

# SCREENING AND ASSESSMENT FORMATS



Working with deafblind and multi-sensory impaired people throughout India



# sense International (India)

Working with deafblind and multi-sensory  
impaired people throughout India

## **Resource and Information Unit**

Sense International (India)  
2nd Floor, Administrative Block,  
Andhjan Mandal Campus,  
Opp. Indian Institute of Management (IIM),  
Vastrapur, Ahmedabad- 380 015.  
Gujarat, India,  
Telefax: +91-79-26301282

# Contents

<b>Introduction</b> .....	1
<b>Acknowledgement</b> .....	2
<b>1. Screening Deafblind Children and Young Adults</b>	
1.1 What is screening?.....	3
1.2 Why do we do screening?.....	3
1.3 Screening for Vision & Hearing Difficulties in Children.....	4
1.4 How to conduct screening?.....	5
1.5 Possible Outcomes of Screening Process.....	7
1.6 Vision and Hearing Screening Format.....	8
<b>2. Functional Assessments</b>	
2.1 Need for Functional Assessment.....	13
2.2 Functional Vision Assessment.....	13
2.3 Format for functional Vision Assessment.....	14
Stage One: Basic Awareness Formats.....	15
Stage Two: Development of Basic Awareness into Functional use of Vision.....	17
2.4 Functional Hearing Assessment.....	19
2.5 Format for functional Hearing Assessment.....	20
<b>3. Individualised Education Plan</b>	
3.1 Why IEP is required.....	22
3.2 IEP format.....	24
<b>4. Assessing needs of organisations</b>	
4.1 Why need assessment for organisations.....	56
4.2 Need Assessment format.....	56

## Introduction

Deafblindness is a unique disability – a combination of visual and hearing impairment. Though the degree of deafness or blindness varies, the combination of dual sensory loss leads to unique problems in an individual's communication, mobility and their ability to access information.

This Booklet is an attempt to help and support professionals, special educators and development workers in screening, identification and Functional Assessment of Deafblind children. The educators can come up with proper functional diagnosis of a child at their level with its reference and can further develop a systematic individual educational plan.

In this booklet we have put together all formats used by Sense International (India), which are used as a tool for screening and assessing not only organisation's technical requirements but also will enable the reader to remember the points while carrying out screening or functional assessment of a child with deafblindness and Multi Sensory Impairment. In addition, this booklet also includes formats that will guide special educators to frame a systematic IEP. This will serve as a universal guide of formats which will be accessible to organisations and educators working in different parts of India and hence, will lead to utilization of similar formats across partners of Sense International(India) working in different corners of nation in the field of Deafblindness.

It is also a useful compilation for the medical and paramedical professionals, school teachers, special educators and CBR workers working with children with deafblindness and Multi Sensory Impairment.

## Acknowledgements

Initial encouragement to develop this piece of Information came from the needs expressed by our partner organisations working with children with deafblindness across India. As deafblindness is not a very researched and known field, little is spoken and comprehended of this disability by various professionals associated with the field.

As this booklet aims to provide basic yet very crucial information related to screening and assessment formats, we want to thank all colleagues who are involved in this process since the time Sense International (India) started producing screening and Information formats. Special thanks go to Ms. Sumitra Mishra and Mr. Bikash Das who have worked over assessment and screening formats.

The credit for this booklet also goes to ungrudging efforts put in by the team of Sense International (India). Special mention goes to efforts of Ms. Sampada Shevde, Ms. Brahada Shankar, Ms. Hervinder Kaur, Mr Uttam Kumar and Mr. Sachin Rizal. They have reviewed sections of the assessment formats and contributed by editing, adding and compiling with never ending enthusiasm. We also appreciate the efforts of Mr. Shivkumar Sharma for designing and art lay out of the booklet.

Last but not the least, this booklet is being dedicated to pupils who inspired the need for it and to their families and educators for all the support over the years.

# 1. Screening for Deafblindness

## 1.1 What is Screening?

Screening is a service in which members of a defined population, who either does not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, for early identification. They are more likely to be referred for further tests or treatment to reduce the risk of impairment or disease or its complications. (National Health Committee 2003)

The aim of screening is to identify the number of people affected from suspected eye or ear problems. It reduces the risk of developing complications through early identification, but is not a guarantee of prevention, or of diagnosis and cure. Screening refers not only to the initial test but also the sequence of events that comprise the screening pathway. All steps in the screening pathway must be undertaken to a high standard to ensure that the benefits outweigh the risks.

In order for a screening programme to be successful, a coordinated approach is required. The essentials of such an approach include clear lines of accountability, high quality service provision, effective monitoring of defined policy and quality standards, the timely availability and appropriate integration of screening services with diagnostic and treatment services, and high levels of programme enrolment and participation. In addition, it is important to identify priority groups who are most likely to benefit from screening and to ensure that the programme is accessible to these groups, in this case, people with vision and hearing problems.

## 1.2 Why do we need screening?

Deafblindness is considered to be a low incidence disability and comparatively new in India. Many people do not know about Deafblindness as a distinct category of disability. Because Deafblind people are often misdiagnosed as mentally challenged or hearing impaired along with visual impairment, this group remains invisible and hidden from everyone. There is need for active and voluntary efforts from government and non government organisations for actively screening general and high risk population for visual problems, hearing problems and its combination.

The following screening format for vision and hearing has been prepared to target Para-professionals like CBR workers, health workers, and school teachers as well as special teacher assistants to make them aware about deafblindness and need for screening. This format will help them to understand the etiquettes of screening a child for vision or hearing problems, which will involve risk factors, role of the screener, and conduct screening and identify people with suspected ear and eye problem in large community and school settings. This will also help them to refer the persons identified to appropriate educational or rehabilitation services for further investigations.

## **1.3 Screening for Vision & Hearing Problems in Children**

### **Vision Screening**

All children should be screened for possible vision and/or eye problems, especially those under the age of three with a suspected or identified risk factor, regardless of severity. It should also be an ongoing process for all young children. At any point where a vision problem is suspected, referral for medical evaluation is essential, to identify or to rule out the presence of a visual impairment. When in doubt, the professional can refer it.

Vision screening for infants and very young children is largely subjective and observational, since most preverbal children cannot tell the evaluator that there is something wrong. Moreover they do not know how vision ought to function, and are unaware of any problems. It falls upon the observer to notice appearances or behaviors that might suggest abnormal visual function.

### **Risk Factors for Visual Impairment**

- Any child whose parent/caregiver/teacher has concerns regarding visual development.
- Family history of amblyopia, strabismus, and any congenital ocular abnormality
- Any child who has the following medical conditions and or diagnoses:
  - Prenatal viral infection
  - Prenatal exposure to drugs, alcohol, and /or environmental hazards
  - Prematurity and/or low birth weight
  - Cerebral palsy
  - Hearing loss
  - Syndrome
  - Traumatic brain injury
  - Postnatal infection
  - Receives an ongoing medication such as an anticonvulsant.

The initial screening should be conducted by a physician whenever possible. When this is not initially feasible, screening should be carried out by trained personnel, as determined at the local level, working with a parent/caregiver/teacher, who is familiar with the child.

When questions arise, the screener should then request assistance from qualified team, which includes educational and medical personnel.

## **Role of the Vision Screener**

- To document visual performance during the screening.
- To identify potential problems in visual development.
- To communicate the results of the screening to the family and appropriate professionals.
- To ensure the continuation of the screening process if needed, and make referrals.
- To follow up on all referrals.

