In June of 2013, Daniella became the first student from our deaf/blind program to graduate from St. Francis de Sales School for the Deaf in Brooklyn, New York, and last September she began high school at the Perkins School for the Blind. We felt special pride in this graduation, as Daniella’s achievement reflected the high expectations that we had for her—and have for all of our students.

The deaf/blind program was set up at St. Francis in December of 2009, and Daniella was one of its original students. At first Daniella communicated through behavior, (e.g., screaming, crying, biting, kicking). The school staff worked with her constantly, requesting that she use language in the form of signs and tactile symbols instead.

Daniella’s vision continued to deteriorate, but her behavior and use of language improved. Eventually she became blind, but this did not stop her. She became a Braille reader and proficient at tactile sign language. She expressed her needs and wants clearly and sought out people with whom she could communicate. Her schedule was completely Brailled, and she read and followed it independently.

Today four students are in the deaf/blind program. Two of the students, 14 and 15 years old, are blind. The other two students, 6 and 7 years old, have limited functional vision. All of the students work on a lower academic and cognitive level than their same-age peers; their curriculum focuses on life skills, self-help skills, daily living skills, basic communication skills, and basic independence and mobility skills. None of the students read Braille and none use or understand sign language consistently, though tactile and visual signs are used with them throughout the day.

Only one student, Tahreem, copies the signs we use, and she only copies a few basic signs (e.g., “eat,” “drink,” “cooking,” “more”) usually just when prompted. Nevertheless, as our deaf/blind students begin to learn to extend their hands to feel our signing, we
expect that they will learn some functional sign language and pair their signs with tactile symbols to communicate their needs and wants.

The students are in my self-contained deaf/blind classroom full time within the Special Needs Department at St. Francis. All have vision services with the teacher of the visually impaired three to five days a week, for 30 minutes to one hour a day depending on their degree of visual loss. They also see an itinerant orientation and mobility teacher once a week for 30 minutes to one hour depending on their mobility needs.

Goals and expectations for each of the deaf/blind students are created in their Individualized Education Program through informal and formal observations and assessments done by staff. I create a student protocol that outlines behaviors, both positive and negative, and how each behavior should be addressed at the beginning of each school year, and this is updated regularly. The protocol also addresses how each student functions and communicates and his or her individual needs, which may include a special diet, feeding procedures, or how to safely transition from wheelchair to floor mat. This protocol is shared with all staff that work with the deaf/blind students to ensure that consistency and high expectations are maintained.

As a teacher of the deaf as well as the classroom teacher, I work very closely with the teacher of the visually impaired. This involves sharing ideas, resources, and lesson plans for the deaf/blind students. Our lessons and goals are very similar and overlap in several areas. A major challenge for both of us is maintaining high expectations for our students while still presenting lessons at the appropriate cognitive level. The teacher of the visually impaired and I are presented daily with the task of
helping the students learn to be independent and not depend on prompts to perform basic tasks. For example, students should not have to be prompted to open and close doors, pull out and push in chairs, feed themselves, get dressed and undressed, or use the toilet.

To address this issue, the teacher of the visually impaired created large tactile picture symbols for each part of the students’ day, including eating and drinking as well as going to the toilet, physical education, the library, vision services, speech, and on field trips. These symbols, tangible representations of important activities, are multi-layered cardboard rectangles bundled with white tape and glued into white cardboard backing. On the back of each is a strip of Velcro. They are hung up in my classroom on two large Velcro boards within easy access from both the classroom doorway and the hooks where the students keep their canes and fanny packs.

While none of the students yet has shown an understanding of this system or their schedule, the expectation is that with daily modeling and use of this tactile communication system and schedule, they will. In fact, we expect that they will begin to internalize it and use it more independently.

Toilet training is one of the major challenges we work on daily with each student. The expectation is that the students can and will be trained to use the toilet appropriately. Each student has a bathroom schedule, and each is kept on this schedule rigidly. Efforts are made to reinforce the idea of the necessity of toileting, the scheduling of toileting, and the language surrounding toileting. Each time the two classroom assistants and I bring the students to the bathroom, an event that occurs three or four times a day, we follow the same routine. Before leaving the classroom, we tactiley sign “bathroom” to the students, who are then presented with a tactile picture symbol for bathroom (which looks like a bathroom tile). The students are prompted to sign back “bathroom” and to place the tactile symbol into their fanny packs. They then take their canes off the hook and walk to the bathroom as independently as possible. Once at the door to the bathroom, there is a plastic bin and Velcro strips on the door molding. The students place the tactile picture symbol for “bathroom” on the Velcro strip. They are again tactiley signed “bathroom.” This is done to help them connect the sign for “bathroom” with the tactile picture symbol for “bathroom,” with the event of toileting, and with the actual

Right: Tahreen works with her tactile schedule while working on a puzzle.
location of the bathroom. Once they finish, they must take the tactile picture symbol off the Velcro strip and place it in the plastic bin, which we call the “finished” bin. Staff then tactically sign “bathroom finished” to the students, who are encouraged to sign “bathroom finished” back.

