

Consultant's Report
Minnesota State Academy for the Blind
November 18, 1985
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Prepared At the Request of the
Minnesota State Legislature
Minnesota State Planning Agency
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Acknowledgements

The preparation of this report should not be viewed as the sole effort of two independent consultants. While we take responsibility for the content of the report, its preparation represents the combined efforts of a number of hardworking individuals committed to providing blind children top quality training and education. Specifically we wish to thank Dr. Colleen Wieck, Director of the Developmental Disabilities Program. Dr. Wieck assisted us during our on-site visit to the Academy even to the extent that she cancelled a day's appointments to assist us in the review of documents and materials. Next, we would like to thank Mr. Ron Kaliszewski, Grant Administrator for the State Planning Agency. Mr. Kaliszewski coordinated the arrangements for our visit. It is due to his efforts that all ran smoothly enabling us to conduct our work without a hitch.

Much thanks is also owed to the administration, faculty and staff of the Academy for the Blind. During our visit we found everyone open and willing to discuss frankly the Academy's programs. In particular we wish to thank Dr. Greg Waddick, assistant superintendent for instruction. Dr. Waddick made sure that we had access to all necessary documents as well as an opportunity to speak with Academy teachers and staff. We also wish to thank Superintendent Carl Johnson and everyone else at the Academy for making us feel welcome during our visit. Most of all we wish to thank the students who spoke with us at lunch and after school sharing their experiences and feelings. By speaking with students we gained much insight into their goals and aspirations reaffirming the importance of providing a first-rate education. We sincerely hope that the comments and suggestions found in this report will be helpful and constructive for through this experience we have certainly gained every bit as much as we offer in return.

Forward

Samuel Gridley Howe, founder of the Perkins School for the Blind and one of the great leaders in the education of the blind, spoke the following words at the groundbreaking for the New York State Institution for the Blind at Batavia in 1866, words which serve us well today:

All great establishments in the nature of boarding schools, where the sexes must be separated; where there must be boarding in common and sleeping in congregate dormitories; where there must be routine and formality, and restraint, and repression of individuality; where the charms and refining influences of the true family relation cannot be had, -- all such institutions are unnatural, undesirable, and very liable to abuse. We should have as few of them as possible.

The human family is the unit of society. The family, as it was ordained by Our Great Father, with its ties of kith and kin; with its tender associations of childhood and youth; with its ties of affection and of sympathy; with its fire-side, its table, and its domestic altar, -- there is the place for the early education of the child. His instruction may be had in school; his heart and character should be developed and moulded at home.

In deciding upon who are to be received as pupils, you should first ascertain how many of the applicants are really blind, and then, instead of imitating the example of ordinary institutions, and getting as many into the school as possible, you should receive as few as possible; that is, you should reject every one who can be taught in common schools. And here, it should be remarked, that it is much easier to have children who are partially blind, and even totally blind, received and taught in common schools than it was formerly, because the existence of Institutions for the Blind during the (early 1800's) has familiarized people with the fact that sight is not essential for instruction in the common branches. A great many persons have become acquainted with the methods used in the Institutions, and with the use of books in raised letters. I am constantly applied to by teachers to know how to proceed with a blind child; and I always encourage them to keep it at home, and let it go to the common school as long as possible.

In Berthold Lowenfeld, The Changing Status of the Blind, Charles C. Thomas, Chicago, 1975, pp. 105-106.

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Introduction

In the Spring of 1985 the Minnesota Legislature adopted legislation which, among other things, ordered a series of studies of the State Academies for the Deaf and Blind. These studies came on the heels of previous studies which examined the advisability and impact of closing the two residential facilities.

The current series of studies included the selection of two teams of experts to evaluate the instructional portion of the academies. Since the education of children is the core function of each of the two schools an analysis of the instructional component must necessarily stray into the areas of the delivery of support services and the administrative structure.

This report will concern itself specifically with the instructional program at the Minnesota State Academy for the Blind. Preparation of this report included a careful review of two previous studies: Evaluation of the Minnesota School for the Deaf and the Minnesota Braille and Sight-Saving School, January 4, 1984, and The Impact of Closure of the Minnesota School for the Deaf and Minnesota Braille and Sight Saving School from the Perspectives of Students, Families, and Local Schools, February 8, 1985. Additional information was gathered by means of a three-day on-site review of the Minnesota State Academy for the Blind. The on-site visit allowed for a thorough tour of the school's facilities, interviewing of staff, review of records and other pertinent documents, and most importantly an opportunity for informal interaction with a number of students.

In all, we found the physical plant to be attractive and well-maintained. Teachers demonstrated dedication to their work and devotion to their students. Students expressed pride in their school and loyalty to the faculty and staff. The primary areas of weakness seemed related in large part to a lack of instructional leadership and coordination of the total program.

The entry and exit criteria appear poorly defined and inconsistently applied. The Academy presently serves four types of students: those whose sole handicapping condition is visual impairment or blindness, blind multi-handicapped, deaf/blind and deaf multi-handicapped. In reviewing student records we found no evidence of consistently applied criteria for determining eligibility and placement according to these four classifications. In looking further we found serious weaknesses in the I.E.P. process. IEP's are developed without objective data concerning the students present levels of academic and behavioral performance. Next, an instructional plan is developed for each child

with the stated purpose of providing further specificity of the child's individualized program. In fact, we found little relationship between the instructional component of the IEP and the service needs identified during the IEP meeting. This sequence of events would suggest that students are placed without objective diagnostic data, after which an IEP is developed which reflects the curriculum outline for the class or classes in which the student is to be placed rather than representing the individual needs of the student.

Other deficiencies in the overall coordination of the program can be seen in the lack of a central curriculum to be consistently implemented throughout the Academy. We would suggest that a broad based curriculum be developed for each of the four categories of students being served (blind or visually impaired, blind multi-handicapped, deaf/blind, and deaf multi-handicapped). At the present time, many of the instructional personnel utilize individually developed curriculum guides specific to the area they teach. Due to the special needs of the students attending the Academy a broad-based curriculum provides the means by which a student's development and learning can be organized and sequenced in a logical manner.

This is not to suggest that instruction per se is poor at the Academy. We found many competent teachers who demonstrated creativity and enthusiasm in their work. Nevertheless, we found no evidence of a plan for staff development. Individual teachers described the willingness of the administration to release them for workshops and conferences and, in fact, we found positive evidence of these professional growth activities reflected in the quality of teaching. Nevertheless, the individual efforts of teachers to broaden and update their professional training should not take the place of a well-defined systematic plan for staff development.

When working with blind and multi-handicapped sensory impaired students the teacher evaluation process is particularly critical to ensure a consistently high quality of instruction. The process currently used at the Academy for the Blind has a number of grave inconsistencies which make questionable the overall validity of the evaluation process. Specifically, the stated goal, to improve instruction, appears subordinated to functions which can best be described as relating to administrative decision making. This inconsistency is highlighted by the process itself. Each teacher has a job description which describes the duties particular to his or her individual assignment. The evaluation process includes a number of classroom visits by the supervisor who has no specific training in the specialty area of the teacher being evaluated.

Earlier studies have concluded that the Minnesota State Academy for the Blind has the potential for providing significant outreach and support services to local education agencies throughout the state. During our review, we found no formal effort being made in this area. The lack of an outreach program would suggest the continuing isolation of the Academy which can only result in increased criticism of the school as a segregated program. Although the superintendent and assistant superintendent of the Academy expressed the hope that the school would increasingly be used on a short term basis by students needing intensive training (such as braille reading and

cane travel), the lack of an outreach program makes it unlikely that the Academy will be able to establish this type of ongoing cooperative relationship with LEA's throughout the state.

When this study was undertaken its purpose was to evaluate the instructional program of the Minnesota State Academy for the Blind. We found many good teachers and many good instructional programs. What we did not find was the instructional leadership necessary for giving the school overall direction and a clear sense of purpose.

Perhaps the greatest single advantage for students attending a residential school for the blind is the opportunity to develop positive attitudes toward blindness. Successful blind adults have come to realize that the technical problems of blindness can be overcome through training. Therefore, the real problem of blindness is not the lack of eyesight but the misconceptions and assumptions about blindness which permeate society. This attitudinal dimension was not addressed in even a cursory fashion during our visit at the Academy. In fact, in our three days at the school not once did any member of the staff use the word "blind." When we asked how issues of blindness were addressed we were told that occasionally students would raise the topic with individual members of the staff. We do not feel that attitudinal training should be addressed casually. If children are to understand the nature of their handicap and the social affects it will have on their lives, it is necessary to discuss blindness openly, frankly and often.

Structure and Overview

The Minnesota State Academy for the Blind presently serves 52 students. Of these, 49 are in residence and three attend as day students. Students attending the academy are classified into four distinct categories: 1) blind or visually impaired, 2) blind multi-handicapped, 3) deaf/blind and 4) deaf multi-handicapped. At the present time, the academy has 12 students classified as blind or visually impaired, 20 classified as blind multi-handicapped, 8 deaf/blind and 12 deaf multi-handicapped. Of the 52 students enrolled at the academy, four are mainstreamed for some portion of the day into regular programs in the local public schools.

The school was founded in 1866 as the Minnesota Braille and Sight Saving School. In 1985 the name of the school was changed to the Minnesota State Academy for the Blind. The Academy is under the jurisdiction of the Minnesota State Board of Education and is a unit of the Minnesota Department of Education.

The Minnesota State Academy for the Blind and the Academy for the Deaf are jointly administered by a single superintendent. Each school operates independently with a variety of programs and services being centrally coordinated. There is also some sharing of facilities. A review of the Academies' organizational chart (see Attachment A-Residential Academies Functional Chart p. 33) reveals that in general instructional functions are self-contained in each academy while operations and support functions are distributed between the two academies.

Looking first at the instructional branch, the superintendent supervises an assistant superintendent of instruction who in turn supervises three principals. The Academy for the Deaf has an Elementary and Secondary Principal while the Academy for the Blind has a single Principal (position presently vacant) to oversee the school's programs.

To oversee support services, the Superintendent has a program coordinator who in turn supervises five department administrators. These are: the Dietician, Health Coordinator, Accounting Supervisor, Physical Plant Director, and the Residential Program Supervisor. Finally, the Residential Program Supervisor supervises three Residence Hall Directors.

In total we are able to identify a minimum of fourteen administrative positions. This number seems disproportionately large for the size of the two Academies. When viewed together the total population for both schools is approximately 200 students. A review of the Academies' directory shows 222 employees. Of these 201 are full-time employees, 16 are half-time employees, 3 are quarter-time employees, and the remaining two work .40 and .35 schedules.

Although the specific purpose of our investigation does not include a review of the organizational structure, we are concerned about the long-term maintenance and improvement of Academy Programs. At the present time four members of the State Board of Education comprise a committee of the Board for overseeing the two academies. In the State of Minnesota the Governor appoints members to the Board whose duties are considerably broader than simply the overseeing of the two Academies. We recommend that the Academy for the Blind and the Academy for the Deaf be governed by separate Boards of Regents, to be appointed by the Governor on a rotating basis. The number of regents should be either 5 or 7. In this way each Academy would be overseen by a governing body, the members of which would be appointed for the sole and express purpose of directing the Academy's functions.

Entrance/Exit Criteria

In order to properly evaluate the instructional program at the Minnesota State Academy for the Blind, it is first necessary to ask the question who does the Academy plan to serve and what are the criteria by which entrance and exit are determined. In January, 1984, in a study known as, "Evaluation of the Minnesota School for the Deaf and the Minnesota Braille and Sight-Saving School" the evaluators discussed the lack of formal entrance and exit criteria for students attending the Academy for the Blind. A number of specific problems were cited including poor definition of criteria for entrance, lack of diagnostic data including lack of medical documentation, and inattention to federal law requiring that handicapped students be served in the "least restrictive environment." Further the study concluded that exit was usually associated with the student graduating or moving out of state and only occasionally based on the recommendation of faculty. On July 18, 1984, the Academy for the Blind submitted to the State Board of Education proposed criteria for entrance and exit of students. On September 24, 1984, the State Board granted its approval (Attachment B-Proposed Minnesota Braille/Sight Saving School Entrance/Exit Criteria p.34).