### **1.4 How to conduct screening**

To begin:

- Establish a rapport with the child.
- Position the child appropriately
- Allow for a variety of communication methods
- Provide extra response time for the child.
- Use methods of observation that follow the child's lead and, if necessary; observe within the child's home or school environment.
- Include test items that are familiar and/or interesting to the child.
- Screen with a team approach (e.g. parent/caregivers/teachers).
- Provide opportunity for rescreening whenever the results are inconclusive due to illness, fatigue, or other confounding factors.

To test:

- Review the medical history of the child and his/her family, recording high risks, current use of medications and significant medical findings.
- Bring out parent/caregiver observations of child in different natural environments. Encourage the parent/caregiver/teacher or some one who knows the child to note any concerns about the child's vision.
- Use screening tools that address:
  - Appearance of the child's eyes
  - Pupillary response to a light source
  - Ocular muscle balance
  - Oculomotor skills such as fixation, visual pursuit and convergence
  - Visual field
  - Functional/clinical visual acuity ( near and distance ); also noting any significant difference between the acuity of each of the eyes.



## **Hearing Screening**

Hearing screening tests provide a quick and cost effective way to separate people into two groups; those who are presumed to have no hearing loss and those who are in need of an in-depth evaluation by an audiologist and may also need follow-up care from other professionals. Hearing screening occurs from birth throughout the adult years when requested; when conditions occur that increase risk for hearing loss, or when mandated by professional/organisation or practices. It is recommended that all hearing screening programs be conducted under the supervision of an audiologist

## **Risk Factors**

- Parental, caregiver and/or health care provider concerns regarding hearing, speech, language, and/or developmental delay based on observation and/or standardized developmental screening.
- Family history of permanent childhood hearing loss.
- Characteristics or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss.
- Infections associated with sensorineural hearing loss including bacterial meningitis, mumps.
- In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis.
- Neonatal indicators -- specifically hyperbilirubinemia in serum level requiring exchange transfusion, phototherapy and conditions requiring the use of extracorporeal membrane oxygenation (ECMO)
- Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis and Usher' s syndrome
- Neurodegenerative disorders such as Hunter's syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.
- Head trauma
- Recurrent or persistent otitis media with effusion for at least 3 months.
- Ototoxic medications, including but not limited to chemotherapeutic agents or aminoglycosides used in multiple courses or in combination with loop diuretics
- APGAR scores of 0-4 at 1 minute or 0-6 at 5 minutes
- Neurofibromatosis type II or neurodegenerative disorders
- Anatomic disorders that affect eustachian tube function

A hearing loss is not only a frequent occurrence in school children, but can have more severe consequences than are generally realized. Depending upon the nature and extent of the hearing loss, it may be responsible for deficient or delayed speech and language skills, poorer academic accomplishments, and more problematical psychosocial adjustment.

Because individual children with lesser degrees of hearing losses may not clearly display any apparent communication or academic problems (that is, they apparently hear and respond appropriately in face-to-face situations), the academic and linguistic "risk" status of such children tends to be overlooked. It is only when group performance is considered, or when a detailed evaluation is conducted on a specific child, that deficiencies in a number of areas become apparent.

## **Special Note**

Screening procedures for young children should use family-centered practices, i.e. communicating in a language that the family understands; informing families about the purpose, procedures, and results of the screening process; and gathering information from families in a simple and respectful way.

Young children can be difficult to test. Local teams are knowledgeable about the available resources in their area and should send families to the local professionals who are best qualified to handle referrals from the screening.

## **1.5 Possible Outcomes of the Screening Process**

**Outcome One:** No problems are observed and there are no concerns of the parent/caregiver or screener. The child passes the screening and is screened again at the next recommended age.

**Outcome Two:** One or more of the high risk conditions have been identified, but there are no observable problems with visual or hearing performance. On the day of the screening, information should be given to the family and the local service provider about:

- (a) high risk indicators of visual/hearing problems;
- (b) how to observe visual/hearing performance; and
- (c) resources to contact, if vision/hearing problems are observed at a later date.

**Outcome Three:** A prompt referral to an eye care or ear specialist should be made if:

- (a) The child has an observable eye condition such as excessive tearing, redness, eye deviation or misalignment, nystagmus (jerky repetitive eye movements), drooping eye lid, cloudiness of the pupil or cornea, etc. or child shows frequent discharge from the ear, does not respond to day to day sounds etc.
- (b) The child has observable difficulty with one or more behavioural items
- (c) The parent/caregiver/teacher or screener still has questions and the team is unable to make a determination of whether the child is having visual/hearing difficulty.

**Remember:** This does not mean that the child is not testable. It does mean the screener is responsible for referring the child on to someone else for more in-depth evaluation

## 1.6 Vision and Hearing Screening Format

### Basic Information Sheet

Client's Name:.....

Age:.....Sex: .....Registration No:.....

Date and Place of screening:.....

### Instructions for use:

This schedule is for screening of vision and hearing problems among children and adults in special schools, villages or in camps. Observe the child in his familiar environment and answer the following questions in YES or NO. Consult with other family members too. If you get consistent and frequent YES answers, on the screening schedule for vision problems then please refer the child/person to an Ophthalmologist/Eye Specialist. Similarly, if you get consistent and frequent YES answers, on the screening schedule for hearing problems then please refer the child/person to ENT/Audiologist for a clinical Hearing testing at the nearest centre.

# Family History	YES	NO
Does anyone in your family have a severe vision loss or eye disease? (e.g. , albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma)  Pls. Mention.....		
Did the child's mother have any serious infections or diseases during pregnancy? (e.g., rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes)		
Did the child's mother use drugs or alcohol during pregnancy?		
Has a vision problem been identified or suspected?		
Do you have any concerns about your child's vision?		

## Screening Schedule for Vision Problem in Children

<b>A) Appearance of the eye</b>	<b>YES</b>	<b>NO</b>
Encrusted eye lashes		
Swollen or red eyelids		
Frequent sties		
Discharge in the eye or along the eye lids		
Do you have any concerns about your child's vision?		
Eyes that are usually red or watery		
Pupils of different sizes or clouding of pupils		
Drooping eyelids		
Eyes that do not appear straight (Crossed eyes)		
<b>B) Visual behaviours</b>	<b>YES</b>	<b>NO</b>
Complaints of aches or pain in the eyes		
Excessive headaches		
Dizziness or nausea after close eye work		
Squinting, blinking		
Frowning, facial distortions		
Constant rubbing of eyes or attempts to brush away a shadow		
Tilting of the head to see		
Closing or covering one eye when looking or reading		
Child constantly requests someone to tell what is going on		
Child has poor eye hand coordination and unusual awkwardness/clumsiness during task using hands or the child has balance problem during walking		
Child bumps/clumsy during walking particularly in new environment		
Unduly sensitive to bright light, glare or shiny objects		
Does the child have difficulty seeing at night or in the dark?		
The child need glasses to see objects		

<b>C) Difficulty while reading</b>	<b>YES</b>	<b>NO</b>
Holding reading material too close or too far away, frequently changing the distance of the reading material		
Head thrust forward or body tense when viewing distant objects		
Inattentiveness during reading; inability to read for long period of time without tiring; deterioration in reading as time span increases		
Tendencies towards reversals of letters and words, or confusion of letters and numbers with similar shapes		
Constant loss of place in a sentence or on a page (inability to “stay on the line”).		
Problem with spacing in written work		
Stumbling over objects or on playground		
Difficulty in play activities, avoidance of active play or is withdrawn from games		
Child has difficulty in seeing the blackboard		
Child has difficulty in identifying colours		
Child bumps/clumsy during walking particularly in new environment		
Unduly sensitive to bright light, glare or shiny objects		
Does the child have difficulty seeing at night or in the dark?		
The child need glasses to see objects		

<b>Visual Screening Outcome:</b>	<b>YES</b>	<b>NO</b>
Vision problem suspected		
Referred to Ophthalmologist for clinical assessment		
Referred for Functional Vision Assessment		

## Screening Schedule for Hearing Problem in Children

# Family History	YES	NO
Does anyone in your family have a severe hearing loss or ear disease? (e.g. , tinnitus, otitis media, perforation of ear drum, Meniere's disease, etc)		
Pls. Mention.....		
Did the child's mother have any serious infections or diseases during pregnancy? (e.g., rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes)		
Did the child's mother use drugs or alcohol during pregnancy?		
Has a hearing problem been identified or suspected?		
Do you have any concerns about your child's hearing?		

