WORKING WITH VISUALLY IMPAIRED YOUNG STUDENTS

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A Curriculum Guide for 3 to 5 Year Olds

By

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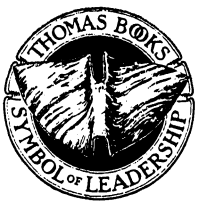

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PREFACE

A preschool program specifically designed for visually impaired children from the ages of 3-5 years will promote the timely achievement of developmental milestones. Children with visual impairment often need a strong head start in all of their concepts in order to integrate and compete in a mainstream environment.

Concepts that are naturally attained by a child with no visual impairment might be more difficult to acquire for a visually impaired young child. Because of the visual impairment, the child might demonstrate some difficulty with fine motor and eye-hand coordination activities as well as basic safe traveling skills.

Eighty percent of a young child's learning experiences are visual. If a child is visually impaired, he might be missing critical windows of opportunity for learning without appropriate intervention.

Providing a young child with the appropriate tools to succeed in school also offers a tremendous economic and emotional saving later on. The child who receives a strong beginning might require a less restrictive educational environment as he gets older. In addition, the child who succeeds at an early age will have a better self-image and successfully mainstream with sighted children.

The purpose of this book is to offer a curriculum model to preschool programs providing services to visually impaired 3-5 year-olds. Included in the following chapters is an extensive review of the literature and measurable objectives for each conceptual area.

Ellen Trief

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PSYCHOLOGICAL EVALUATION FOR THE PRESCHOOL VISUALLY IMPAIRED CHILD

JOSEPH TRZASKO

INTRODUCTION

Although a child's preschool development is not as dramatic as that occurring during the infant and toddler period, it is nevertheless a period of notable change. The preschool period, consisting of the ages of three to five, represents a further transition from dependence to independence; it is a period of ego and self-development, corresponding to Erikson's third stage of psychosocial development, involving the initiative versus guilt conflict. Resolution of conflicts, according to Erikson, enhances the evolution of the ego and self-identity. From a classic psychoanalytical position, the preschool period corresponds to Freud's oral-through-phallic psychosexual stages, eventually leading to the Oedipal (for boys) or to the Electra (for girls) conflict, with subsequent identification and socialization process. While various theories of child development place different "spins" on the preschool personality process, they nevertheless have one thing in common: an emphasis on ego development. An essential ingredient within one's ego and self-esteem is a sense of achievement and competency. A psychologist, whether involved in treatment or testing, needs to be fully aware of the multidimensionality of a preschooler's development. As such, a psychological evaluation of a preschool child should attempt to assess many of these dimensions to provide a comprehensive, cognitive, developmental, and emotional/behavioral profile. There are several excellent professional texts which outline and highlight a child's, including those of preschooler, developmental trends [e.g. Lefrancois (1995)]. However, a comprehensive preschool psychological evaluation should assess the following areas:

1. **Cognitive and intellectual level of functioning.** This is usually taken as a measure of a child's learning potential, based on a multifactorial theory of intelligence.
2. **Developmental status and adaptive level of functioning.** This is primarily a description of a child's self-care, social, domestic, and other skills related to the child's independence and self-sufficiency.
3. **Grapho-motor and visual and auditory perceptual level of functioning.** Grapho-motor or "copying" skills are considered to be precursors to writing, while visual discriminatory skills are considered to be precursors to reading. In addition, an assessment of a child's visual and auditory perceptual skills provides insight into a child's level of attention, as well as processing or "learning" style.
4. **Behavioral and emotional level of functioning.** Particular emphasis should be placed on observed or reported maladaptive behavioral tendencies, attention difficulties, and self-esteem problems. Likewise, a child's ability to cope with frustration and his problem-solving approaches should be noted.
5. **Preschool academic level of functioning.** In addition to a child's ability to focus attention, work for a prolonged period at table-top activities, and follow instructions (listening skills), an assessment should be made as to the child's understanding of preschool concepts, including number concepts.

These five components collectively provide an overall composite picture of a given child. Of note, a primary purpose of preschool testing is to identify a child's relative strengths ("can do" abilities) and relative deficits ("can't do" abilities). Identification of a child's relative developmental deficits or weaknesses lays the groundwork for report recommendations and eventually program goals.

TESTING CONSIDERATIONS

There are three considerations that should be taken into account when testing visually impaired preschool children: (1) the extent of the visual impairment, (2) the native or family language, and (3) the level of developmental disability, if any.