Even though a formal policy now exists for determining entrance and exit a review of student files shows no substantive change in the practices by which students are enrolled and discharged. In fact, the policy itself is written in a manner which gives the appearance of providing objective criteria while simultaneously allowing broad discretion in the determination of eligibility and placement.

Visually Impaired, Primary Handicap

The criteria for entrance are divided into three general sections. The first section (Visually Impaired, Primary Criteria Requisite to Admission) contains four means by which a student may qualify for admission to the Academy. The first criterion (A.) bases entrance on a "visual impairment which documentably adversely affects educational performance." This criterion is poorly defined thereby raising question as to its usefulness. It does not specify how the visual impairment is to be measured, by whom, or in what way, and by whom documentation will be obtained which demonstrates an adverse affect on educational performance. In a word, the criterion statement is vague.

The second criterion (B.) bases eligibility on "a corrected visual acuity of 20/70 or less in the better eye and other complicating conditions present." This criterion, while providing some specificity as to the definition of visual impairment, makes general reference to the presence of other complicating conditions but

provides no elucidation as to how it will be determined whether other complications exist.

The third criterion (C.) ties eligibility to a "eye condition of a degenerative nature..." This criterion statement is particularly interesting since it provides admission to the Academy based on nothing more than the likelihood that someday the student will be visually impaired. Based on this criterion a child with 20/20 vision who suffers from glaucoma could legitimately be enrolled at the Academy for the Blind. The placement would be based not on a determination of educational need but rather on the anticipation of an eventual need.

The fourth criterion (D.) based eligibility on "a legally blind corrected visual acuity condition of 20/200 or less in the better eye or a limited visual field of 20 degrees or less." While this criterion statement is based on the medically accepted definition of legal blindness, it does not specify who can make the determination of legal blindness. IV B. of the Entrance/Exit Criteria states that applications for admission to the Academy for the Blind must be accompanied by an "ophthalmological report no more than two years dated." Our review of student records (including students admitted subsequent to the implementation of the Academy's Entrance/Exit Criteria) revealed consistent lack of ophthalmological data. In most cases the sole documentation of visual impairment was a vision screening performed by staff at the Academy. This leads us to conclude that the Academy's policy requiring an ophthalmological verification of visual impairment is routinely ignored.

The underlying problem with the criteria is that they seek to combine the concepts of medical eligibility with broader issues of educational need. We *recommend* that these two issues be separated establishing a system whereby students must first meet a clearly defined medical standard for eligibility followed by an IEP conference to determine the educational needs of the child.

We *propose* defining visual impairment as: corrected central visual acuity of 20/70 or less in the better eye. We *propose* defining blindness as: corrected central visual acuity of 20/200 or less in the better eye or a field of vision which at its widest diameter subtends an angular distance no greater than 20 degrees. It is our *recommendation* that the existence of visual impairment or blindness be documented by a licensed ophthalmologist. Documentation should take the form of a written ophthalmological report and should include other pertinent information relating to the student's eye condition.

The ophthalmological report should include: 1) visual acuity, refractive errors, binocular function, 2) visual field (if need determined by examiner), 3) prescribed correction where indicated, 4) etiology (if established), 5) prognosis (if known) and 6) low vision aids evaluation (when appropriate). We have prepared a sample examiner's report form which would be useful in obtaining the necessary information about a student's eye condition from an ophthalmologist (Attachment C-Sample Examiner's Report Form p.40).

The current admission's criteria do not adequately document the existence of visual impairment or blindness.

Similarly, it is hard to conceive of how a determination of educational need could be established based on the absence of a thorough educational assessment. These two concepts (the existence of a handicapping condition and its affect on academic performance) are fundamental concepts found in federal law pertaining to the education of handicapped children.

In order to determine the child's level of functioning (academic and behavioral) at the point of entry, it is necessary that standardized tests be utilized. Standardized tests of intelligence and achievement provide objective data on which to base the child's individualized education program. IVB. of the Entrance/Exit Criteria indicates that application for admission to the Academy for the Blind should include "standardized tests" and "most recent psychological behavior evaluations/observations." It is not specified which standardized tests should be used or even what general areas the standardized tests should be used to measure, e.g. intelligence, achievement, etc. Again a review of student files showed sparse evidence of any standardized testing. That which did exist had generally been done by the LEA prior to the student's admission to the Academy.

Standardized testing lays the foundation for the development of the child's Individualized Education Program. Public Law 94-142 requires that the IEP contain "a statement of the present levels of educational performance..." (P.L. 94-142, Sec. 4. (a) (19)). Furthermore, regular standardized testing provides longitudinal data by which progress can be systematically measured. We *recommend* that all students prior to the development of the IEP receive intelligence and achievement testing. We further *recommend* that each student receive an interdisciplinary team evaluation including but not limited to an audiological evaluation, speech and language evaluation, occupational therapy evaluation, physical therapy evaluation, adaptive physical education evaluation and a general health screening. The team evaluation concept will help establish or rule out the presence of other conditions which may affect the student's learning. No evaluation should be conducted until a complete ophthalmological report has been obtained. A complete team evaluation should be conducted at least once every three years with achievement testing and an ophthalmological report required annually.

Multi-Sensory Impairment

Section II. of the Entrance/Exit Criteria pertains to the admission of multi-handicapped sensory impaired children. As with Section I. above we found the wording of the criteria set forth in this section to be vague and imprecise. We do not take exception with wording simply to quibble over linguistic esoterica. Rather we are concerned that the criteria could conceivably be so broadly applied as to represent a means for admitting students for whom residential placement is unadvisable.

Section II. is headed "Multi-Sensory Impairment Criteria Requisite

to Admission." This title suggests that the section applies to children with multiple sensory impairments. In practice sensory impairment refers to either the loss of vision or hearing. Therefore a multi-sensory impaired child would be one who is deaf and blind or at least has impaired vision and hearing. In reviewing section II. of the Entrance/Exit Criteria we found that its intent is to address categories of students which we would describe as "blind multi-handicapped" and "deaf multi-handicapped," that is, children that have blindness or deafness as a primary handicap complicated by the presence of one or more additional handicapping conditions.

Visually Impaired, Multi-Handicapped

Section IIA. is entitled "Visually Impaired, Multi-Handicapped." This section is divided into two parts. Part one requires that a child be blind or visually impaired as defined in Section I. above. Part two requires that a child have a handicapping condition in addition to blindness. Additional handicaps may include mental retardation, neurological dysfunction, language/communication disorder, or orthopedic/physical/motor disorder. There is a need for a clearly established method for diagnosing the presence of each of these handicapping conditions. Another handicapping condition listed under Part Two is psychological/behavioral disorder: 1. aggression towards persons/objects 2. self-injurious behaviors 3. self-stimulatory behaviors and 4. autistic-like behaviors. Again there is a need for specific diagnostic procedures to identify the presence of psychological or behavioral disorders. Finally, part two states that a child meets the visually impaired, multi-handicapped criteria if in addition to a visual impairment the child has a "need for multiple specialized support programs, i.e., psychologist, physical therapy, occupational therapy, speech/language therapy, social worker, vocational, orientation and mobility, music therapy, nursing, etc." These criteria appear unnecessary and inappropriate. First, the need for a psychologist, physical therapist, occupational therapist, or speech therapist are not indicative of multiple impairment. Rather they are treatments intended to remediate a particular type of condition. Since the criteria already include a list of various impairments (behavioral disorders, motor disorders, language disorders, etc.) it is unnecessary to list the treatment strategies associated with these conditions. Of greater concern are the support programs included in the latter portion of the list. It is hard to understand how a visually impaired child can be considered multi-handicapped because he or she also has need of orientation and mobility services or social work services. For this reason we *recommend* that Section IIA.2. be revised deleting "multiple specialized support programs" as a criterion for establishing multiple impairment. As previously indicated we again stress the need to separate eligibility from program considerations.

In discussions with Academy personnel we repeatedly were told that the blind multi-handicapped program was a "non-graded program" whereas the program for visually impaired and blind students who had no other handicapping condition was a "graded program" approximating a traditional K-12 curriculum. Our concern is that a student qualifying as blind multi-handicapped not automatically be placed in a nongraded

program. Regardless of the basis of the child's eligibility, his or her program should be based on individual need.

Deaf, Multi-Handicapped

In Section IIB. (Deaf, Multi-handicapped) eligibility is based on the existence of a hearing impairment in combination with a broadly defined list of other criteria. Before going further we wish to state that we have serious reservations about the appropriateness of educating deaf multi-handicapped children in programs located at the State Academy for the Blind. We believe that such an arrangement contradicts Minnesota law and compromises sound educational practice. This issue will be discussed more thoroughly after an analysis of the criteria by which children are determined to fall under the classification of deaf multi-handicapped.

First, it must be clearly understood that IIB. of the Entrance/Exit Criteria is intended to identify a special population of hearing impaired children separate from those children for whom hearing impairment is the sole handicapping condition. This distinction is made in order to determine the child's educational placement. Deaf children (having no other handicapping condition) may attend the Minnesota State Academy for the Deaf while deaf multi-handicapped children are provided service in a special program located at the Minnesota State Academy for the Blind.

Section IIB. has a two part criteria for classifying a child as deaf multi-handicapped. Part one states that, "hearing impaired as defined by SDE guidelines, MSD criteria, and MBSSS criteria: An average pure tone hearing loss of 40dB or more in the better ear as determined by an audiologist certified or eligible for American Speech/Language/Hearing Certification." Part two states, "In addition to above hearing loss, one or more of the following:

- a. Has a speech reception threshold (SRT) worse than 40dB unaided.
- b. Falls four or more years behind her/his hearing age group on a developmental scale or as determined by documented teacher observation/informal assessment.
- c. Displays social/emotional needs which are not met within residential geographic area. These needs may include: interaction with hearing impaired peers, athletic and social activities, role models, etc.
- d. Needs 24-hour consistency in programming as determined by psychological assessment and/or social worker evaluation.
- e. Is not provided an appropriate academic/vocational program in home LEA district because of numbers of students, ages of student's peers, functional level, unavailable structured language input

necessary for the student, need for more contact time with resource personnel, speech, P.T., O.T., audiologist, counselor, etc.

- f. Need for a consistent total communication environment for expressive and/or receptive communication (ref. CEASD definition).
- g. Exhibits, in addition to hearing impairment, various of the other handicapping conditions defined by Minnesota Statute/State Board Rule.
- h. In addition to the above criteria, one or more of the following must exist:
 - (1) Visual impairment (as defined in I above)
 - (2) Mental retardation
 - (3) Neurological dysfunction
 - (4) Language/communication disorder
 - (5) Psychological/behavioral disorders
 - (a) Aggression -- persons/objects
 - (b) Self-injurious behaviors
 - (c) Self-stimulatory behaviors
 - (d) Autistic-like behaviors
 - (6) Orthopedic/physical/motor disorder
 - (7) Needs multiple specialized support programs, i.e., psychologist, physical therapy, occupational therapy, speech/language therapy, social worker, vocational, orientation and mobility, music therapy, nursing, audiologist, etc."