This is how the staff at St. Francis constructs every activity with deaf/blind students. Tactile American Sign Language and the appropriate tactile symbol are selected before the activity begins. The tactile symbol is placed in a bin, and the appropriate sign is coupled with the sign “finished” to mark the activity’s end. Each classroom that the deaf/blind students go to (i.e., occupational therapy room, physical therapy room, gym, art room, school library, speech room) has Velcro strips on the door molding.

In my class, students also have a stand-up horizontal cardboard schedule that is placed in a box with a thick Velcro strip across the middle. There is an opening in the back where extra tactile picture symbols are stored. Students are directed, with staff assistance, to place two or three tactile picture symbols from left to right in the order of the next two or three classes or activities on their schedule. The expectation is that the students will begin to internalize their schedule (what is happening first, next, and last).

The deaf/blind program at St. Francis is continually improving to best meet the needs of—and instill high expectations in—its students. Through utilizing a collaborative team approach to educating deaf/blind students, the teachers at St. Francis have been able to establish and maintain high expectations for every deaf/blind student, from their first day in school until their graduation. This school year, in June of 2014, we are proud to have another graduate—Tahreem—who will next attend high school at the Guild for the Blind.

*This student’s name is a pseudonym.

Putting the “High” in Expectations

A LOOK AT A PROGRAM FOR DEAF/BLEND STUDENTS

By Kimberly Mackler

In December of 2009, a program for deaf/blind students was established at St. Francis de Sales School for the Deaf. This program involved the creation and maintenance of a collaborative team to establish and pursue high expectations for the deaf/blind students. In addition to a full-time classroom teacher who was also a teacher of the deaf, this meant:

- **hiring a full-time teacher of the visually impaired** to work with deaf/blind students as well as with all students who require vision services;
- **hiring an itinerant, certified orientation and mobility teacher** to work with deaf/blind students as well as with all students who require vision services;
- **hiring a full-time feeding therapist**;
- **setting up weekly meetings between the classroom teacher and the special needs department supervisor**;
- **working with the New York Deaf-Blind Collaborative** on an ongoing basis, including monthly meetings and phone conferences between the New York Deaf-Blind Collaborative consultants and the St. Francis staff;
- **setting up weekly meetings** that include the classroom teacher, the teacher of the visually impaired, the orientation and mobility teacher, and the special needs department supervisor;
- **fostering regular communication** between the classroom teacher, the teacher of the visually impaired, and the feeding therapist;
- **fostering weekly communication** between the classroom teacher and the orientation and mobility teacher;
- **fostering daily communication** between the classroom teacher and the families of the deaf/blind students;
- **setting up additional meetings during the school year** between the classroom teacher, special needs department supervisor, classroom assistants, speech teachers, occupational therapists, physical therapists, physical education teacher, art teacher, librarian, and school nurse;
- **setting up weekly communication** between the classroom teacher and all other staff (e.g., occupational therapist, physical therapist, speech teacher, physical education instructor, art teacher, librarian, school nurse) working with the deaf/blind students; and
- **communicating as needed** between the current and former classroom teachers.
Shelby was our first child. She came into this world tiny yet strong—and loud. I took her home seven days later, seeing only my perfect little girl. At 6 months old, she was diagnosed as profoundly deaf, at 10 months old as an achondroplastic dwarf, and at 18 months old she was discovered to be missing 50 percent of her myelin sheath. We had an idea of what it meant to be deaf and a dwarf; we learned that missing the myelin sheath, the fibers that surround nerves like a stocking around a leg, meant that Shelby would think and move slower than most. This wasn’t quite the beginning I had envisioned for my precious gift.

Portrait of a Young Girl
Shelby was walking at 15 months old, earlier than most dwarfs. She was writing her name at 2 years old and holding the pencil correctly. She could use scissors very well. Many dwarfs struggle with that well into third grade. She was riding horses at 4 years old, controlling the large animals successfully and alone.

Many people tried to help direct me on the right path for her. Most of them included a negative in their instruction: “No sign language!” some said. “She will never speak!” said others. “She will never be tall!” still another added. The positively-stated advice was just as problematic: “Signs are the best for her!” “Surgery will fix her height problem!” “Try growth hormones!” There were so many conflicting messages. I just had to do what I thought was best, and that was to never say Shelby could not do something.

At 4 years old, Shelby was attending an oral deaf school where sign language was forbidden. Although she liked it there and she spoke very well, we felt that she needed more language and decided to homeschool her and introduce American Sign Language (ASL). When she was 5 years old, she received a cochlear implant. She is her mother’s daughter and has loved to talk from the beginning. When she was 9 years old, I asked...