The difficulty of testing young children is usually compounded when handicaps or native language problems exist. McLean et al, (1996) provides an excellent overview and description of the various impairments, including a listing of various visual conditions (pp. 142-143). Reference is made to incorporate a functional visual assessment (pp. 147-152) within the evaluation. When testing visually impaired preschoolers, it is especially important to determine their level of current residual functional vision. The first determination is whether a child's residual functional vision is minimally sufficient or

adequate for standardized administration of the selected tests, or whether test tasks need to be modified. Children with significant visual impairment, e.g., only light perception, or those who are totally blind, often require that the test tasks be modified. For these children, an attempt should be made to substitute auditory and/or tactile tasks for the original visual tasks. Note of such modifications must be registered within the report for validity purposes.

As part of the functional visual assessment, the psychologist should make note of lighting conditions, size of print or presented objects, and positioning of tasks or items which optimize interest, motivation, and performance. This information is important, not only for testing considerations, but eventually is relevant for classroom considerations.

In addition, consideration must be given to the child's cultural and language background. Since the purpose of testing is to identify a child's underlying intelligence and developmental status, testing should be, and in fact, is usually required to be, conducted with the child's native or primary family language. Although the ideal situation would be to have the psychologist fluent in the child's primary language, the usual situation involves the use of a translator. McLean et al., (1996, pp. 74-78) provides greater elaboration on the general use of an interpreter, and additional cultural considerations. For present purposes, it is preferred that the interpreter be familiar with the preschool population and testing in general. For bilingual students, a recommended strategy is to first present test tasks in English and, if the child fails or does not appear to understand, to then present in his native language. The value of this approach is that information is obtained as to the child's command of English, while the integrity of testing is maintained by follow-up presentation, if necessary, in the child's native or primary family language. The psychologist should be aware of culturally-biased questions or items that may not be valid for children raised in other countries.

A final consideration is a child's level of developmental functioning. Tests must be suitable for a child's developmental level or disability. Inappropriate tests will produce invalid measures and test scores with regard to the child's abilities. For developmentally disabled children, tests must be selected according to their developmental age, rather than their chronological age. Professional experience has noted that visual impairment, per se, often produces developmental delays, especially within the fine-motor and language areas.

TEST BATTERY FOR THE VISUALLY IMPAIRED PRESCHOOL CHILD

The purpose of a test battery is to provide a comprehensive "picture" of a child's cognitive, developmental, emotional, and behavioral status. It is the intent of this section to describe a test battery which has proven satisfactory in practice. This section is not intended to cover all of the tests available.

There are several texts available which do this very well, providing descriptions and reviews of the numerous tests available [Sattler (1992), Cohen & Spenciner (1994), & McLean (1996)]. Very relevant to the population of concern, i.e., visually impaired preschool children, is the Bradley-Johnson (1994) text, which thoroughly describes the psychoeducational assessment of visually impaired students from infancy through high school. This text provides an excellent overview and introduction to issues and tests that can be used or modified for the visually impaired student. Bradley-Johnson (1994, pp. 60-66) provides three checklists which identify pre-, during-, and after-assessment considerations. These checklists offer general guidelines, especially for the inexperienced evaluator. In particular, evaluations should be aware of and sensitive to the special needs of the visually impaired child, including the particular need:

1. To wear prescription or darkening glasses (the latter may be needed to reduce glare and related eye-squinting).
2. To use visual enhancement devices, including magnifiers.
3. To correctly position presented material to enhance the child's perception. An essential part of the Functional Visual Assessment is identification of the optimal placement of objects or printed material. For some visually impaired children, material needs to be placed flat on the table top; for others, material needs to be elevated, e.g., with angled book stand. In addition, for low vision children, objects need to be presented close-in; this needs to be described within the report since it provides valuable information to teachers. Essentially, for visually impaired children, the size, position, and closeness of presented items need to be presented within the report.
4. To be aware that prolonged use of vision often produces fatigue, which may be directly noted as the eye twitches or indirectly noted as a decrease in visual recognition ability.
5. To reduce glare by correctly positioning the overhead light, and noting the correct wattage to enhance perception and reduce squinting.
6. To provide verbal encouragement and praise, enhancing motivation and self-esteem.

It is this psychologist's practice that, as long as it is not disruptive to testing, the teacher or parent be present as a passive participant. This usually is very beneficial to testing since preschoolers tend to be more at ease with a familiar person present. Also, the preschooler often enjoys succeeding at tasks in front of significant others. Routinely, parents and teachers are asked to make note of what the visually impaired child is able to do either within the classroom or within the home, but either does not display or hesitates to do within testing. And, the parent or teacher may be able to offer suggestions about how to word certain instructions. Using certain familiar words may enhance