We have a number of serious concerns pertaining to the items listed in section II.B.2. Audiologists typically administer a pure tone hearing test and a speech reception threshold (SRT) test to determine hearing loss. The pure tone test measures an individual's ability to hear tones of varying frequencies at varying decibel levels. A SRT test measures the level at which an individual is able to recognize words at 50% accuracy. For this reason, the SRT score is approximately the same as the score obtained by averaging the decibel levels through the speech range (500 Hz, 1000 Hz, and 2000 Hz) as measured by a pure tone test. Both tests should be administered as a part of thorough diagnostic testing; however, it must be understood that both tests are intended to provide information about the student's degree of hearing loss. It is therefore not appropriate to include a pure tone hearing test under section II.B.1. (verifying hearing loss) and a SRT under section II.B.2. as a criterion for establishing multiple

impairment. It could be anticipated that a student with a severe hearing loss (60-90 dB) would have an SRT score at approximately the same level. However, in no way would this suggest the presence of a multiple disability. For this reason, we *recommend* that Section II.B.2.a. be included under Section II.B.1. as part of the determination of hearing impairment. In addition, we *recommend* a test of speech discrimination be administered as well as a bone conduction test and/or a test of acoustical impedance. This would provide information about the severity and type of hearing loss (sensorineural, conductive) necessary for educational planning.

Item b. would establish multiple impairment based on poor achievement. Poor achievement is not in and of itself indicative of low ability. In addition, a determination of multiple impairment should be based on more than "teacher observation/informal assessment."

Items c. through f. suggest that a student with a hearing impairment be classified as deaf multi-handicapped if he or she has need of various support services. These criteria while perhaps serving as the basis for justifying residential placement, seem unrelated to the concept of multiple impairment.

Item g. appears to be a criterion by which the presence of multiple impairment could be established. We again stress the need for specific diagnostic procedures for objectively determining the presence of other handicapping conditions.

Item h. attempts to specify handicapping conditions which in combination with hearing impairment would qualify a student as deaf multi-handicapped. The major difficulty with item h. is the linking of service needs to eligibility. Using this criterion a hearing impaired student requiring regular audiological examinations and speech therapy would qualify as deaf multi-handicapped.

Perhaps of greater significance than the criteria for deaf multi-handicapped, is the question of whether it is appropriate for deaf multi-handicapped students to receive services at the Academy for the Blind. Section 128A.05 (Attendance) Subdivision 2. of H.F.No.282 (adopted by the Minnesota Legislature May 18, 1985) specifies the criteria by which students may be admitted to the Academy for the Blind. It reads in part "any individual who is visually impaired, blind-deaf, or multiple handicapped is entitled to attend the academy for the blind if it is determined, pursuant to the provisions of Section 120.17, that the nature or severity of the visual impairment is such that education in regular or special education classes provided for by the school district of residence cannot be achieved satisfactorily...Nothing in this subdivision shall be construed as a limitation on the attendance at this academy of children who have other handicaps in addition to being blind or visually impaired." We believe that the intent of the Legislature is clear, that is, that the Academy for the Blind serve blind and visually impaired children including those with additional handicaps. Further we believe that the Legislature intended deaf multi-handicapped students to be served at the Academy for the Deaf. Section 128A.05 (Attendance) Subdivision 1. of H.F.No.282 states in part "Nothing in this subdivision shall be construed as a limitation

on the attendance at this academy of children who have other handicaps in addition to being deaf or hearing impaired."

The practice of locating deaf multi-handicapped students at the Academy for the Blind runs contrary to the concept which underpins the role of residential schools. When dealing with a low incidence population such as blind or deaf, the residential school has the advantage of providing a concentration of services implemented by specially trained personnel. This concentration of services is especially important for hearing impaired children who use sign language as their primary mode of communication. For these children a residential setting where sign language is used round the clock provides valuable language stimulation related to the development of both cognitive and academic skills. Housing deaf multi-handicapped children at a residential school for the blind denies them the benefits associated with a 24 hour "total communication" environment. The Minnesota Legislature has recognized the importance of providing hearing impaired children with an environment which facilitates the development of good communication skills. Section 128A.02 (State Board Duties and Powers) Subdivision 3A. states, "All staff employed by the academy for the deaf are required to have sign language communication skills, as applicable. Staff employed by the academy for the blind must be knowledgeable in Braille communication, as applicable." We believe that by serving deaf multi-handicapped children at the Academy for the Blind they are being denied their statutory right to an environment which emphasizes sign language communication.

In our interviews with personnel from the Academy for the Blind, we were told that the deaf multi-handicapped program was located at the Academy for the Blind because of its specialized facilities. Specifically, the Academy for the Blind has a swimming pool which can be used both therapeutically and recreationally while the Academy for the Deaf does not. During our visit we observed that children from the Academy for the Deaf are routinely transported to the Academy for the Blind for swimming. Given the close proximity of the two schools and the availability of transportation back and forth, we do not feel that the swimming pool facility at the Academy for the Blind represents sufficient justification for locating the deaf multi-handicapped program away from the Academy for the Deaf. We *recommend* that the deaf multi-handicapped program be returned to the Academy for the Deaf Campus. In this way, deaf multi-handicapped students will be afforded a more appropriate learning environment consistent with best professional practice and Minnesota State Law.

Deaf/Blind Criteria Requisite to Admission

Section III. of the Entrance/Exit Criteria establishes eligibility for deaf/blind students. The section is divided into two parts. The first part (A.) bases eligibility on the presence of a vision and hearing impairment as defined in Sections I. and II. We have already discussed the need for clarifying these criteria as well as outlining recommended evaluation procedures.

The second part (B.) provides that a student (in addition to a vision and hearing impairment) may also have an additional handicapping

condition. It is not clear why part B. is included since eligibility is based on the presence of a vision and hearing impairment. Perhaps Part B. is intended to make clear that deaf/blind children with additional handicapping conditions will not be excluded from the deaf/blind program.

Application for Entrance

Section IV. of the Entrance/Exit Criteria describes the procedures to be used in applying for entrance to the Academy for the Blind. This section requires that a student application include a current ophthalmological report and audiological assessment (no more than two years dated) as well as a report of a physical examination conducted within the past year. Our review of student records yielded little evidence of adherence to these requirements.

In addition the section goes on to require that an application include the student's immunization record as well as "all pertinent assessments." It is not specified what assessments must be included, nevertheless the section goes on to state that the "Admission and Transfer Team" of the Academy will develop an "interim IEP" to span a 6-week period. Later in our report we will discuss more thoroughly the function of the IEP (individualized education program). For now, suffice it to say, that there is a need for greater specificity in the assessment process which would enable the development of an appropriate IEP. Federal law does not provide for the development of an individualized program followed by the gathering of assessment data.

Exit Criteria

Section V. of the Entrance/Exit Criteria describes the specific conditions under which students exit the Academy for the Blind. The section is divided into eight parts which rather than representing specific criteria are a mixture of various factors which comprise the exit process. In general, the eight parts can be divided into three general categories. The first is the method by which exit should be determined. The second are a number of factors which might be considered as part of the exit process and the third are procedural or policy factors surrounding exit.

Part A. states "Parent, LEA, and MBSSS determine MBSSS is no longer the most appropriate, least restrictive program, as determined through the IEP process." This criterion clearly sets forth the basis for determining exit based on educational need. Nevertheless, we are concerned about the lack of specific planning designed to prepare students for return to their LEA's.

Parts B. and C. refer to successful mainstreaming and the establishment of an appropriate program in the student's home district as factors for determining exit. While these two conditions may represent appropriate factors for consideration during the IEP process they do not in and of themselves represent the basis on which exit can be determined. Again, Federal Law does not provide for changing a student's placement and later developing an individualized program. As we have said throughout this discussion the

IEP process is the method by which placement and programming decisions should be made.

Parts D. through H. represent a number of policy or procedural factors governing exit. They include graduation, moving out of state, removal under the Fair Dismissal Procedures Act and so on. We are concerned with part G.2. which bases dismissal on behavior which could "cause serious physical harm to self, staff, and/or peers." While self-injurious or aggressive behavior represent a serious concern, we believe further specificity is needed in order to comply with requirements set forth in federal law. P.L. 94-142 requires that all handicapped children within a state are entitled to a "free appropriate public education." Therefore, it is incumbent upon the Academy and for that matter the LEA to provide an individualized program appropriate to meet the student's educational needs including behavior as it relates to the handicapping condition. Unless otherwise specified in the IEP, students are subject to normal disciplinary procedures. Therefore, we ask the question; Does the "Minnesota Fair Dismissal Procedures Act" include dismissal based on self-injurious and/or aggressive behavior? If not, dismissal for these reasons would necessarily need to be addressed within the context of the student's IEP.

One area not addressed by the exit criteria is a formal follow-up procedure. At the present time only sparse information is available about students who have left the Academy. We believe that a follow-up process is necessary to program accountability. Long-term follow-up is important both to track the progress of students returning to their LEA's as well as graduates of the Academy.

Individualized Education Program

"It is the purpose of...P.L. 94-142...to assure that all handicapped children have available to them, within the time periods specified, a free appropriate public education which emphasizes special education and related services designed to meet their unique needs." (Public Law 94-142, 1975, Sec. 3, c)

Passage of this law in 1975 was intended to correct certain inequities which existed for handicapped students within the educational system across the United States. P.L. 94-142 is therefore, a statement of certain general concepts which give guidance in and standards for the provision of service to handicapped children. The law has been effective in achieving widespread compliance with these concepts and standards through the provision of categorical funding to State Departments of Education who cooperate.

P.L. 94-142 was part of a larger "Right to Education" movement to extend special educational opportunities to all handicapped children. As early as 1911 states began mandating special education to some handicapped children; however not until the decade 1967 to 1977 did most states adopt policies requiring that all handicapped children be educated. The courts in the early 1970's established the basic principles contained in P.L. 94-142. P.L. 94-142 established a minimum national policy base that had its origins in state law, litigation, and professional practice.

Prior to the "Right to Education" movement not all handicapped children had access to appropriate educational opportunities. The extent of special education services varied by disability and age. Some handicapped children were excluded from participating in education, because of the severity of their disability. Mildly handicapped children who were in school but needing special education did not receive such services because of limited resources. The extent of special education services varied by wealth of the school district and the amount of advocacy pressure brought on the system. School systems tended to view special education as a special benefit or a charity not as a right or an integral part of a school system. Special education services were more often based on what was available rather than the child's unique educational needs. Very few school districts had a full continuum of services available across disabilities. Fiscal support for special education tended to be available only when the system had sufficient resources.

Parental participation was generally limited to "consent" for placement rather than participation in program design. Assessment of handicapped students was limited in scope and tended to be discriminatory against certain populations.

Other laws complement P.L. 94-142. Especially relevant is Section 504

of the Rehabilitation Act of 1973 as amended, with its accompanying regulations. The law provides that agencies receiving Federal funds must not discriminate solely on the basis of a handicap, and are required to make "reasonable accommodation" for a handicapped individual. The analysis of what is "reasonable" takes into account such factors as the money, time, and effort which must be expended in order to provide the accommodation. Also, an exclusion is not considered "discrimination" if it is based on genuine evidence that the handicap per se precludes the activity.

During our visit to the Academy for the Blind we reviewed files of students from the four program areas (blind or visually impaired, blind multi-handicapped, deaf/blind and deaf multi-handicapped). We were particularly concerned by the lack of adequate assessment data necessary for the development of an individualized program. In addition, the procedures surrounding the IEP process did not appear to ensure the student's right to an individual program based on educational need. The Individualized Education Program (IEP) is a formal written agreement which specifies the child's present level of performance; a statement of educational goals; a description of the special education and related services to be provided and also the extent to which the student will participate in regular programs; expected duration of services; and objective evaluative criteria for determining whether goals are being met. Both long and short-term goals must be agreed upon and updated at least annually. The IEP is binding in regard to providing the services as described until a new IEP is agreed upon and signed.

The practice at the Academy for the Blind is deficient in a number of areas. Specifically a thorough diagnostic assessment is not required, therefore most students have little or no evidence of a formal educational assessment in their files. Without specific testing the student's present level of performance is not known thereby making it inappropriate to proceed with the development of an IEP. Furthermore, P.L. 94-142 requires ongoing assessment to evaluate the effectiveness of the efforts to educate each handicapped child. While Federal law requires program accountability as it pertains to each handicapped child, Minnesota Law addresses program accountability in a broader sense.

