources to search for appropriate apps based on features identified through the AT assessment process are available through OCALI's Assistive Technology and Accessible Educational Materials (AT&AEM) Center. Lastly, some technology companies provide a free trial period upon request.

Visit the online version of this MedEd guide to view the following AT examples: <https://deafandblindoutreach.org/meded-connections-bvi/meded-bvi-assistive-technology>

- Freedom Scientific, which includes screen reader software, magnification software, and AT devices.
- Humanware, which is known for its BrailleNote notetakers and audio devices.
- MaxiAids, which provides a wide range of tools and devices for various situations including, mobility, medical, household, and education.
- Sight Savers America, which has a low vision program which donates AT to families at no cost.

Teaching Students with Vision Impairments includes a list of AT commonly used by those who are B/VI and is written by a TVI.

Success Stories

People who are blind/visually impaired (B/VI) may do things differently, but different can still be effective. With support from family, the community, and educators, people who are B/VI can live quality lives.

Here are two success stories from people who are B/VI:

Dan Kelley

My name is Dan Kelley. I am a father of 2 boys, teacher, a professor at two universities, and have a technology consulting business. I was born totally blind due to my mother having Rubella when I was born. I grew up in Alabama and attended the Alabama School for the Blind for 10 years. I also attended a public school in my hometown for one year. When I was a senior in high school, my family moved from Alabama to Akron, Ohio. I finished my high school education at Kenmore High. The following year, I enrolled at The Ohio State University (OSU) to study music education. I had some wonderful supportive professors, made great friends, and had many tremendous experiences. Most memorable was trying out for the OSU marching band. I did not make the cut, but I learned so much, far beyond marching and music. After graduating in 1994, I was a substitute teacher with Columbus City Schools for three and a half years. I became interested in teaching students with visual impairments during this time. I decided to apply at the Ohio State School for the Blind (OSSB) and obtained my Master's Degree in education with a Teacher of Students with Visual Impairment (TVI) license from OSU.

Countless opportunities to do great things came my way over the last 20 years or so. I led the OSSB marching panthers to the Rose Parade in Pasadena, California. In 2014 my goalball team won the North Central Association of Schools for the Blind (NCASB) championship. Many small teacher moments turned into big accomplishments for my students.

Today, I enjoy teaching technology, being a proud dad, doing all kinds of activities with my sons including Boy Scouts, sports, homework, and teaching them to be respectful and hardworking young men. I try to be the sum total of all the good people and experiences I have had during my lifetime. I believe you get out of something what you put into it. I believe that life can be hard, but great things may come at the cost of hard work. Having a strong work ethic, a willingness to help others, and having drive are my keys to being successful.

Noah Beckman

My name is Noah Beckman and I was born with Leber Congenital Amaurosis. This is a degenerative retinal disorder which results in profound legal blindness both in visual field and acuity. It was discovered that I had vision issues shortly after I was born. My parents took me to a party in which there were children of a similar age to me. They noticed that the children were making eye contact with others, but I was not. I was looking at lights instead of people's faces.

My family greatly supported me and expected me to succeed. My parents encouraged me to participate in athletic and social events with my sighted peers so that I may learn to be more comfortable in social situations. They knew that social skills and building relationships were an important component of success.

My school district did a decent job accommodating my needs so that I could have access and participate in school. It helps that I was a motivated learner- from orientation and mobility, to technology, to Braille, to my typical school subjects. However, it's challenging to be motivated all the time. Thankfully, my parents were there to support me when my motivation wasn't high. They encouraged me to advocate for myself and to always fight hard to overcome obstacles.

My family's expectations, and the skills I learned at school propelled me towards attending college at The Ohio State University. I graduated with honors in 2015 with a four-year Finance degree. I secured full time employment as a bank examiner with the US Treasury Department, where I ensure that our money and information are safe and sound in banks. I am in my fifth year with the agency. At 27 years old, I am by no means a finished product. And yet, because of my self-determination, and my strong parental involvement growing up, I was able to achieve the accomplishments I have today. Raising a child with a visual impairment may seem challenging, but if you embrace your child's uniqueness and have high expectations, they are more likely to succeed.





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