A) Ear problem	YES	NO
Complaints of ear aches		
Complaints of headaches		
Complaints of ringing sound/sensation in ears or of hearing voices		
Reoccurring ear infections		
Frequent colds		
Any external ear or facial abnormality		

B) Hearing behaviour	YES	NO
Turning of one ear towards or away from the sound source		
Turning up the radio or television or headset		
Sitting very close to the television or radio		
Appears to ignore conversation or directives		
Seems engrossed in work, oblivious to sounds around		
Humming (constant) to possibly provide stimulation		

Startling behaviour to everyday sounds		
Relies on gestures excessively		
Poor spoken language		
Does the child complain that everyone either speaks too loudly or too softly?		
Not able to hear others from distance or from behind		
Does the child have difficulty identifying familiar persons by their voice?		
Difficulty in listening to speech in background noise		
Not able to hear when called from other near by rooms inside house or inside school		
Does the child need hearing aids to listen?		
Does the child have problems in balance?		

<b>Hearing Screening Outcome:</b>	<b>YES</b>	<b>NO</b>
Hearing problem suspected		
Referred to Audiologist for Audiometry		
Referred to ENT specialist for clinical assessment		
Referred for Functional Hearing Assessment		

**Opinion of the Screener**

Referral Comment:

.....

.....

Screener's Observations (if any):

.....

.....

Screener's Inference:

.....

.....

Place:

Signature:

*The formats for Vision and Hearing can also be used in isolation to screen vision or hearing problems in hearing impaired or visually impaired children*

## **2. Functional Assessment**

### **2.1 Need for Functional assessment**

Functional Assessment involves gathering of information in many ways-testing the child directly, observing the child in various environments as well as interviewing family members and significant others. Assessment is done before implementing the intervention programme.

Assessment is the first step that is taken by an educator/ therapist to develop a holistic program for the child. We assess the child's environment, child's communication, visual and hearing abilities, cognitive abilities, physical difficulties, socialization skills, personal factors like, child's likes and dislikes, strengths and identify areas where development is required.

Functional assessment is the crucial first stage in addressing the particular needs of the individual deafblind person. It provides a foundation on which a plan can be made and services provided.

We all must understand that a deafblind child's assessment needs to be carried out by an appropriately qualified and experienced specialist because deafblindness affects all areas of development including the formation of parent-child relationships, and hence advice and support to the family is very important. Families and children benefit greatly from a multi/trans disciplinary approach involving a range of professionals, including specialists from health and education, who can share their knowledge to provide support.

### **2.2 Functional Vision Assessment**

#### **Vision**

In human race, vision is the most important sense and it is the ability and the process of seeing a thing, object or any matter in your surrounding. And when the person faces difficulties in vision its called vision impairment.

#### **Vision impairment**

It is the reduced vision caused by eye disease, accident or eye condition present from birth. Some conditions can be treated or corrected to improve vision. Most people (about 80%) who are vision impaired have some residual vision.

According to The Persons with Disabilities Act, Vision Impairment refers to both blindness and low vision. "Blindness" refers to a condition where a person suffers from any of the following conditions, namely:-

- I. total absence of sight; or
- II. visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
- III. Limitation of the field of vision subtending an angle of 20 degree or worse



"Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

### **What is functional vision assessment?**

In order to determine a child's best visual function and typical visual functions an evaluator must develop an initial assessment that provides a basis for setting instructional goals. This initial assessment is the functional vision assessment, a narrative description of the child's use of vision as indicated by his or her behaviours on a variety of tasks. With regards to typical visual function, the use of vision by a child with deafblindness/Multi Sensory impairment can vary greatly according to the nature of tasks, the child's physical state, actual changes in brain and eye function and motivation. For these reasons single session assessments will yield information that is not representative of a child's true function. Rather, the assessments should be conducted multiple times to include observations of behaviours that vary according to the following characteristics:

- The child's motivation
- The child's familiarity with people, objects, and settings
- The involvement of others
- The child's typical positioning
- The stimulus level of materials
- The child's use of his or her other senses

Careful assessment before and during instructions can ensure that the educational program that is planned provides the best opportunity for mastery.

### **2.3 Format for functional Vision Assessment**

Although there is no standard format, most functional vision assessments include descriptions of the use of vision in near and distance tasks, eye movements, visual field responses and responses to certain specific environmental characteristics such as light and colour. The quality of assessment depends on the objectives and description of specific behaviours in a variety of situations. The following format also considers all the factors that are needed to understand a child's maximum visual efficiency.

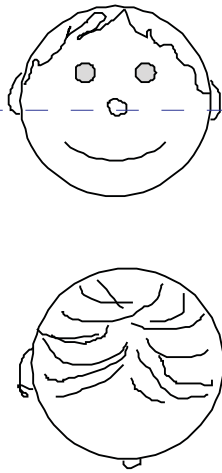
# I. Functional Visual Assessment Format for Multi-sensory Impaired Learners

## Stage One: Basic Awareness

Name of learner:

Date:

		Yes	No	Comments
<b>Pupillary Response</b>	Observe without stimulation ⊕ Do pupils move constantly? ⊕ Do pupils react to changes in light?			
<b>Blink reflex</b>	Move hand, without making a draught, towards the learner's face.  Does she/he blink?			
<b>Response to light</b>	Using different lights in a darkened room, does the learner respond to:			
	⊕ continuous light?			
	⊕ flashing light?			
	⊕ moving light?			
<b>Fixation</b>	Using motivating objects and verbal encouragement, observe whether he/she can fix his/her eyes on a bright object at:			
	⊕ 7 inches			
	⊕ 2 feet			
	⊕ 10 feet			
<b>Eye preference</b>	Does the learner consistently hold objects near one eye?			
	Show the learner an interesting object. Cover each eye in turn and observe the response			
	left eye			
	right eye			

		Yes	No	Comments
<b>Visual fields</b>	<p>Using a visually interesting object or a light, stand behind the child and bring it slowly into the visual field. Note when he/she sees the object</p> <ul style="list-style-type: none"> <li>⊕ above</li> <li>⊕ below</li>   <li>⊕ right</li> <li>⊕ left</li> </ul>			
<b>Focus on objects</b>	<p>Show interesting objects at various distances. Observe which he/she sees at:</p> <ul style="list-style-type: none"> <li>⊕ 7 inches</li> <li>⊕ 2 feet</li> <li>⊕ 10 feet</li> </ul>			
<b>Eye contact</b>	<p>Observe the learner with familiar people and in a variety of situations e.g. meal times. Does he/she make eye contact:</p> <ul style="list-style-type: none"> <li>⊕ Briefly</li> <li>⊕ for three seconds or more</li> <li>⊕ maintained</li> </ul>			
<b>Visual behaviours</b>	<p>Observe carefully for behaviours which may indicate use of residual vision such as:</p> <ul style="list-style-type: none"> <li>⊕ light gazing</li> <li>⊕ hand flicking</li> <li>⊕ any other</li> </ul>			