Section 128A.02 (State Board Duties and Powers) Subdivision 2a of H.F. No.282 (adopted by the Minnesota Legislature May 18, 1985) mandates the development of a two year plan for the state residential academies. Number eight of this section specifically requires that the plan include "Pupil performance evaluation." While this section of the law addresses student performance as it pertains to overall program accountability, we believe that standardized testing (particularly achievement testing) provides useful data on individual students as well as the school as a whole. In our review of student records we found little evidence of formal assessment data; however, in one case we found a student who had been administered the Wide Range Achievement Test in 1980 (at the age of 12) and in 1984 (at the age of 16). The scores indicated that in 1980 the student was functioning at a 3rd grade level in reading, spelling and math. Four years later, when the test was readministered the student had made only 2 months progress in reading and less than a year's progress in math. The student's spelling score decreased by three months. Further testing showed that the student's intelligence was in the normal range. No documentation was present to explain why

the student's achievement scores were so seriously depressed.

Our next major concern is with the development of IEP's. The Academy for the Blind divides the IEP process into two steps. The first is a statement of the child's present level of performance, needed related services, amount of mainstreaming, and justification for attending the Academy as it relates to the concept "Least Restrictive Environment" (Attachment D-MSAB Individual Education Plan p. 42). The second step is the identification of long-term goals and short-term objectives (Attachment E-MSAB Individual Education Plan Goals and Objectives p. 44).

In reviewing student records we found little evidence of individualization and consistency between the two parts of the IEP. On page 2 of the Individual Education Plan there appears the statement "Based on the principle of least restrictive environment, the following reasons are given to substantiate why this program is most appropriate to meet the student's educational needs." Under this section, the IEP's we reviewed consistently contained the notation that the student was in need of a residential setting, socialization with peers (having the same handicapping condition) and the specialized support services available at the Academy. Our concern is that the integrity of the IEP be maintained as a truly individual document pursuant to a particular student's individual educational needs. In one instance we reviewed an IEP which indicated that placement at the Academy for the Blind was based on a student's need for receiving braille instruction. When we next referred to the "Goals and Objectives" section of the IEP we found that the student was receiving no braille instruction at all. In a subsequent discussion with the student we verified that he was using large print exclusively as his reading medium. This example raises a number of serious questions, not the least of which relates to whether the student is needful of a residential placement. It is not surprising that given the nationwide shortage of teachers trained to work with visually impaired children, that an LEA may not have the ability to offer a student instruction in braille reading and therefore seek to place the student at the Academy for the Blind. If on the other hand it turns out that the student does not need braille, but simply large print (which can be produced on most modern-day photo copy machines) then the need for residential placement becomes suspect. In short, we believe that the IEP process currently in use at the Academy for the Blind fails to ensure a student's right under P.L. 94-142 to a free appropriate public education in the "least restrictive environment" (LRE). The statute (20 U.S.C. 1412) establishes the following standard for placement in the least restrictive environment: "to the maximum extent appropriate, handicapped children, including children in public and private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." The regulations (34 C.F.R. 300.551-300.552) require a continuum of alternative educational environments and presumes that any point on the continuum will be available if a child requires it. The least restrictive environment is that educational placement that will meet the child's special educational needs and is

agreed to by parents and school. The appropriateness of a given placement can only be dealt with in the context of an individual child's special educational needs.

For this reason, we believe it is inappropriate to hold an IEP meeting for the purpose of placing a child at the Academy for the Blind. Rather an IEP meeting should be held to determine a child's individual needs subsequent to which placement will be selected. During the IEP meeting it should always be assumed that all levels of special education service are available to a child at any given time. Minnesota State law 5 MCAR section 1.0224B provides six levels of special education service ranging from full-time placement in regular program to placement in a residential program (Attachment F-Levels of Special Education Services in Minnesota p. 45).

At the present time participants in the IEP process constitute what is known at the Academy as the "Admission and Transfer Team." Ideally this team is intended to include a representative from the student's LEA, and parent. In addition the team consists of Academy for the Blind personnel including the assistant superintendent of instruction, dean of students, and case manager. The case manager is usually a teacher assigned the responsibility of coordinating the IEP process.

In the January, 1984, study known as "Evaluation of the Minnesota School for the Deaf and the Minnesota Braille and Sight Saving School" the evaluators recommended "the admissions and individualized education program teams be expanded to include an individual who is knowledgeable in education of the visually handicapped, but who is not affiliated with the Minnesota Braille and Sight Saving School or with the local school district." They believed that the introduction of an unbiased third party would increase objectivity resulting in more appropriate educational planning. We strongly disagree with this recommendation in that it sets up the expectation that the unbiased third party will necessarily have the knowledge and background to serve in the child's best interest. To assume that a third party will not bring with him or her attitudes and assumptions about the education of handicapped children is unrealistic. Furthermore, the recommendation suggests that the presence of a third party (neither affiliated with the Academy nor the LEA) will prevent either the Academy or the LEA from promoting a placement based on administrative convenience. We believe this monitoring function falls appropriately to the State Department of Education which has the responsibility for ensuring compliance to state and federal regulations by educational facilities within Minnesota. Parents desiring an advocate to assist in the IEP process should be advised as to where this help can be obtained. Also consideration should be given to including students in the development of their own IEP's.

Throughout this discussion we have found ourselves returning again and again to two major problems which underlie the placement process at the Academy for the Blind. These are need for adequate diagnosis followed by the development of an IEP. Without proper assessment there is nothing on which to develop an individual program and therefore no sound justification for selecting a particular placement alternative. In discussions with students we heard repeatedly that they were attending the Academy because of lack of access to specialized materials in their home districts. In other words, we found the placement process to be

opposite from that which would typically be recommended. Students are identified as needing placement at the Academy for the Blind, next an IEP is developed to plan the student's program at the Academy. Finally, an occasional diagnostic test is administered (generally at the request of an outside agency).

When we reviewed the long-term goals and short-term objectives of student IEP's we found no coordination between and among classes suggesting long-term planning. For example, a student needing math is given a "teacher-made" test to determine the level of computational skills and conceptual knowledge of arithmetic principles. No reason was given for why standardized tests could not be used in place of teacher-made tests. Standardized tests would provide all of the same information but would have the additional advantage of providing a grade level equivalence score thereby making progress measureable over time. The IEP goals and objectives we reviewed were typically very detailed. Nevertheless, they lack objective means of measuring student progress.

Therefore, we *recommend* that the IEP process be changed so as to comply with federal and state law and sound educational practice. All students should first have a diagnosed, documentable visual impairment as specified in our earlier discussion of the Academy's Entrance/Exit criteria. Second, each student should next have a thorough educational assessment (preferably an interdisciplinary team evaluation) as also outlined in our discussion of the Entrance/Exit Criteria. Third, an individualized education program meeting should be held to determine the specific learning and service needs of the child culminating in the identification of the placement best suited to meet the child's specific needs.

Instructional Program

Principles In the Education of Blind Children

The education of blind children has three major components. The first is the educational process itself, that is, training in the academic skills commonly known as the basics -- reading, writing, and arithmetic. The second major component has to do with training in the "skills of blindness." The skills of blindness are those which enable the blind child to participate fully in all facets of society. Specifically, they include instruction in: braille reading and writing, typing, handwriting, abacus (used for mathematical computation), and cane travel. The acquisition of these skills will to varying degrees interact with the overall educational process. For example, braille reading is highly interactive in that it is not advisable to teach braille as a separate skill but rather as a medium by which one learns to read. An example of a less interactive skill is the teaching of typing. In the case of typing the student must first have basic competency in literacy at which point typing becomes a means by which print communication is achieved.

The third and perhaps most critical dimension in the education of a blind child is the development of a positive attitude toward blindness. The development of a positive attitude does not simply happen. Instead it must be addressed frankly and systematically.

Blind adults have come to regard blindness as a characteristic which like other characteristics is in some circumstances convenient and in other circumstances less convenient. This view of blindness enables the individual to differentiate between those effects which are related to blindness and those which are related to attitudes and assumptions about blindness. For example, a blind person certified to teach yet denied a teaching position because of blindness is the victim of discrimination. Blindness did not make the individual incapable of teaching, rather it was the employer's attitude and assumptions about blindness which resulted in the denial of employment.

If children can come to understand blindness unemotionally for what it is and understand its social consequences then they can begin to come to grips with the "real" problems of blindness. If specific training in attitude development is not provided, children will begin to internalize negative attitudes toward themselves and toward their own blindness. They will likely come to regard themselves as less capable than others and believe it is due to blindness. During our visit to the Academy we talked extensively with students urging them to separate in their own minds those problems which can be viewed as the technical problems of blindness and for which training and resources are the answer from those problems of blindness which are due to societal beliefs and for which education of the public is the

answer.

We specifically *recommend* that children receive training directed to foster a positive attitude toward blindness and that this training include regular and frequent exposure to successful blind adults to serve as role models.

School Day

Students at the Academy for the Blind attend seven classes daily. Classes begin at 8:00 a.m. and are 55 minutes in length with a five minute passing period between classes. Students are allowed 30 minutes for lunch and classes end each day at 3:25. With this arrangement students have four consecutive classes in the morning and three after lunch. During our visit to the Academy we discussed the school day with a number of members of the faculty. We found a widespread desire to shorten the length of class periods, however for a variety of reasons. First it was suggested that shortening class periods would have the effect of providing teachers with additional planning and preparation time. In this way, there would be an increase of communication between and among teachers thereby encouraging an increase in the collaborative effort. Another reason offered for shortening the length of class periods was directly related to the attention span of pupils. It was suggested that most students (particularly very young students) could not concentrate beyond 45-50 minutes at a time.

We agree that the length of class periods should be shortened but offer yet another reason behind the change. If each period were shortened without reducing the total amount of instructional time the day could be divided into eight periods instead of seven. This would have several important advantages. First, this would allow for various support services such as speech therapy, physical therapy, and orientation and mobility training to be provided in a designated time slot thereby not interfering with the student's academic subjects. Shorter class periods would have the dual effect of being better suited to children with only moderate attention spans while simultaneously enabling the ability to have longer class sessions by grouping periods together.

We are also concerned that the current system does not adequately meet the developmental needs of young children. A four hour stretch before lunch with only five minutes between periods is not appropriate for elementary aged children. We *recommend* that young children be given a fifteen minute recess period morning and afternoon as well as a recess period immediately preceding lunch. It is very important for children to develop the social and physical skills associated with play.

Curriculum

During our visit to the Minnesota Academy for the Blind we had the opportunity to tour the facility and talk with faculty and students. A concern which surfaced in a number of ways pertained to the overall coordination of the instructional program. The individual teachers

with whom we spoke were generally well trained and deeply committed to their work.

ORIENTATION AND MOBILITY: In some instances we had questions as to whether instructional personnel had been assigned duties commensurate with their training and expertise. For example, the Academy does not presently employ a teacher trained in orientation and mobility. Instead, a teacher's aid (Special Education Program Assistant) serves as the orientation and mobility specialist for the Academy. In the past the principal of the Academy for the Blind was a trained orientation and mobility specialist and therefore oversaw this program directly. With the retirement of the principal, no professional staff at the Academy are trained in this vitally important area. We believe it is inappropriate to place programming responsibility on noncertified personnel. Teachers typically have responsibility for assessment, planning, preparation of materials, and direct instruction while aides serve in a nonprofessional support capacity to a teacher. Assigning an aide duties normally associated with instructional personnel raises serious questions of professional ethicacy and efficacy.

Orientation and mobility skills are typically regarded by the blind as essential in order to compete successfully in everyday life. In particular cane travel training provides the blind the necessary freedom of movement to travel freely and independently wherever he or she wishes to go. Orientation and mobility as the name implies has two distinct elements. The first is orientation which refers specifically to the individual's ability to keep his or her bearings, to know where he or she is in relation to things around and to be able to plot routes to get to desired destinations. Mobility, while a related concept, refers to the process of movement itself. Unless an individual is both oriented and mobile he or she will be an unsuccessful traveler.

The way orientation and mobility are acquired is through the simultaneous development of the skills of independent travel and the confidence necessary to motivate an individual to travel independently. It is not uncommon for a blind child or adult to master the skills associated with cane travel but to lack the confidence to apply those skills in the real world. Confidence in one's ability to travel is often related to one's attitudes toward blindness and oneself, therefore blind children as well as blind adults must be encouraged and taught to think of blindness as a characteristic rather than as a tragedy. By viewing blindness unemotionally and directly the individual can begin to come to grips with the necessary skills acquisition to live a full life.

We disagree with the practice of the Academy in providing blind children with folding canes rather than rigid canes. Experienced cane users will agree that the rigid cane is superior as a travel aid while the sole advantage of a folding cane is its easy storage. In other words, it can be said that a rigid cane is superior when it is being used and a folding cane is superior in situations when it is not being used. Beyond this if blind children are to be encouraged to use a cane then it is imperative that they have available to them the best cane possible. We recommend the hollow, fiberglass cane with a steel

glide tip (distributed by the National Federation of the Blind, 1800 Johnson St., Baltimore, Maryland 21230, 301-659-9314). We further *recommend* that students be encouraged to use their canes on and off campus. During our visit we were told that students are not prohibited from using canes on campus; however, during the three days we were at the Academy we observed only one student using a cane around the building. Parenthetically, it should be noted that this student was returning from a cane travel lesson. We do not feel it is sufficient to simply allow children to use their canes if they choose; rather we believe it is necessary to encourage cane use at all times so that children will learn to walk confidently in both familiar and unfamiliar settings. Intermittent use of the cane has two effects. First, students do not learn to think of the cane as a part of them and useful in all situations. Second, children will tend to limit their exploration when not provided a cane since they will not have the means for detecting unanticipated obstacles and/or drop offs. As a result they tend to be less independent.

When discussing this matter with Academy personnel, we were told that the staff wanted children to think of the school as "their home" and therefore employed the reasoning that it would be unnatural to use the cane in a home-like setting. We are compelled to point out that the Academy for the Blind is a residential facility not a home. We believe that most blind adults living in a "home" of the size of the Academy for the Blind, inhabited by 51 other residents as well as a large staff, would be well advised to use a cane.

We are also concerned about the age at which cane travel is introduced. At the Academy we learned that the age at which cane travel is introduced is determined individually; however, students generally are not taught until they are in their early teens. We *recommend* that cane travel training be started as early as possible. In this way children will learn the various aspects of cane usage at a developmentally appropriate time. For example, a five year old will learn that the cane is useful for detecting drop offs (curbs, steps, etc.) and for finding a clear path. He or she will also learn that the cane is useful for locating desired objects (swings, climbing bars and so on) outside. As the child develops, specific cane techniques can be introduced and refined. These include centering the hand, gripping the cane with the index finger extended along its shaft, touching the cane in opposition to the leading foot (when the cane touches to the left the right foot is forward) and so on. It is our experience that early introduction of the cane encourages children to explore the environment freely and with confidence. We have also found that early introduction of the cane develops a good body image and good posture and reduces bad habits such as shuffling the feet, moving slowly and hesitantly, and walking with the hands extended. Another advantage of early introduction of cane travel is that it encourages the development of spatial concepts. Blind children who do not learn spatial relationships at an early age are often relegated to only being able to travel along memorized routes. Cane travel instruction should routinely include new and unanticipated situations so as to develop problem solving skills and self-confidence.

We also *recommend* that children be given canes longer than those

normally used at the Academy. Children are presently issued canes which come up to approximately the middle of the child's sternum. This provides the child only a one step warning of impending obstacles or drop offs. It is our experience that a longer cane (coming at least up to the child's nose) affords greater warning and therefore greater reaction time. In this way, children are encouraged to move more quickly through unfamiliar environments.

BRILLE READING AND WRITING: Turning now to the area of braille reading and writing, we were very pleased to find that the Patterns Series is used with beginning readers. The Patterns Series, developed by the American Printing House for the Blind is a carefully prepared basal reading program especially designed for a braille format. The introduction of braille contractions is planned to enhance ease of recognition thereby encouraging the development of accurate rapid reading.

It should be recognized however, that the Patterns Reading Series is not intended to be used for a child's first introduction to braille. Patterns should be preceded by a reading readiness program which concentrates both on tactile discrimination and the mechanics of good reading (tracking, line changes, and page orientation). We recommend the "Mangold Developmental Program of Tactile Perception and Braille Letter Recognition" (Attachment G-Order Form for Mangold Program p.46).

The Mangold Program has a number of important features which make it excellent for the development of reading readiness.

It has been shown that scrubbing, back-tracking, and errors in braille letter recognition are the three most predominant errors in braille reading.

This developmental training program addresses the issues relative to the remediation of identified braille reading deficiencies and prevention of potential deficiencies. The program is designed to promote good two-handed braille reading and decrease undesirable scrubbing and back-tracking behaviors, as well as errors in braille letter recognition.

Most sighted preschool children extract from their environment an awareness of the significance of print letters. By the time they enter school, some children can decode written symbols, and differentiate the sounds represented by the symbols.

Teachers of sighted children have at their disposal many programs which sequentially instruct students in skills of visual perception. This program is designed to provide a braille counterpart which would instruct visually impaired students in skills of tactile perception and braille letter recognition. The lessons focus upon those skills which must be learned by students if they are to read braille easily and with a minimum of scrubbing, back-tracking, and letter recognition errors. Of great importance is the realization that visually impaired children pass through the same developmental stages as do sighted children.

During our visit we were very impressed with the careful planning that had gone into the braille program. We observed a group of three nine

and ten year old girls receiving braille instruction and found each of them motivated and eager to demonstrate their reading ability. One of the children, due to an orthopedic impairment, was using a braille-writer especially adapted for use with one hand. Even the desks in the room showed evidence of careful planning and attention to detail. The desks had been modified with a large working surface allowing the child to keep braillewriter and materials within easy reach. The area under the desk had been adapted to readily accommodate storage of braille books.

We were also encouraged to find that braille reading and writing are introduced together. Too often blind children are given instruction in braille letter recognition and only later taught the skills of braille writing. We *recommend* earlier introduction of the slate and stylus as a means of writing. It is our experience that early introduction of the slate and stylus promotes dexterity and rapid writing which becomes invaluable later when the student is using the slate as a note-taking device. Some professionals will argue that early introduction of the slate will result in reversal problems since letters are inversely formed from the way they are read. It is also argued that young children lack the necessary coordination to successfully master the slate and stylus. We reject these propositions and in fact, find them somewhat puzzling. Until recent times, braille-writers were in short supply. Even as recently as ten or twenty years ago an individual could wait a year or more after placing an order for a braillewriter. Traditionally therefore, even in schools for the blind, braillewriters have been in short supply thereby making it necessary to instruct very young children in the use of the slate and stylus. No evidence exists to suggest that children were harmed by this practice and in fact it is generally recognized that proficiency with the slate and stylus has steadily declined in direct relationship to the availability of braillewriters.

Before ending our discussion of braille we feel it is necessary to comment on the criterion by which it is determined whether a particular child will be instructed in braille. At the present time the practice at the Academy is to decide the most appropriate reading medium based on the amount of residual vision a child has and whether the child's vision is likely to remain stable or deteriorate. This process amounts to an informal assessment which in and of itself is not wholly inappropriate. Our concern is that the lack of adequate diagnostic information available on each child makes it difficult to determine the educational implications of a child's vision loss as well as whether the loss is stable or progressive. We *propose* the following criteria to be used as the framework in reaching a professional judgement concerning which child will read print and which will learn braille: If a child can read standard print held at a comfortable distance (greater than a distance of 6 inches) for a sustained period of time without suffering eye fatigue, then it is reasonable for the child to read print. We believe children not meeting this criteria should be instructed in braille. Please note that the above criteria are not intended to represent a formally determined, objective standard on which to base a decision about braille or print reading rather it is to be used as a philosophical framework to help the professional reach an informed judgement.

The reader will note that we have not addressed the area of large print as an intermediate step between braille and standard print. Large print has a number of serious disadvantages which make it inappropriate as a primary reading medium. There are very few children using large print who could be classified as truly good readers. This is due to the fact that children with vision so poor as to require large print are very often subject to difficulty related to eye fatigue and lighting. Many of these children (even with large print) do not see a clear image, therefore they experience an increased number of decoding errors. Further, they are often limited to reading only the very clearest print thereby further limiting their access to printed materials. Finally, the increased size of large print automatically reduces the number of words present in the visual field at any one time thereby adversely affecting reading speed. We *recommend* therefore that large print be used as a secondary reading medium only. For example, a low vision child capable of reading standard print may find it helpful to have certain reference materials such as dictionaries or materials with very fine detail such as maps available in large print. The same child may also find large print useful in situations where he or she cannot control the distance at which material must be read. For this reason, a large print typing book or large print sheet music might be useful. Again, it must be emphasized that large print should only be used as an adjunct or supplementary reading medium. Similarly, children who are primarily braille readers but who have sufficient vision to read large print may also find it useful. This is particularly true in the areas of science and mathematics where large print may be helpful in enabling a child to gather information from a chart or diagram which could not be easily reproduced in a tactual format. In these examples, the child is not expected to read for a sustained period of time, but instead is using large print to supplement his or her reading needs.

COMPUTER INSTRUCTION: Another area of the instructional program requiring comment pertains to the computer class available at the Academy. At the present time, the math and science teacher is responsible for the computer class. The Academy for the Blind computer lab has three Apple Computers and one LED 120 braille embosser. There is also a versabrilite (portable braille word processor) and a Kurzweil reading machine located in the lab. During our visit we found that the Kurzweil reading machine was not functional. No service contract had been purchased for the machine nor had funds been authorized for its repair. This device (valued at \$30,000) can read a wide variety of conventional ink print material by means of an optical scanner which sends information through a sophisticated computerized process resulting in computerized speech. This device represents a major breakthrough for the blind. Through its use blind people are afforded immediate access to large quantities of material without the intermediate cost and delay of having information transcribed into braille or read aloud. We *recommend* that the Kurzweil reading machine be repaired and integrated into the Academy's computer component. The Kurzweil reading machine can also interface with the Apple computers and/or the versabrilite provided an efficient work station is incorporated. We would also *recommend* that the entire computer program be integrated into the math and science program.

PROGRAM OVERVIEW: We have specifically discussed three areas of the

instructional program. We will now turn to a more general discussion of instructional practices. As previously stated students at the Academy for the Blind are divided into four distinct classifications (blind or visually impaired, blind multi-handicapped, deaf/blind and deaf multi-handicapped). The instructional program is also divided into four distinct categories to serve the various classifications of students.

The instructional program provided blind or visually impaired students is based on a traditional K-12 model. We are concerned that the Academy does not have an overarching curriculum for this program. Instead the Academy uses a curriculum outline which in fact is little more than a basic listing of classes divided by grade levels (Attachment H-Curriculum Outline Regular Student p.47).

We are also concerned that of the twelve blind or visually impaired students only four are mainstreamed and only for a limited portion of the day. If the Academy is to serve the function of providing short-term training with the goal of reintegration in a regular school program then students will need the opportunity to test out newly acquired skills on a competitive basis with their sighted peers. In this way a child's readiness for return to public school can be tested out while having available the support system offered by the residential program. We *recommend* an increased effort in the area of mainstreaming in the Fairbault Public Schools. This will require the development of specific criteria by which "readiness" for mainstreaming is measured and the development of trust both with the faculty and administration of the public schools to assure them that students will be appropriately mainstreamed and that all necessary supportive services will be supplied.

We are also concerned by the lack of coordination between and among Academy personnel. Given that the Academy is a very small school a certain amount of informal communication takes place between various staff members. We do not feel that this informal process is satisfactory to meet the individual needs of students. We therefore *recommend* that formal department meetings (including a residence hall representative) occur weekly to discuss the progress of students, formulate plans, and assure follow-up.