## II. Functional Visual Assessment for Multi-sensory Impaired Learners

### Stage Two: Development of Basic Awareness into Functional use of Vision

Name of learner:

Age:

Date:

		Yes	No	Comments
<b>Hand regard</b>	Place a visually interesting toy in the learner's hand. Does he/she look at it?			
	Play hand games. Does the learner look at your hands?			
<b>Tracking</b>	Choose motivating objects. Move them slowly and note if the learner can visually track the object			
	⊕ from the mid-line to the left			
	⊕ from the mid-line to the right			
	⊕ right to left (across mid-line)			
	⊕ left to right (across mid-line)			
	⊕ going down			
	⊕ going up			
	⊕ diagonally			
<b>Transfer of attention from one object to another</b>	Using two torches or two of equal interest held a foot apart, shake one first then the other to see if the learner can shift his gaze between two objects:			
	⊕ at the same distance			
	⊕ near /distant			
	⊕ distant /near			

		Yes	No	Comments
<b>Scanning</b>	Place three objects in a line. Point along the line. Can the learner scan the line?			
<b>Turning eyes towards objects</b>	Touch the learner with an object. Does he/she turn to look? <input type="checkbox"/> to the left <input type="checkbox"/> to the right			
<b>Attempts to reach visually for objects</b>	Place objects within the learner's reach. Does he attempt to reach them?			
<b>Visual exploration</b>	Does the learner turn objects in his/her hand to explore visually? <input type="checkbox"/> sometimes <input type="checkbox"/> often			
<b>Object recognition</b>	Does the learner recognise familiar objects? <input type="checkbox"/> a few <input type="checkbox"/> many			
<b>Visual discrimination</b>	Does the learner discriminate visually? <input type="checkbox"/> size <input type="checkbox"/> colour <input type="checkbox"/> shape <input type="checkbox"/> family members <input type="checkbox"/> carers <input type="checkbox"/> strangers			

## 2.4 Functional Hearing Assessment

### Hearing

Being “**deaf**” means having a loss of hearing so significant that it interferes with a person's ability to receive or interpret information related to sound, including speech sounds. Most people who are identified as having hearing impairment can actually hear some sounds, so the term hearing impairment rarely means a complete inability to hear sound.

The **Persons with Disabilities Act 1995** defines Hearing Impairment as loss of sixty decibels (60 dB) or more in the better ear in the conversational range of frequencies. The term “hearing impaired” is used, rather than hard-of-hearing, but it can also be used to describe a person who is deaf. This is a more general term that refers to the fact that an individual has hearing loss. Both individuals who are deaf and those who are hard-of-hearing may benefit from amplification (hearing aids or other assistive listening devices). Hearing impairment is classified according to level of severity, type of loss, what caused the loss and the age of onset.

### Points to be considered for Hearing Assessment.

Observations are best made by some one who knows the person well. A response to sound, especially if the child also has a visual impairment may not be what is usually expected or may be a very small change in behaviour. Observations need to be made at different times of the day, and in different situations, as the person's ability to respond may be affected by tiredness, motivation, general health, positioning or the environment. A learner is more likely to respond to a sound that is meaningful to them.

It is also helpful to observe responses to other sensory stimuli. It is important to observe whether the person is responding mainly to vision or to touch or whether he is able to integrate sensory information. It is important to note the person's response to sounds of different pitch and volume. It should be noted however that most if not all sounds cover a wide range of frequencies and even some quiet sounds such as whispering have high sound levels.

These observations of the learner's functional use of hearing should be combined with information from other sources such as audiological tests.

## 2.5 Functional Hearing Assessment

Name of learner:

Age:

Date:

Sr. No.	Observations	Yes	No	Comments
1	Does the learner show any response to sound? e.g. startle to sudden loud sound, blink at a sound, smile or calm down in response to music			
2	Does the learner appear to notice or attend to any particular sounds? e.g. a familiar voice or noise			
3	How interested is the learner in sound in the environment? Do they respond consistently or inconsistently to auditory stimuli?			
4	What kind of sound is he or she interested in? loud sounds, music, familiar environmental sounds  Is the interest affected by pitch, volume, direction, duration of sound?			
5	Does the learner show interest in voices? e.g. their mother's or father's			
6	Does the response vary according to the distance between the learner and the sound?			
7	How loud does a sound have to be before attention is gained?			
8	Is the learner's ability to respond affected by background noise?			
9	Does the learner show more auditory interest to sounds coming from one side? e.g. left, right, behind, etc  Does the learner turn towards sounds?  Can they turn to sounds in all directions? left, right, above, below			
10	Do they seem to recognise familiar sounds?			
11	Can they pick out one sound from a range of sounds? e.g. can they respond to a favourite toy against background noise			

Sr. No.	Observations	Yes	No	Comments
12	Do they show an awareness of sound/no sound? e.g. Does their behaviour change when a particular sound stops?			
13	Does the learner move towards sounds?  How accurate are they in using the sound to orientate themselves?			
14	Observe the speed at which she/he notices and responds to sounds.  Is this affected by time or place?  Is it affected by the learner's position, comfort level or by competition from other sensory stimuli?			
15	Are there any sounds that the learner appears to dislike or that cause distress?  Which sounds?			
16	Does the learner vocalise?			
17	Are there any consonant sounds as well as open vowels sounds?			



### **3. Individualised Education Programme Format**

#### **3.1 Why IEP is required?**

The Individualised Education Program (IEP) is a written education plan that describes the education and related services. It is called so (Individualised), because the education/training programme is specifically designed to meet the learning needs of the individual child rather than general syllabus for a group or class full of such children. The IEP also specifies the instructional strategies to be used with the child, the interests and likes, her preferred mode of learning, her pace and speed of learning, and limitations due to other associated problems including motor difficulties. In other words it is a complete education/ rehabilitation programme in itself, for an individual child that will be implemented for a specific period of time. Thus, the main aim of the IEP is to provide appropriate education and training to the child.

The IEP is a written plan that an educator follows for the child to meet her needs to convert them into strengths, or say reach out to the maximum possible manner to create self dependency.

IEP is both a beginning and an ending. It is a beginning of new relationship with the educator's effort in terms of teaching strategies, selection of new creative material well suited for the child's needs and the child's effort to achieve new skills. It is the process of environmental analysis and assessment of present level of functioning of the child to be framed in the set of goals and objectives for drafting a curriculum for the child.

It is important to understand that the IEP is a management plan which covers the entire year. Its implementation lies with you as a teacher/trainer. It is the utmost ability of the teacher to translate the objectives of an IEP into much smaller workable components (instructional objectives) for the child.

This Individualised Education Programme (IEP) format includes all the areas of development to be covered under needs-based education programme with focus on deafblindness and multi-sensory impairment. It further ensures that educators cover all important areas of development of deafblind children while planning their future goals, objectives and finalising their teaching strategies

This format will help in outlining the child's goals and a suggestive timeframe in which these goals should be achieved. The IEP also enables an educator to describe the teaching strategies, resources, monitoring and support, and the evaluation required to facilitate the child to meet those goals. This programme must be developed in a meeting between parents/caregivers, the child's teacher, the child (if s/he wishes to attend) and specialists as appropriate. The aim is to identify current strengths, to set short and long term goals together with the child, and record their learning progress.