The instructional program for blind multi-handicapped children is characterized by a non-graded program stressing functional skills development (Attachment I-Curriculum Outline, Multi-Handicapped p.49). We found that blind multi-handicapped students were well-integrated into the Academy's overall program. Blind multi-handicapped children receive instruction commensurate with their needs and abilities. High functioning children are integrated into aspects of the graded program including braille reading, typing and the computer class. Lower functioning children are provided instruction developmentally sequenced in a way which would indicate sound planning and a thorough knowledge of child development.

The instructional program for deaf/blind children is described in a Curriculum Outline (Attachment J-Curriculum Outline, Deaf/Blind p.51). While the curriculum outline breaks down the various areas to be addressed, it does not break down the steps to reach each objective.

For this reason the teachers supplement with a program known as "Aim II." Aim II is described as "an initial-learning curriculum that bridges the gap between assessment and intervention for the severely handicapped individual, in order to develop communication and daily-living skills." This program appears well-suited to work with this very special population as it delineates and sequences the various skills to be taught. At present, one of the two teaching positions in the deaf/blind program is vacant and has been vacant for sometime (possibly as long as 16-18 months). Work with deaf/blind students is very specialized, requiring appropriate training. It is generally understood that blindness and deafness in combination have severe consequences for the individual. The needs of the deaf/blind child should not be viewed merely as a sum of the needs of blind children and deaf children. For this reason, we *recommend* that a thorough and aggressive search be implemented to hire a properly trained teacher to work in the deaf/blind program.

The instructional program for deaf multi-handicapped students is summarized in a curriculum outline (Attachment K-Curriculum Outline, Deaf Multi-handicapped p.53). As we stated earlier in our discussion of the Entrance/Exit Criteria we believe that deaf multi-handicapped children would more appropriately be served at the Academy for the Deaf. We found that these children are not well-integrated into the overall school program even to the extent that they are housed separately in one of the three residence hall units. The Curriculum Outline makes specific reference to behavioral goals and lists "psychological consultation for behavior programs." Our review of student records showed inconsistent attention to behavioral goals in student IEP's. Specifically, in one folder we found three incident reports spanning an 18 month period. Nevertheless, we found no evidence of a behavior management program to address the problem nor was it addressed in the student's IEP.

While at the Academy for the Blind we had an opportunity to observe several other portions of the program serving students of all classifications. These include the physical education program, music program, pre-vocational program, and home economics. In each case we found that the instructional content had been well-adapted to meet the individual needs of students in the program. These classes help strengthen the program and provide important training for the long-term development of Academy students.

SUMMARY: In sum, we found the quality of teaching to be high. Our major concern is the lack of overall coordination. The strengths in the school program can be attributed in large part to the ability and commitment of individual teachers rather than to a well-articulated overall plan for directing the instructional program.

We reemphasize the need for careful and specific curriculum planning and *recommend* a clearly specified plan for staff development. There is a need for regularly scheduled formal communication within and between departments including coordination with residence hall personnel. Also there is a need to reclassify the orientation and mobility specialist position to a professional level.

We are concerned about the function of the school psychologist. We

were told that the school psychologist serves as a consultant to help in the establishment of behavior management programs. We question the need for this position and *recommend* in its place the hiring of a teacher to serve as a methods and materials specialist. Such a teacher should have direct and recent classroom experience and should have specific training in behavior management and precision teaching techniques as they apply to work with multi-handicapped children. This recommendation addresses (if only indirectly) the need for ongoing instructional support. At the present time the position of principal at the Academy for the Blind is vacant. Neither the current superintendent nor the assistant superintendent of instruction have training in the education of visually impaired children. Therefore we *recommend* that the position of principal at the Academy for the Blind be filled by an individual knowledgeable in the education of blind and visually impaired children. It is unlikely that an individual can be found who has experience and training in work with blind, deaf/blind, blind multi-handicapped, and deaf multi-handicapped children. Therefore, it is our *recommendation* that the position of principal be filled by an individual thoroughly versed in the education of blind and visually impaired children. The methods and materials teacher position described above could serve in a staff capacity to support specialized aspects of the instructional program. We make this recommendation somewhat hesitantly in that we believe that the current administrative structure is unnecessarily large and unwieldy. Specifically we question the need for an assistant superintendent of instruction. This position appears to duplicate many of the functions normally associated with the superintendency. The current superintendent has tendered his resignation. This is a position of leadership which can provide direction for the faculty, staff, and programs of both schools if a wide search is made for an individual with both administrative and classroom experience in this field. Similarly, we question the need for a Dean of Students to oversee the functions of three residence hall supervisors. We recognize that the administrative structure of the Academies is the subject of another study taking place and therefore simply wish to comment that our recommendation to fill the position of principal of the Academy for the Blind is intended to address the need for instructional leadership and should not be construed as supporting the present administrative arrangement.

Performance Evaluation

We have elected to address the area of teacher evaluation as a separate topic because of its complexity and relationship to legal protections. In this section we present perhaps as many questions as we do answers. Nevertheless, we believe that performance appraisal is an area worthy of careful attention and thought.

The performance appraisal system used at the Academy for the Blind is not dissimilar from teacher evaluation methods used in various settings throughout the country. The complexity arises out of the many conflicting purposes to which teacher evaluation is put. In its broadest sense teacher evaluation is an aspect of program accountability. It can be used to improve performance by weeding out "bad" teachers and/or by identifying areas of weakness which need to be remediated. In this latter capacity teacher evaluation can be viewed as a strategy for improving instruction, in the same way that curriculum development or inservice training can be viewed as strategies for improving instruction.

It is interesting to examine the evaluation instrument used by the Academy for the Blind and compare it to the stated purpose of evaluation. The assistant superintendent of instruction stated that the purpose of evaluation at the Academy is the improvement of instruction. Nevertheless, an analysis of the teacher evaluation instrument would suggest its purpose to be more directly related to administrative decision making (Attachment L-Performance Appraisal Form p.54). This points out a relatively common incongruency between the stated purpose of evaluation and the purpose for which evaluation is used.

Traditionally, teacher evaluation has been of two types. The first can be described as formative evaluation which concerns the improvement of instruction. Formative evaluation can be viewed as remedial--correcting deficiencies in teaching or as a system which enhances teaching by building on existing strengths. The second identifiable purpose of evaluation is described as summative with the intent of facilitating administrative decision making. Summative evaluation is used to make judgements about a teacher's present level of performance.

There exists a dichotomy between the purpose of evaluation at the Academy and the purpose to which evaluation is put. For example, while the stated purpose is to improve the quality of instruction the evaluation instrument contains the statement, "This information may be used in decisions concerning advancement, reassignment, future training needs, performance related salary adjustments, and as evidence in contested disciplinary actions." This statement would suggest a clearly summative purpose of evaluation inconsistent with its stated purpose.

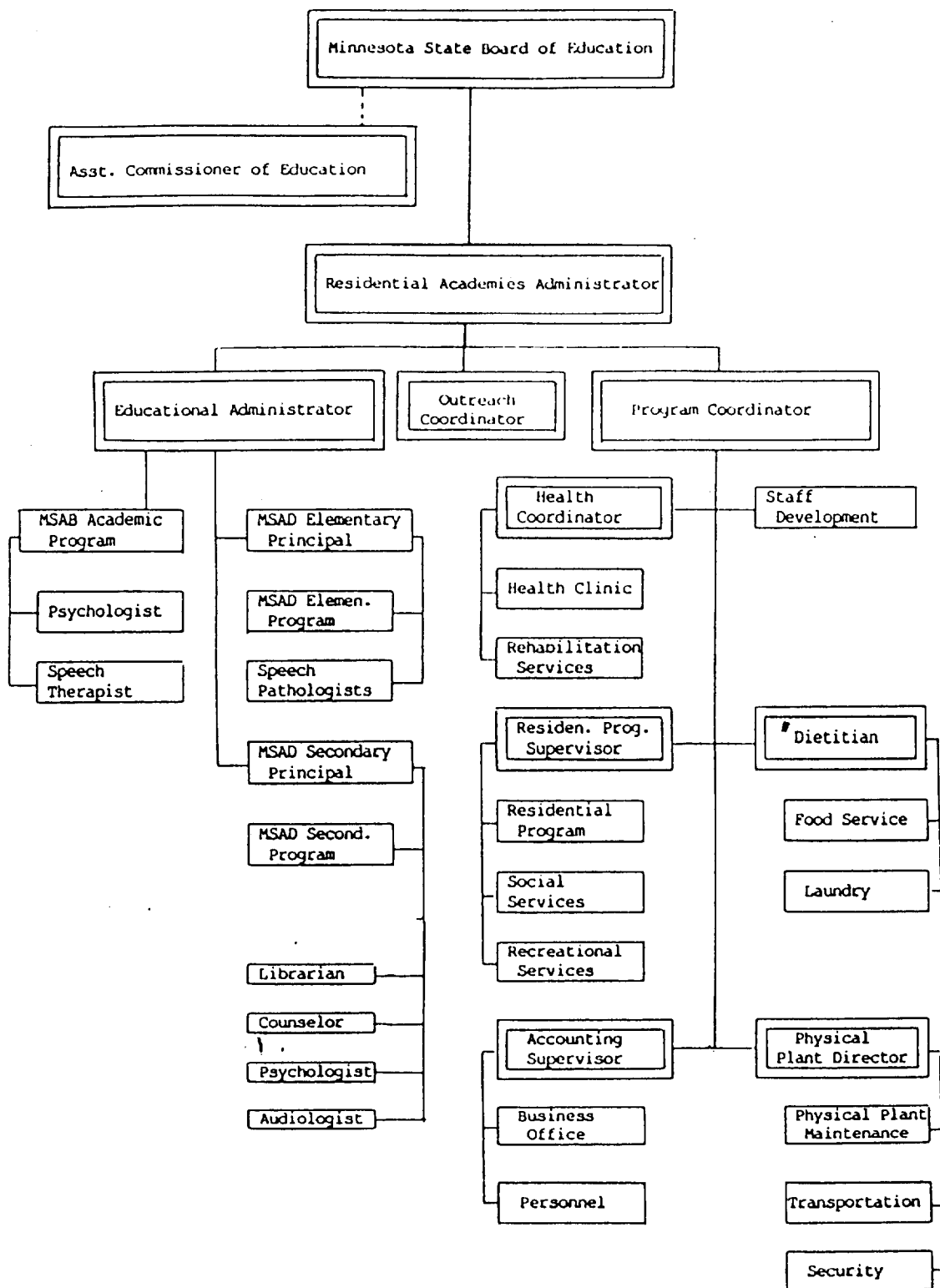
The teacher evaluation system in use at the Academy has one very interesting feature. Each teacher develops an individual job description.

The job description includes a list of tasks including performance indicators, a weighting according to the level of priority for each task, the percentage of time each task requires and the amount of teacher discretion. While this process is intended to increase the objectivity of the evaluator our review of specific job descriptions showed that performance indicators were often stated in general terms thereby rendering them highly subjective. For example, one job description included the statement "to demonstrate use of special teaching aids which are available for areas of teaching assignments." While the intent of this statement is clear one would question whether a system of random observations of a teacher's performance is adequate to measure a teacher's competency in this area. If the evaluator did not observe the use of "special teaching aids" it would not necessarily suggest that such aids would not be used at other times. It could be that the use of these special teaching aids simply did not come up. Conversely, if special teaching aids are used, is an evaluator who is not trained in the education of blind children competent to determine whether they were used appropriately. We do not raise this issue merely as an academic exercise, but rather to point out the need for teacher evaluation methods which go beyond the appearance of objectivity and address directly the substance of effective teaching.

We *recommend* therefore that the current evaluation system be conceptualized directly as a summative system intended and used for administrative decision making. By suggesting that the process serves a formative function an expectation is established that the effect of the process will be diagnostic and remedial. We believe that these functions cannot be viewed as falling broadly under the rubric of evaluation but rather must be addressed directly in a specific plan for staff development.

RESIDENTIAL ACADEMIES FUNCTIONAL CHART

Attachment A



Responsibility for students at
Minnesota State Academy for the
Deaf OR
Minnesota State Academy for the
Blind

Responsibility for both Academies

Attachment B

PROPOSED MINNESOTA BRAILLE/SIGHT SAVING SCHOOL ENTRANCE/EXIT CRITERIA

The Minnesota Braille and Sight Saving School provides the following educational programs:

- I. Visually Impaired, Primary Handicap
- II. Multi-Sensory Impaired Handicapped
 - A. Visually Impaired, Multi-Handicapped
 - B. Deaf, Multi-Handicapped
- III. Deaf/Blind Handicapped

A student may be considered for enrollment at MBSSS when determined to be Visually Impaired, Multi-Sensory Impaired, or Deaf/Blind.

- I. Visually Impaired, Primary Criteria Requisite to Admission
 - A. A visual impairment which documentably adversely affects educational performance.
 - B. A corrected visual acuity of 20/70 or less in the better eye and other complicating conditions present.
 - C. Eye condition of a degenerative nature such as:
 - progressive cataracts
 - glaucoma
 - retinitis pigmentosa
 - optic atrophy
 - retinal blastoma
 - D. A legally blind corrected visual acuity condition of 20/200 or less in the better eye or a limited visual field of 20 degrees or less.

II. Multi-Sensory Impairment Criteria Requisite to Admission

A. Visually Impaired, Multi-Handicapped

1. Visually impaired as defined in I above and
2. One or more of the following:
 - a. Mental retardation
 - b. Neurological dysfunction
 - c. Language/communication disorder
 - d. Psychological/behavioral disorder
 1. Aggression towards persons/objects
 2. Self-injurious behaviors
 3. Self-stimulatory behaviors
 4. Autistic-like behaviors
 - e. Orthopedic/physical/motor disorder
 - f. Need for multiple specialized support programs, i.e., psychologist, physical therapy, occupational therapy, speech/language therapy, social worker, vocational, orientation and mobility, music therapy, nursing, etc.

B. Deaf, Multi-Handicapped

1. Hearing impaired as defined by SDE guidelines, MSD criteria, and MBSSS criteria: An average pure tone hearing loss of 40dB or more in the better ear as determined by an audiologist certified or eligible for American Speech/Language/Hearing Certification.
2. In addition to above hearing loss, one or more of the following:
 - a. Has a speech reception threshold (SRT) worse than 40dB unaided.
 - b. Falls four or more years behind her/his hearing age group on a developmental scale or as determined by documented teacher observation/informal assessment.
 - c. Displays social/emotional needs which are not met within residential geographic area. These needs may include: interaction with hearing impaired peers, athletic and social activities, role models, etc

- d. Needs 24-hour consistency in programming as determined by psychological assessment and/or social worker evaluation.
- e. Is not provided an appropriate academic/vocational program in home LEA district because of numbers of students, ages of student's peers, functional level, unavailable structured language input necessary for the student, need for more contact time with resource personnel, speech, P.T., O.T., audiologist, counselor, etc.
- f. Need for a consistent total communication environment for expressive and/or receptive communication (ref. CEASD definition).
- g. Exhibits, in addition to hearing impairment, various of the other handicapping conditions defined by Minnesota Statute/State Board Rule.
- h. In addition to the above criteria, one or more of the following must exist:
 - (1) Visual impairment (as defined in I above)
 - (2) Mental retardation
 - (3) Neurological dysfunction
 - (4) Language/communication disorder
 - (5) Psychological/behavioral disorders
 - (a) Aggression -- persons/objects
 - (b) Self-injurious behaviors
 - (c) Self-stimulatory behaviors
 - (d) Autistic-like behaviors
 - (6) Orthopedic/physical/motor disorder
 - (7) Needs multiple specialized support programs, i.e., psychologist, physical therapy, occupational therapy, speech/language therapy, social worker, vocational, orientation and mobility, music therapy, nursing, audiologist, etc.

III. Deaf/Blind Criteria Requisite to Admission

- A. Simultaneous significant visual and hearing impairments (as defined in I and II above) and
- B. Which may be in combination with:
 - 1. Mental retardation
 - 2. Neurological dysfunction
 - 3. Language/communication disorder
 - 4. Psychological/behavioral disorder:
 - a. Aggression towards persons/objects
 - b. Self-injurious behaviors
 - c. Self-stimulatory behaviors
 - d. Autistic-like behaviors
 - 5. Orthopedic/physical involvement
 - 6. Needs multiple specialized support programs, i.e., psychologist, physical therapy, occupational therapy, speech/language therapy, social worker, vocational, orientation and mobility, music therapy, audiologist, nursing, etc.

IV. MBSSS Application for Entrance Procedure/Requirements for the Above Disability Categories

A. Procedure

Upon initial contact from the home school district and the parent, MBSSS will offer outreach services/consultation to that district to facilitate the student remaining in the home school district setting, to provide service on site, or to pursue MBSSS placement.

B. Requirements

- Ophthalmological report no more than two years dated.
- Audiological assessment no more than two years dated.
- Physical exam less than one year old.

- Immunization record up-to-date as per Minnesota rules.
- Full, updated medical report.
- All pertinent assessments. These may include:
 - Standardized tests
 - Most recent psychological/behavior evaluations/observations
 - Physical therapy
 - Occupational therapy
 - Speech/language
 - Orientation and mobility
 - Last two functioning level assessments (for Multi-Sensory Impaired individuals)
 - Completion of the MBSSS Daily Living Skills Questionnaire by the parent/guardian
 - Previous two years IEPs and Periodic Reviews, as well as a description of the program in which the student matriculated.

Upon review and examination of the above information the Admission and Transfer Team will establish an interim IEP spanning a 6-week period. During this time MBSSS personnel will conduct all pertinent assessments. At the end of the 6-week period a formal IEP will be established.

V. MBSSS Proposed Exit Criteria

- A. Parent, LEA, and MBSSS determine MBSSS is no longer the most appropriate, least restrictive program, as determined through the IEP process.
- B. Trial placement in mainstream proves satisfactory and parents decide to seek similar program in LEA.
- C. Appropriate program is established in home school district and parents desire transfer.
- D. Student moves out of state.
- E. Student graduates from high school or attains age 21.
- F. Student is removed by way of Minnesota Fair Dismissal Procedures Act.

G. Behavioral conditions that exist, or come to exist, are determined by the Admissions Team to be severe enough to:

1. Be a detriment to the extent that the educational program is an unproductive experience and/or
2. Cause serious physical harm to self, staff, and/or peers.

H. Medical complications become too involved to be appropriately managed by the nursing, residential, and/or educational staff.

Upon exit from MBSSS, outreach services/consultation to the following placement will be offered by MBSSS to facilitate success by the student, if requested by the home school district and parent.

EXAMINERS REPORT
SAMPLE

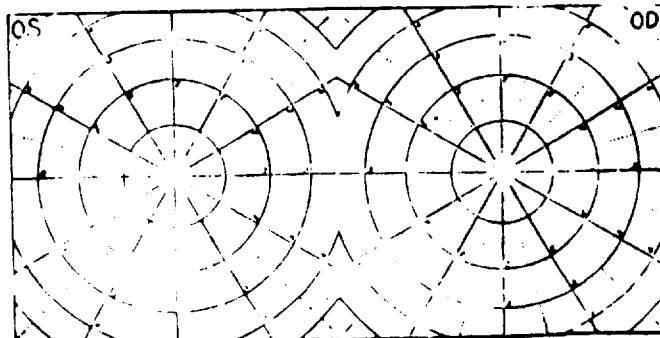
Student's Name _____ Birthday _____
Address _____ Phone _____
Parent's Name _____
School _____ Grade _____

I. History

- A. Age at onset of vision impairment. Right eye _____ Left eye _____
B. Severe ocular infections, injuries, operations, if any, with age at time of occurrence _____
C. Has pupil's ocular condition occurred in any blood relative? _____

II. Measurements

- A. Visual Acuity Near Vision Distant Vision Prescription
Right eye (O.D.) _____
Left eye (O.S.) _____
Both eyes (O.U.) _____
B. If glasses are to be worn, were safety lenses prescribed in:
plastic _____ tempered glass _____
C. If low vision aid is prescribed, specify type and recommendations for use. _____
D. FIELD OF VISION: Is there a limitation? If so, record results of tests. _____



EXAMINERS REPORT

Page 2

E. Is there color blindness? _____

F. Depth Perception: Is there binocular vision in all directions?
_____ Comments _____

III. Cause of Blindness or Vision Impairment

A. Present ocular condition(s) responsible for vision impairment.
(if more than one, specify all but underline the one which probably first caused severe vision impairment.)

O.D. _____

O.S. _____

B. Preceding ocular condition, if any, which led to present condition, or underlined condition specified in A.

O.D. _____

O.S. _____

C. Etiology (underlying cause) of ocular condition primarily responsible for vision impairment. e.g., specific disease, injury, poisoning, heredity or other prenatal influence.

O.D. _____

O.S. _____

D. If etiology is injury or poisoning, indicate circumstances and kind of object or poison involved. _____

IV. Prognosis and Recommendations

A. Is pupil's vision impairment considered to be: Stable _____
Deteriorating _____ Capable of improvement _____ Uncertain _____

B. What treatment is recommended, if any? _____

C. When is reexamination recommended? _____

D. Glasses: Not needed _____ Worn constantly _____ Close work only _____ Other _____

E. Lighting requirements: _____

F. Use of eyes: Unlimited _____ Limited as follows _____

G. Physical activity: Unrestricted _____ Restricted, as follows _____

Date of examination _____

Signature of examiner _____

Degree _____

Address _____

If clinic case: Number _____ Name of clinic _____

From _____, 198__ to _____, 198__

Summer School ___YES___ NO

Student _____

Date of Birth _____

Case Manager _____

Date of Conference _____

Persons in attendance at this conference (name/title): _____

Other Service Providers not in attendance: _____

STUDENT INFORMATION - MSAB Grade _____

Current Level of Educational Performance as described by appended test/observational information:

What are the current strengths of this student:

What are the current weaknesses and/or needs of this student:

What special or related services does MSAB provide to meet the individual needs of this student.

Mainstreaming: ___YES___ NO If yes, indicate adaptations to be effected (personnel, transportation, facilities, curriculum, methods, equipment, and other educational services) as a result of the proposed educational/residential program.

Student _____

Based on the principle of least restrictive environment, the following reasons are given to substantiate why this program is most appropriate to meet the student's educational needs:

PARENT COMMENTS: (Regarding Educational Placement)

____ Enter MSAB ____ Continue at MSAB ____ Return to Local District ____ Other

EDUCATIONAL/SOCIAL ACTIVITIES IN ENVIRONMENTS WHICH INCLUDE NON-HANDICAPPED STUDENTS:
(Case Manager: please check appropriate activities)

Mainstream classes	Track	Bowling
Swimming	Ice Skating	Scouts
Roller Skating	Shopping Downtown	Field Trips
Activities with other school	Skiing	Sporting Events

Other: _____

GOALS AND OBJECTIVES: (See attached sheets)

PARENTAL RESPONSE

If parent wishes to reject the proposed plan, that must occur within ten days of its receipt.

____ I approve this program placement and the above I.E.P.

____ I do not approve this program placement and the above I.E.P.

____ I request a conciliation conference.

Parent Signature _____

Date _____

MSAB Case Manager _____

MSAB Principal _____

Local District Representative (optional) _____

The next Periodic Review will be held in _____ on the Minnesota State Academy for the Blind campus, unless a review is requested at an earlier time.

cc:

AMOUNT OF TIME/WEEK _____ DATE OF PLAN _____

The person writing this portion of the plan is responsible, together with the student, for accomplishing goals set.