It is also to identify:

- Teaching practices that will help the child to learn
- Changes or adaptations that need to be made to the way the curriculum is taught for that child, and the resources and materials
- Any additional or specialised/assistive equipment the child needs
- The best way to provide personal care, where required
- How parents/caregivers and families can support the learning programme at home
- Time frames, responsibilities and ways to monitor and evaluate a child's progress towards reaching goals.

The IEP should be **reviewed at least twice a year** in a meeting with parents/caregivers, and the same support team that developed the plan. It must be ensured that parents/caregivers receive a copy of the revised programme along with a report on the child's progress in the previous term after each meeting.

This IEP covers 22 areas of development starting from activities of daily living to vocational as well as job skills. **Planning for all the areas of development at the same time may not be meaningful as well as useful for the child. Therefore, it is suggested that special educators must prioritise and opt for the relevant areas, as per the needs, age, educational priorities and potentials of the child.** It is advisable to collate all the activities which take place in any one area of development, as has been done for the communication (which is mentioned in every area separately), so that at the end of the year, a comprehensive understanding is developed about different activities that have been covered under specific areas of development.

*Disclaimer: "This publication is a 'work in progress' document, which has been produced by Sense International (India) in collaboration with the participants of Advance training workshop on "Individualised education plan and teaching strategies for deafblind/MSI children – a follow up" held at Lucknow in the year 2007. Participants of the workshop were the project coordinators of deafblind programme from throughout the nation. The present draft is under field testing and its contents are subject to change as per the needs of different regions.*

### 3.2 IEP formats

#### Section-1: General Information

Name of the child:

Date Of Birth:

Age:

Sex:

1. Brief profile of the child highlighting the strengths: (In 10-15 sentences)
2. Date of developing IEP:
3. Person(s) responsible to implement the IEP:
4. Language used for communicating with the child:
5. IEP Team Members:

Sr. No.	Name	Role of the member

6. Brief description about the family background (i.e. education and occupation of parents and number of siblings)


7. Brief description about the child's behaviour, likes and dislikes, things that can be used as reinforcements and education/therapy given till now and his sensory issues (If any)?

---

---

---

---

---

---

---

---

8. Diagnosis/Condition of the child:

**Vision**

---

---

---

---

**Hearing**

---

---

---

---

**Associated conditions**

---

---

---

---

9. Other services required by the child (like medical services, physiotherapy, occupational therapy, speech therapy, counselling etc)

---

---

---

---

---

---

---

---

10. Briefly specify the medication history of the child. Is the child at present under medications? If yes, specify the medicines and associated medical condition(s).

---



---



---



---



---



---

11. Briefly describe parent's dreams and concerns for their child

---



---



---



---



---

12. Briefly describe your child's strengths, needs, opportunities and concerns in the table below

<b>Strengths (Child specific)</b>	<b>Important needs to be addressed at present</b>	<b>Opportunities</b>	<b>Concerns (present and future)</b>
		For example: Family Support, Access to Physiotherapy/Occupational therapy services Family business in which the child could play some role in the future etc.	For example: Health and medical conditions Family support Transition Planning Vocational Planning Behavioural Issues Sensory Issues etc.

**Functional Assessment Report  
(Current performance level of the child)**

**Section-2: Goals and objectives**

**I. Personal Care**

**1. Toileting:**

Long Term/ Annual goal:

---

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

---

Current level of performance:

---

---

---

---

Key Communication to be developed:

---

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**2. Brushing**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**3. Eating**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---



Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**4. Drinking**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**5. Bathing**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

---

**6. Dressing** (This involves activities such as wearing shirt, pants, socks and shoes, fastening buttons, zippers etc.)

Long Term/ Annual goal:

---

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

---

Current level of performance:

---

---

---

---

Key Communication to be developed:

---

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

---

**7. Grooming** (This involves activities such as combing and oiling hair, applying cream/talc on body, wearing perfume etc.)

Long Term/ Annual goal:

---

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

---

Current level of performance:

---

---

---

---

Key Communication to be developed:

---

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**8. Personal Hygiene** (This involves activities such as cutting nails, washing hands before eating; after toileting, shampooing hair, wearing washed clothes etc. It also includes aspects such as menstrual care, shaving, cutting nails, personal grooming etc.):-

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**9. Safety** (It includes areas such as protection from fire, handling electrical gadgets, crossing roads, unfamiliar people etc.

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**10. Motor skills:** *(This refers to bodily movements involving muscular activity. For example, running, jumping, walking, rolling hands, cutting with scissors, writing or colouring etc.)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**11. Orientation and Mobility Skills (O&M):**

*Orientation skills allow us to know where we are, where we are going, and how to think about and plan strategies for getting to a destination. Mobility involves the actual movement from place to place.)*

**11.1 Basic O&M skills:**

(This includes developing sensory awareness, directionality, spatial concepts, searching skills, Learning Protective techniques, etc.)

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---



Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

---

**11.2 Advanced O&M skills:**

(This include learning to move with sighted guide, trailing, independent movement, use of landmarks and cues, tactile maps, cane skills, etc)

Long Term/ Annual goal:

---

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

---

Current level of performance:

---

---

---

---

Key Communication to be developed:

---

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

---

**12. Communication:**

*(The process by which information, meanings and feelings are shared by persons through the exchange of non-verbal and verbal messages such as language, written symbols, gestures, cue, object symbols and signs)*

**12.1 Receptive:**

Long Term/ Annual goal:

---

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

---

Current level of performance:

---

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**12.2 Expressive:**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**13. Social Interactions:**

*(This involves all skills necessary to develop and maintain social contacts such as greeting people, initiating and maintaining communication, developing friendships etc.)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**14. Sensory Abilities:**

*(By this we mean to develop abilities in children to gain maximum information from the environment by using his/her residual senses)*

**14.1 Vision:**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**14.2 Hearing and speech:**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**14.3 Touch:**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**14.4 Taste:**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---



Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**14.5 Smell:**

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**15. . Leisure and recreation:**

*(This involves enjoyable play activities done with or by child during his/her free time either with other children or by himself/herself)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**16. Cognition:**

*(It is the process of knowing things, their functions, forming concepts, memory, reasoning, categorization, classification, judgment, etc)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**17. Pre- academics:**

*(It means development of concepts such as Colour, Time, Money, Shape, Size , Weight, Volume, Measurement, etc)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**18. Literacy :**

*(It means Reading, Writing ,Numbers and Arithmetic or Maths)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**19. Pre – Vocational/ Job Skills:**

*(This involves areas such as discipline, team work, adjusting to new environment, working independently to develop products or in a work area etc.)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**20. Behavioural:**

*(This involves managing socially inappropriate and non acceptable behaviour that hampers daily educational activities at school or routine activities at home such as stubbornness, biting, hitting etc)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**21. Sex Education:**

*(It includes areas such as identifying body parts, appropriate touch, privacy etc.)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---



Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**22. Independent Living area:**

*(Skills like home management , independent travel, home economics-budgeting, etc.)*

Long Term/ Annual goal:

---

---

---

Objective/ Short term goal: (From Date:..... to :.....)