[illegible]

LEVELS OF SPECIAL EDUCATION SERVICE IN MINNESOTA

5 MCAR §1.0224 B

1. In level 1 a nonhandicapped pupil is placed in a regular classroom and does not receive special education, or is not enrolled in school. This level includes assessment services, monitoring, observation, and follow-up.

2. In level 2 a pupil is placed in a regular classroom. Instruction and related services are provided indirectly through the regular teacher, teachers, parents, or other persons who have direct contact with the pupil. The consultation and indirect services include ongoing progress review; cooperative planning; demonstration teaching; modification and adaptation of the curriculum, supportive materials, and equipment; and direct contact with the pupil for monitoring, observation, and follow-up.

3. In level 3 a pupil receives direct instruction from a teacher, or related services from a related services staff member for less than one-half of the day. Consultation and indirect services are included.

4. In level 4 a pupil receives direct instruction from a teacher for one-half day to less than full-time. Consultation and indirect services are included.

5. In level 5 a pupil receives full-time direct instruction from a teacher within a district building, day school, or special station or facility. Integrated activities solely for socialization or enrichment, and related services are excluded when determining full-time. Consultation and indirect services are included.

6. In level 6 a pupil is placed in a residential facility and receives direct instruction from a teacher. Consultation and indirect services are included.

THE MANGOLD DEVELOPMENTAL PROGRAM OF TACTILE PERCEPTION & BRAILLE LETTER
RECOGNITION

Forward order to: Exceptional Teaching Aids,
 20102 Woodbine Avenue,
 Castro Valley, Ca. 94546 Telephone: (415) 582-4859

Resale No. SR CHA 21-680846
 Employer's I/D 94-2558895

Date _____

ORDER FORM

Ordered by: _____ Ship to: (complete if different
 from 'ordered by')

Quantity Items Available Price each Total

Ink print teacher's manual (revised edition)	\$21.50
Recorded edition of teacher's manual	\$13.00
Braille student work book Vol. 1.	\$28.00
Braille student work book Vol. 2.	\$28.00
Pushpin board & 15 pushpins	\$8.00
Adapted braille precision teaching charts (4 week period)	.25¢
Pre-gummed dots (450 per pkg)	1.25
Non-slip braille reading pad	8.00

Total of items ordered..... _____

Orders under \$25.00 please add \$1.75 Sales Tax.....
 for shipment and handling. Orders
 over \$25.00 delivered prepaid U.S.A. Total Amount.....

TAX.. 6½% - BART Counties, California
 6% - All other counties, California.
 No tax for merchandise sent outside California.

For accounts outside the U.S.A. please make payment in American dollars.
 Allow 21 days for delivery after receipt of order.

Curriculum Outline

Grade VII

Language arts
Social studies
Mathematics
* Reading
* Writing
Science and health
Arts and handwork
Adapted physical education

Arts and handwork
Adapted physical education

- ★★ Orientation and mobility
- ★★ Speech/language therapy

Grade VII

Language arts
Social studies
General mathematics
Science (gen. earth and life)
Home economics
Industrial arts
Computer
Typing I

*** Music
Adapted physical education

Orientation and mobility
Speech/language therapy

* - Either braille or print, depending on student's visual acuity
 ** - If needed
 *** - If applicable

Curriculum Outline

Regular Students (Senior High School, Gr. 9-12)

<u>Grade IX</u>	<u>Grade X</u>	<u>Grade XI</u>	<u>Grade XII</u>
English 9	English 10	English 11	English 12
Ancient history	World history	American history	Social problems
General math/algebra	General math/algebra	General math/algebra	General math/algebra
General science	Biology	Work program	Work program
Work program	Work program	Home economics	Home economics
Home economics	Home economics	Industrial arts	Industrial arts
Industrial arts	Industrial arts	* Music	* Music
Computer use	* Music	Computer use	Computer use
Music	Computer use	** Speech/language therapy	** Speech/language therapy
Speech/language therapy	** Speech/language therapy	** Orientation and mobility	** Orientation and mobility
Orientation and mobility	** Orientation and mobility		

* - If applicable

** - If needed

Subjects listed 5th or below depend on student's ability, schedule and/or choice.

Multi-Handicapped (Ungraded, 4-21 yr.)

Language Skills

- A. Communication
- B. Sharing with each other
- C. Listening skills

Reading Skills

- A. Beginning reading skills, both braille and large print

Math Skills

- A. Number awareness
- B. Use of numbers
- C. Simple computations
- D. Pre-math skills

Fine Motor Skills

- A. Using hands with manipulative materials
- B. Eye-hand coordination
- C. Finger dexterity and strength

Gross Motor Skills

- A. Moving body to directions
- B. Increasing body strength and balance

Daily Living Skills

- A. Dressing
- B. Eating
- C. Hygiene skills

Cognitive Skills

- A. Recognizing colors, shapes
- B. Basic concepts
- C. Body parts

Adapted Physical Education

- A. Swimming skills
- B. Health fitness, group games, and tumbling
- C. Sensory-motor skills, rhythms

* Adapted Language Arts/English

- A. High interest., low vocabulary materials
- B. Functional/essential reading

* Adapted Social Studies

- A. Community/state awareness
- B. Awareness of current events and their consequences

Multi-Handicapped (Ungraded, 4-21 yr.) continued

* Adapted Mathematics

- A. Telling time skills
- B. Money management skills
- C. Measurement skills

* Lifeskills

- A. Leisure time skills
- B. Consumer skills
- C. Self-care skills
- D. Job awareness
- E. Pre-vocational skills

* Typing and Computer

- A. Introductory keyboard
- B. Reinforcing activities on computer for leisure time skills, math, and time skills

** Speech/Language Therapy

- A. Articulation therapy
- B. Language therapy

* Home Economics

- A. Food preparation
- B. Home care and house cleaning
- C. Clothing care (laundry)
- D. Buymanship (consumer education)
- E. Clothing/crafts
- F. Child development and family life

*** Orientation and mobility

- A. Location of oneself in the environment
- B. Movement in familiar and unfamiliar settings
- C. Sighted guide and trailing
- D. Independent travel

*** Music

- A. Vocal
- B. Piano
- C. Other instruments

* - For higher functioning students only

** - If needed

*** - If applicable

Curriculum Outline
Deaf/Blind (Ungraded, 4-21 yr.)

Gross Motor

- A. Balance, strength, endurance, locomotion
- B. Body image and awareness

Fine Motor

- A. Grasp and release
- B. Finger movements
- C. Concept development

Self-Help Skills

- A. Eating, dressing/undressing
- B. Personal hygiene
- C. Toileting, bathing, grooming

Communication

- A. Expressive/receptive
- B. Pre-imitative/imitative
- C. Tactile communication
- D. Signing/fingerspelling, verbal, pictorial
- E. Written, braille/large print

Auditory

- A. Discrimination, localization, memory
- B. Figure ground
- C. Use of prosthetic aids, hearing aids, phonic FM system

Visual

- A. Discrimination
- B. Binocular coordination
- C. Functional vision

Tactile

- A. Discrimination
- B. Identification

Cognition

- A. Object permanence
- B. Recognition of objects
- C. Problem solving
- D. Number relations
- E. Classification/sequencing

Deaf/Blind (Ungraded 4-21 yr.) continued

Socialization

- A. Interaction with peers/adults
- B. Play
- C. Appropriate behavior in familiar and unfamiliar settings
- D. School and community settings
- E. Decision making
- F. Leisure skills, individual/group

Mobility

- A. Protective responses
- B. Movement in familiar/unfamiliar settings indoors and out
- C. Sighted guide and trailing
- D. Travel in car/bus

Daily Living Skills

- A. Home management, cleaning
- B. Food preparation
- C. Clothing care, laundry
- D. Money skills, shopping, time

Vocational

- A. Appropriate work habits, attention span
- B. Use of tools, assembly

Speech/Language Therapy

- A. Prelanguage behaviors
- B. Gestures, signing
- C. Total communication
- D. Auditory training

Adapted Physical Education

- A. Swimming skills
- B. Health fitness and tumbling
- C. Sensory-motor skills
- D. Individual lifetime sports

DOCUMENT 1

Deaf/Multi-Handicapped (Ungraded, 4-21 yr.)

Physical Development

Goal: To develop greatest amount of mobility, endurance, and coordination possible.

- A. Adapted physical education
- B. Occupational therapy
- C. Physical therapy

Behavioral Development

Goal: To act appropriately to situations or programs (to exhibit acceptable behavior).

- A. Psychological consultation for behavior programs
- B. Behavior program coordination with residential program
- C. Team staffing to work on improved behaviors

Independence

Goal: To allow student to live in the least supervised care possible.

- A. Grooming
- B. Acceptable hygiene
- C. Community participation
- D. Domestic skills
- E. Communication skills
- F. Peer interaction
- G. Social awareness
- H. Leisure skills
- I. Sense of humor
- J. Self-esteem
- K. Safety and health

Cognitive Development

Goal: Academic skills applied to the affairs of daily living.

- A. Evaluations
- B. Mainstreaming
- C. Classroom programs
 - 1. Economic (money)
 - 2. Scheduling (time and calendar concepts)
 - 3. Functional reading
- D. Community-based programs (economics and social)

Work Skills

Goal: To develop student's ability to be a productive unit within the community.

- A. Assess skill level
- B. Develop work situations
 - 1. Car washes
 - 2. Classroom maintenance
 - 3. Craft sales, etc.



Performance Appraisal

Employee's Name _____

Activity Title _____

Program/Division _____

This information may be used in decisions concerning advancement, reassignment, future training needs, performance related salary adjustments, and as evidence in contested disciplinary actions. The employee may legally refuse to provide the information, but failure to do so may affect any of the above decisions.

A Description of Performance

Appraisal
Period _____

to _____

For each Objective from the employee's Annual Work Plan or for each Responsibility listed in the employee's Position Description, describe the employee's performance in terms of quantity, quality, time or other performance indicators.

Annual Obj. No.	P.O. Resp. No.	Percent of Time	Description
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B Additional Comments and Concerns

to be considered in the performance appraisal. Add anything that is relevant to the employee's performance not included in Section A.

C Overall Performance Level of Employee

Check appropriate statement below. Consider all data in Sections A and B.

- ☐ Performance is clearly outstanding in all phases of the position. The employee's achievements and contributions greatly exceeds standards, expectations and requirements.
- ☐ Performance is superior. The employee consistently performs at a higher level than the job requires.
- ☐ Performance is satisfactory in all phases of the position. The employee meets all job requirements and expectations.
- ☐ Performance is adequate. The employee meets most of the job requirements and expectations, but needs improvement.
- ☐ Performance is unsatisfactory. The employee does not meet job requirements and expectations. Improvement is essential to justify retention in the position.

D Growth Potential or Promotability of Employee

Consider the employee's ability to handle a job of increased scope and responsibility in the same career area; self improvement efforts; and record of past accomplishments.

1. If a higher level position were available at this time, would the employee be ready for promotion?
☐ Yes, the employee is ready ☐ No, the employee is not ready ☐ Do not know
2. The employee's long-range promotability is:
☐ Excellent ☐ Good ☐ Limited (without considerable development) ☐ Unknown
3. The employee is interested in career planning and would like organizational assistance in developing a plan.
☐ Yes ☐ No ☐ The employee is interested in development but does not need help in planning.

E Position Description Review

is to be completed each year. Description should be reviewed annually and revised if the position changes (need not be rewritten each year). The position description must be entirely rewritten every three years. A copy of the employee's revised or rewritten description should be submitted to the agency's employee relations office with a copy of the review form.

The current position description is:

- ☐ an accurate reflection of the current responsibilities and performance standards.
- ☐ revised to reflect changes in the position.
- ☐ rewritten because it is three years old.

F

This performance appraisal is the employee's (check only one):

☐ Annual Performance Appraisal or ☐ Probationary Period Appraisal

G Employee Comments (optional)

H

I have performed the above evaluation.

signature of employee's supervisor

date

I have read the above evaluation.

signature of employee

date

I have reviewed and concur
with the above evaluation.

signature of supervisor's supervisor

date