---

---

---

Current level of performance:

---

---

---

Key Communication to be developed:

---

---

---

Strategies for achieving the specified goal (mention the activity, reinforcement, teaching strategies and materials used)

---

---

---

Evaluation (present level of child after implementation of IEP, new strength of the child recognized, difficulty faced by teacher during implementation of IEP)

---

---

---

**Kindly mention the dates on which IEP will be reviewed:**

Date of first review

Date of second review:

**Annual Evaluation**  
(Please add more sheets if required)

Signature of IEP team members:

Date:

## **4. Assessing needs of Organisations**

Sense International (India) from the time of its inception has been committed to deliver better quality of life to children with deafblindness through a range of services and varieties of initiatives. We cannot begin to improve the lives of deafblind people unless we identify and understand what is happening to them across the country in order to take appropriate action.

### **4.1 Why needs assessment format for organisations?**

In order to reach out to maximum number of deafblind and multi sensory impaired children and young adults in India, there is a strong need to develop framework for assessing deafblind children and youth in need and their families, to ensure a timely response and the effective provision of services to them. We also need to sensitize the large number of professionals and organizations which are working with and for children and adults with special needs, but still, are not aware of the disability and term “deafblindness”. As we know deafblindness is a combination of dual vision and sensory loss which ultimately affects entire developmental stages and level of an individual which affects his ability to lead an independent life and puts restrictions on individuals' abilities and urges to communicate effectively with the outside world.

The need assessment format is therefore designed with the view to identify the information needs of the organisations working with children and adults with disability, with focus on deafblindness, in different parts of the country. It is important that information needs that emerge are based on ground realities and past experiences of educators and organisations. This will help cater to specific needs accurately.

### **4.2 Needs Assessment Format**

This Need cum Training Assessment Format has 2 sections.

#### **Section 1 - Information Needs Assessment**

Section 1 aims at identifying the information needs of the organisations working with children and adults with disability, with focus on deafblindness in different parts of the country. Information Need Assessment Format (INAF) will ensure that the information needs emerging are based on ground realities and past experiences.

INAF will increase the relevance of the information furnished to the organisations as the organisations themselves are involved in analyzing their needs regarding information on deafblind issues. It will help to foster a rapport between Regional Learning Centre on deafblindness (RLCs) and other organisations. The RLCs can acquire basic knowledge of

the strengths and limitations of other newly identified organisations and these organisations in turn will become partners in analysing their own information needs.

## **Section 2 - Training Need Assessment**

Section 2 will provide the information needed for developing a training plan on the issues related to deafblindness that is based on the learning needs of the organisations. It will increase the relevance of the training and the commitment of the learners, as they are involved in the preparation of the training design that reflects their expressed needs. Thus, it helps to foster a rapport between RLCs and other organisations. The RLCs can acquire basic knowledge of the strengths and limitations of other newly identified organisations and these organisations in turn will become partners in analysing their own learning needs.

Disclaimer: “This publication has been produced by Sense International (India) in collaboration with its four Regional Learning Centres with the assistance of the European Commission. The contents of this publication are the sole responsibility of Blind People’s Association, Ahmedabad/ Holy Cross Service Society, Trichy/ Shiskhit Yuva Sewa Samiti, Basti/ National Association for the Blind, New Delhi and can in no way be taken to reflect the views of the European Commission.”

## Section 1: Information Need Assessment

1. Name of the Organisation:

2. Name and designation of contact person:

3. Address for Communication:

---

---

---

4. Contact no (Landline & Mobile):

5. Email id (if any): \_\_\_\_\_

6. Website (if any): \_\_\_\_\_

7. Year of foundation of your organization: \_\_\_\_\_

8. Is the organisation registered as Society/Trust/Company? \_\_\_\_\_

9. Mention the registration number: \_\_\_\_\_

10. Are you registered with

- A. FCRA Act
- B. PWD Act, 1995
- C. National Trust Act
- D. Income Tax Act

11. Tick mark the area of work (mentioned below) and mention the target age-group of individuals with disabilities you work for.

<b>Area of work</b>	<b>Target group</b>
Prevention	_____
Early Identification and intervention	_____
Special Education	_____
Day care	_____
Vocational training	_____
Community Based Rehabilitation	_____
Home Based instruction	_____
Residential/Respite Care	_____
Advocacy and human rights	_____
Provision of Assistive devices	_____
Integrative/ Inclusive education	_____
Any other (please Specify)	_____

12. Please mention the numbers of children/young adults/adults enrolled in your organisation in the table given below:

Age group/nature of services (Home/Community/Centre based / Residential / Respite Care)													
	0-6 years		6 – 12 years		12-18 years		18 – 40 years		40 yrs and above		Total		
	M	F	M	F	M	F	M	F	M	M	M	F	
Home Based													
Community Based													
Community Based													
Residential/Respite Care													

13. How many trained special educators are working with you?

Sl. No.	Area of Specialisation	Number	Average years of experience	Remarks	Out of that number how many are RCI registered?
1.	Mental Retardation				
2.	Visual Impairment				
3.	Hearing Impairment				
4.	Cerebral Palsy				
5.	Autism				
6.	Deafblind				
7.	Any other. Please inform				

14. How many Therapists are working with you?

Sl. No.	Therapists	Number	Average years of experience	Remarks	Out of that number how many are RCI registered?
1.	Occupational Therapist				
2.	Physiotherapist				
3.	Speech Therapist				
4.	Audiologist				

15. Please tick mark the target group that you work with.

How many trained special educators are working with you?

- Visual Impairment
- Hearing impairment
- Deafblindness
- Mental Retardation
- Autism
- Loco-motor disability
- Cerebral palsy
- Mental Illness
- Leprosy cured
- Any other multiple disabilities ( Pls. specify)

What are your interests in learning about deafblindness

- As a parent
- As an educator
- As a therapist
- As a head of the organization
- As a volunteer
- As a Rehabilitation worker
- As a Government official
- As a village / Field worker
- Any other (pls. specify)

What kind of information materials you would like to receive?

- Posters
- Books
- Small booklets
- Leaflets
- CDs / DVDs
- Teaching materials/aids

Which issues would you like additional information on through the information material?

---

---

---

What is your preferred language for information materials?

---

---

---

What do you expect from Regional Learning Centre: (Tick all you expect)

- Networking of families
- Networking of educators
- Networking of adult deafblind persons
- Advocacy work
- Books/Research material on deafblindness.
- Capacity building of organisation
- Information on vocational training, rehabilitation issues and Job placements.
- Information on govt. assistance
- Information on other govt. institutions like National trust, RCI, NIEPMD etc.
- Information on organisations providing assistive devices
- Any other (Pls. Specify)



## Section 2: Training Need Assessment

1. What process do you follow to enroll children and adults in your organisation?

---

2. What is your knowledge about deafblindness?

---

3. Have you ever provided services/support to any deafblind child?

---

4. If yes, what kind of support was offered by your organisation?

---

5. If no, do you think there is a need to include component of deafblind education in your services? Why?

---

6. Do you think you require training in the area of deafblindness? Why?

---

7. Are there any particular areas or topics in which you require training?

---

8. What are your interests in learning about deafblindness

- As a parent
- As an educator
- As a head of the organization
- As a volunteer
- As a Rehabilitation worker
- As a Government official
- As a village / Field worker
- Any other (pls. specify)

9. Have you received any training in the area of deafblindness?

10. What were the benefits of that training on your services?

11. How many days training do you require?

---

12. When do you think is the most appropriate time to receive training.

January	<input type="checkbox"/>	May	<input type="checkbox"/>	September	<input type="checkbox"/>
February	<input type="checkbox"/>	June	<input type="checkbox"/>	October	<input type="checkbox"/>
March	<input type="checkbox"/>	July	<input type="checkbox"/>	November	<input type="checkbox"/>
April	<input type="checkbox"/>	August	<input type="checkbox"/>	December	<input type="checkbox"/>

13. How many people from your organisation would like to enroll themselves for training?

---

14. What is your preferred language for training instructions?

---

15. What do you expect from Regional Learning Centre: (Tick all you expect)

- Training on deafblindness (Nature, causes & identification)
- Screening and identification for deafblind
- Functional Assessment for deafblind
- Onsite or sensitisation trainings
- Facilitate visit to an established deafblind programme
- Training / teaching materials
- Networking of families
- Networking of educators
- Networking of adult deafblind persons
- Advocacy work
- Any other (Pls. Specify)

16. Give the details of deafblind children and adults enrolled In your organisation (if any) in a format given below:

Sr. No	Name	Male/Female	Age	Nature of Service (Home/Centre/Community based/Residential/Respite)

Kindly attach the brochure/ pamphlet of your organisation along with the needs assessment format.

**Signature of Respondent**

Organisations which are willing to know about deafblindness and want to work with children with deafblindness can send these filled formats as per the jurisdiction list of RLC's enclosed at the end of this booklet. Contact address of RLC's are also provided at the end.

## Contact Address of four Regional Learning Centres on Deafblindness

Sr. No.	Address of Organisations	Contact Person	Contact No. and Email Id
1.	Regional Learning Centre North National Association for the Blind Sector 5, R.K. Puram, New Delhi 110 022.	Mr. T.C. Alakh	Phone: 011-26102944 011-26175886  dbmhuprogram@gmail.com
2.	Regional Learning Centre West Blind People's Association Jagdish Patel Chowk Dr. Vikram Sarabhai Marg Opp. IIM, Vastrapur Ahmedabad-380015	Ms. Nandini Rawal	Phone: 079-26304070 079-2630 3513  rlcwestahm@gmail.com
3.	Regional Learning Centre East Shikshit Yuva Sewa Samiti Pandey Bazar, Basti – 272002 Uttar Pradesh	Mr. Gopal Krishna Agrawal	Phon: 05542 - 242280  rlceastbasti@gmail.com
4.	Regional Learning Centre South Holy Cross Service Society Plot No 3., Ettupattai Compound, Puthur, Tiruchirapally 620 017 Tamilnadu	Prof. S. Prabakar Immanuel	Phone: 0431-2771544 0431-4060160  holy.cross.service.society@gmail.com

## Coverage of Regional Learning Centers on Deafblindness

Regional Centres		Sr. No.	States	Sr. No.	Union Territories
<b>North</b>	National Association for the Blind Sector 5, R.K. Puram, New Delhi 110 022.	1.	Haryana	1.	Chandigarh
		2.	Himachal Pradesh		
		3.	Jammu and Kashmir		
		4.	Punjab	2.	National Capital Territory of Delhi
		5.	Rajasthan		
		6.	Uttarakhand		
<b>West</b>	Blind People's Association Jagdish Patel Chowk Dr. Vikram Sarabhai Marg Opp. IIM, Vastrapur Ahmedabad-380015	1.	Goa	1.	Dadra and Nagar Haveli
		2.	Gujarat		
		3.	Madhya Pradesh	2.	Daman and Diu
		4.	Maharashtra		
<b>East</b>	Shikshit Yuva Sewa Samiti Pandey bazar, Basti Uttar Pradesh India - 272002	1.	Bihar	1.	Andaman and Nicobar Islands
		2.	Chhattisgarh		
		3.	West Bengal		
		4.	Jharkhand		
		5.	Orissa		
		6.	Uttar Pradesh		
		7.	Arunachal Pradesh		
		8.	Assam		
		9.	Manipur		
		10.	Meghalaya		
		11.	Mizoram		
		12.	Nagaland		
		13.	Tripura		
		14.	Sikkim		
<b>South</b>	Holy Cross Service Society Plot No 3., Ettupattai Compound Puthur Tiruchirapally Tamilnadu India - 620 017	1.	Andhra Pradesh	1.	Lakshadweep
		2.	Karnataka		
		3.	Kerala	2.	Pondicherry
		4.	Tamil Nadu		

## Sense International (India) List of Partner Organisations

Sr. No	Name of the Project Partner	Contact Person Designation	Address	Phone No. Fax No. Email No.
<b>GUJARAT</b>				
1	Blind People's Association	Ms. Nandini Rawal Project Director	Jagdish Patel Chowk Dr. Vikram Sarabhai Marg Vastrapur Ahmedabad 380 015	(079) 26304070 / (079) 2630 3513 nandinibpa@gmail.com
2	Andhjan Kalyan Trust	Prfulbhai N. Vyas Hon. Secretary	B/h Jain Derasar, Station Plot, Dhoraji-360410 Dist.-Rajkot.	(0284) 223502 (0284) 227352 aktrust.drj@gmail.com
3	National Association for the Blind, Sabarkantha Branch	Prof. Bhaskarbai Y. Mehta Hon. Gen. Secretary	Srinagar Road No. 10., Idar – 383430	(02778) 2250298
4	Kutch Vikas Trust	Fr. George Kunnath Director	At. Raidhanpar Village, Post Nagor Bhuj- 370 001	(02832) 274230 (02832) 274280 (02832) 274286 kutchvikastrust@gmail.com
5	Blind Welfare Council	Mr. Yusufi Kapadia Managing Trustee	Opp. Panch Mukhi Hanuman Road Mandaav Road, Post Box No.115 Dahod 389151	(02673) 221367 (02673) 243389 bwcдахod@yahoo.co.in
6	National Association for the Blind, Navsari Branch	Mr. Deepak Rawal	LG 10, Paradise Tower, Railway Station Road, Nr. Jahangir Cinema, Navsari	(02637) 240005 (02637) 250025 nabnavsari@gmail.com
7	Ashirwad Trust for Disabled	Mr. Rambhai Jadav Hon. Programme Manager	B/h Police Station, National Highway Cross Road,, At. Post & Tal - Sayla, Dist. Surendranagar-393430	(02755) 281185 atfdsayla@sancharnet.in
8	Shri Andhjan Vividhlaxi Talim Kendra	Mr Prakash.J.Mankodi Hon. Director	Arodrome Road, Jamanagar 361006	(0288) 2712348 (0288) 2712380 pjmankodi@yahoo.co.in
<b>KERALA</b>				
9	National Association for the Blind,Kerala Branch	Mr. Manoj Kurian Chief Executive Officer	MRA 80, Manchadivila Road, Plamood, Trivandrum - 695003	(0471) 2314267 nabkeral@gmail.com
<b>RAJASTHAN</b>				
10	Umang, Jaipur	Ms. Deepak Kalra Director	3/4,Kabir Avenue S.F.S., Mansarovar, Jaipur-302020 Rajasthan, India	(0141) 2395099 umangjaipur@gmail.com dirr89@rediffmail.com
11	Navchetna Society	Mr. Om Baweja Secretary	2/53 Durga Vihar, Indira Colony C/O Pehnawa Boutique. Sri Ganganagar, Rajasthan-335001	91 9024027339 navchetna2000@rediffmail.com
<b>TAMILNADU</b>				
12	The Clarke School For the Deaf and Mentally Retarded	Dr. P. Leelavathy Director	#3, 3rd Street, Dr. Radhakrishnan Road, Mylapore, Chennai - 600 004	(044) 28475422 (044) 28424910 clarkskn@md2.vsnl.net.in
13	Holy Cross Service Society	Prof. Dr. S. Prabhakar Immanuel Director	Plot No 3., Ettupattai Compound Puthur Tiruchirapally 620 01	(0431) 2771544 holy.cross.service.society @gmail.com

14	Cheran Region Christian Society for the Disabled Children	Mr. H. Samson President	No.11, Grey Town, Coimbatore -64101	(0422) 2301444 crcs@vsnl.net
15	Upahar Madurai	Mr. L. Shanmugam Secretary	37, Teachers Colony, 2 <sup>nd</sup> Floor, Muthupatti, Alagappan Nagar, Madurai, 625 003	(0452) 2693666 upaharieic@gmail.com
16	National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) (Government of India Ministry of Social Justice and Empowerment )	Dr. Neeradha Chandramohan Director	East Coast Road Muttukadu - 603112 Kancheepuram District,	(044) 27472389 niepmd@gmail.com
<b>MAHARASHTRA</b>				
17	Helen Keller Institute for the Deaf and Deafblind – Vocational Training Unit	Mrs. Beroz Vacha Hon. Director	Municipal Secondary School, South Wing, Ground Floor, “S” Bridge, N.M. Joshi Marg, Byculla (West), Mumbai 400 011	(022) 23019215 hkidbind@hathway.com
18	National Association for the Blind – Unit Maharashtra	Mr. Gopi Mayur Hon. Gen. Secretary	P-66, MIDC lane No. 3, Satpur, Nashik 422 007	(0253) 2353578 (0253) 2355378 nabdeafblind.86@rediffmail.com
19	National Association for the Blind - Department of Education	Mr. Raman Shanker Director	11, Khan Abdul Gaffar Khan Road, Worli Seaface, Mumbai-400 030	(022) 24935370 (022) 24935365 nabed@vsnl.com
20	Ali Yavar Jung National Institute for the Hearing Handicapped	Dr. R. Rangasayee Director	K.C.Marg, Bandra Reclamation, Bandra (W) Mumbai – 400 050	(022) 26422638 rangasayee2002@yahoo.co.in
<b>NEW DELHI</b>				
21	National Association for the Blind – New Delhi	Mr. T. C. Alakh Hon. Gen. Secretary	Sector 5, R. K. Puram, New Delhi 110022	(011) 26102944 (011) 26175886 nab@vsnl.com
<b>HARYANA</b>				
22	Association For the Welfare of Handicapped	Mr. Narinder Kumar Hon. General Secretary	Nr. FCI Godown Dabua Road, N.I.T, Faridabad	(0129) 2484609 (0129) 2484611 awh_fbd@rediffmail.com
<b>KARNATAKA</b>				
23	National Association for the Blind, Karnataka State Branch	Mrs. Saroja Ramchandran President	Rehabilitation Complex, CA Site No. 4, Jeevan Bimanagar Bangalore – 560 075 Karnataka	(080) 25281590 nabkarnatak@yahoo.co.in
<b>ANDHRA PRADESH</b>				
24	National Institute for the Mentally Handicapped	Shri T C Sivakumar Director	P.O. Manovikas Nagar, Secunderabad - 500 009	(040) 27751741 sivakumar@nimhindia.org
25	Uma Manovikas Kendram	Mr. S P Reddy Executive Director	Manovikasa Nagar, Behind Rayudupalem Kakinada - 533 005	(0884) 2306039 (0884) 2307097 spreddy@umvk.org
26	L.V. Prasad Eye Institute	Ms. Beula Christy	L.V. Prasad Marg, Road No. 2 Banjara Hills, Hyderabad-500 034.	(040) 30615822, (040) 30612331 beula@lvpei.org
<b>UTTAR PRADESH</b>				
27	Jeevan Jyoti School and CBR for the Blind	Sr. Irene Director	At. Aktha, P.O. Sarnath, Varanasi 221 007	(0542) 2585151
28	Shikshit Yuva Sewa Samiti	Mr. Gopal Krishna Agarwal Director	Pandey bazar, Basti – 272002	(05542) 242280 sysbst@sify.com, sysbasti@gmail.com

29	Shaksham Daksh	Ms. Bipasha Sen Gupta General Secretary	D-69 , Sector 55, Noida - 201 301	(011) 42411015 bipashasen2@rediffmail.com
	<b>BIHAR</b>			
30	Ashadeep	Sr. Catherine Colaco Project Coordinator	Rehabilitation Centre for the Handicapped Fair Field Colony Digha Ghat Patna-800 011	(0612) 2270691 ashadeepp@gmail.com
	<b>CHHATISGARH</b>			
31	AAKANSHA Lions School for Mentally Handicapped	Mr. Mohit Sahu CEO	Lions School for Mentally Handicapped Avanti Bihar, Raipur– 492 006	(0771) 2427468 aakankshalmh@yahoo.com
	<b>HIMACHAL PRADESH</b>			
32	National Association for the Blind, Himachal Pradesh Branch	Ms. Shalini Vats Jt. Secretary	Chander Abha Mahila Kalyan Bhawan, Sarwari Bazar, Kullu - 175 101	(01902) 224859 (01902) 225578 shals140378@yahoo.com
	<b>ORISSA</b>			
33	Nehru Sewa Sangh	Mrs. Sarojini Dash Secretary	P.O. Banpur - 752 031, Dist Khurda	(06756) 223086 nehru_seva_sangh@sify.com
	<b>MADHYA PRADESH</b>			
34	Madhya Pradesh Welfare Association for the Blind	Mr. M. V. Shirdhonkar President	33, B/D,Kila Maidan Industrial Area, Indore – 452 006	(0731) 2401242 mpwab@rediffmail.com
35	Digdarshika, Bhopal	Mr. Sumit Roy Executive Director	B 292, SHAHPURA, District - Bhopal , State – Madhya Pradesh, Country - India PIN - 462016	(0755) 2460947, 2426923, (0755) 2460873 dirr89@rediffmail.com
	<b>JHARKHAND</b>			
36	Nav Bharat Jagruti Kendra	Mr. Satish Girija President	At: Amritnagar, P.O.Korraha, Dist –Hazaribag 825301	(06546) 263332 nbjkco@gmail.com, nbjkco2@rediffmail.com
	<b>WEST BENGAL</b>			
37	Society for the Visually Handicapped,	Dr. Ruma Chatterjee Vice President	12, Dover Road Kolkata -700019	(033) 24759581 (033) 24758865 ruma1@rocketmail.com
	<b>MEGHALAYA</b>			
38	Bethany Society	Mr. Carmo Noronha Executive Director	Lady Veronica Lane, Laitumkhrah, Shillong-793003 Meghalaya	(0364) 2210631 (0364) 2227705 bethany_lac@rediffmail.com
	<b>TRIPURA</b>			
39	Abhoy Mission	Mr. Shyamal Deb Chairman	Ramnagar Road No. -1, P. O. Ramnagar, Agartala, Tripura West- 799002	(0381) 2208507 swabalamban@rediffmail.com
	<b>UTTARAKHAND</b>			
40	National Institute for the Visually Handicapped	Dr. Anuradha Mohit Director	116, Raipur Road, Dehradun – 248001 Uttarakhand	(0135) 2744491 (0135) 2744578 director@nivh.org





Working with deafblind and multi-sensory impaired people throughout India

## **Resource and Information Unit**

**Sense International (India)**  
2nd Floor, Administrative Block,  
Andhajan Mandal Campus, Opp. IIM,  
Vastrapur, Ahmedabad- 380015.

Phone : +91-79-2630 1282  
Fax : +91-79-2630 1590

**Deafblind helpline**  
Toll free No.: 1800 233 7913