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Please stand by for realtime captions

We will begin in just a moment.

Good evening, this is Randy Klumph again. I would like to go over a few procedures before we get started and then I will hand it over to Sheri Stanger who will do the former -- the former welcome at -- formal welcome and introductions. I would like to remind everybody that this meeting will be recorded, so please be cautious about personal or confidential information that you put into the chat because it will be public for everybody.

Also, if you do have questions, if you could please type them into the chat pod, we will have some folks who are gathering those questions and will respond to them at the end of the presentation.

We can also, during the question and answer period at the end of the presentation, if you want to switch to the phone line and ask your question, you can press star-six to mute and un-mute your phone.

I am going to start the recording. And then handed over -- starts recording and then handed over to Sheri Stanger.

Welcome to that CHARGE foundation webinar. This is a series focused on topics that the foundation hopes are of great interest to those who have CHARGE syndrome.

My name is Sheri Stanger I'm -- and I am the director of outreach with that CHARGE foundation. We are very happy to have you join us as Lauren Lieberman discusses Physical Education For Children Who are Deaf-blind. Dr. Lieberman is a professor in the area of physical education at the State University of New York College of [Indiscernible]. She is the director of the sports camp for children who are visually impaired, mind or deaf-blind. Her area of expertise is inclusion in physical activity for children who are visually impaired -- visually impaired, blind or deaf-blind. She has written books and articles in this area. Dr. Lieberman works with that movement Institute for students -- for studies. This Institute includes research an area of motor development, physical education and physical activity for children with CHARGE syndrome. Dr. Lieberman has had a learned -- a long-standing interest in children with CHARGE

syndrome. She works to make sure that all children enjoy physical activity at her camps and can work to incorporate that into their daily lives.

My daughter it -- my daughter attended her camp for 11 years and I can personally attest to the incredible carrying fun and high-spirited week to which the children and teens are exposed. The camp motto is, believe you can achieve. This webinar will be recorded and archived. Please be mindful of your comments in the chat box. It will be seen by anyone viewing this webinar. We ask that you would please refrain from writing personal or sensitive information.

As you know that CHARGE foundation is a not-for-profit organization for individuals with CHARGE and their families. We work to develop, maintain and distribute information about CHARGE syndrome and to promote awareness and research regarding its identification, cause and management.

Providing webinars is another way that the foundation furthers its mission. If you like what you see tonight and you believe that the work the foundation does on behalf of children with CHARGE syndrome and their families is important , please be -- please consider becoming a member of the foundation or making a donation through our website.

Dr. Lieberman requests that the question-and-answer session be saved to the end of the talk. If you write a question in the chat box, please note that the response will occur during the question and answer period. We thank you for your continued support and for joining us and Lauren Lieberman this evening. Enjoy.

Lauren, I think you need to press star-six to a new your phone -- to un-mute your phone. You are almost there. Let's see, I think I can do it for my and -- might end.

Can you hear me -- from my end.

Can you hear me?

Yes.

I want to thank Randy and Kathy for setting this up. It looks like a lot of the children that are in your families are using intervenes -- intervenors and [Indiscernible] education for education. It looks like we have a variety of ages and that most kids are included in their physical education which is great to hear. Hopefully it is a great setting and working well. Maybe at the end, people can share what is working and if something is not working, I will be able to help you get some ideas to be included better.

So, just an overview of the presentation. I will talk about what is adaptive physical education. Some research results from the things that we did at the CHARGE conference. We will talk about what children should be learning and physical education and how should we train professionals for physical education and what should be included in the training. Also, how do we date -- to children living at home and involved in area -- in every area of physical activity. Then we will open for questions.

The first one is adaptive physical education. I think there is often miss understanding about what adaptive physical education is. Adaptive physical education is visible -- is physical education that is modified to meet the needs of children with disabilities. It can be in a modified environment, segregated class in the community, or a combination. Each child must be provided physical education in the least restrictive environment for them.

Even if they have physical education in an inclusive setting, that is still adaptive. Just so we are on the same page, some administrators think that if it says adaptive physical education on the IEP that they have to be in a separate placement. That is not accurate according to the law and not always the most beneficial to the child.

The other thing that I have noticed is that if a child is in a separate or segregated classroom that they have to go with your peers to physical education. Every child should be evaluated individually on their placement for physical of -- physical education regardless of where they are placed for the classroom.

In New York State, we have 611, 811 and 12 11 classrooms. Every child should be evaluated individually for placement in physical education.

Remember that adaptive physical education is the service provided not the placement. When they check off adaptive physical education on the IEP, they still have to determine where they will be placed. It can occur anywhere. Like I said, administrators did not know this as it related to the law.

If anybody needs tools to help them fight for that child, either their placement or their rights in physical education. There are a couple of sites and statements that will help you. One in the national oldest -- national organization right now is AAHPERD. There is a statement on placement related to the law and it talks about eligibility, referrals and placement and how that should happen with children with physical adaptive -- disabilities. That is one place you can look.

Another statement that we have is related to children with visual impairment or muscle -- or multiple disability and it is through that counsel for [Indiscernible] children. If you go on the CEC website, it is under the visual impairment statement. That is a short statement that does say what the rights of children with visual impairments and multiple disabilities rights are for physical education. Those are some tools that may help people if they need them.

We wanted to find out what is working with children with CHARGE syndrome for physical education and what isn't. When we did the study at the CHARGE conference before this last one, we determined that physical education placement affects children success and parental satisfaction. One thing we found was that when the child with CHARGE syndrome was placed in a separate an inclusive placement, satisfaction was higher. It was because they had socialization and skill development. I believe children need both in order to be successful. The other major finding was that children with a support staff such as a teacher a or peer educator or intervener have more successful experience. Most people have an intervener or para-educator. That is nice to know because that is the type of setting that the parents were most satisfied with.

Is everybody can imagine, children who have CHARGE Syndrome or who are deaf-blind me that one-on-one support. Maybe it is modeling, verbal assistance or physical assistance. Also feedback. Am I doing the skill correctly?

Also we looked at the communication methods used in classes and there was a huge variety of communication methods. What also determined was that the children were most successful when they used the communication that was best for them and the one that they used in their classroom.

We asked about what units they were most successful in. You can see that the parents felt that the children were successful in a lot of different units. They knew what the units were in physical education. There was swimming, scooters, bowling, dancing, T-ball, dancing, rock climbing, floor hockey, field hockey and gymnastics. Those were the ones that came up the most.

The most difficulty that the children had were in fundamental motor skills. I will touch on that a little later on.

What else we know about children with CHARGE Syndrome. We know that they benefit from appropriate placement and one-to-one instruction. That para-educators need to be trained. Actually, later on, we will -- we did a study on what should be including -- included in para-educator training? We need to train the para educator for physical education and we did a study on what that should include. We made a video for the training which I will talk about. That is also an important aspect.

Then also children who are deaf-blind must have specific communication strategies implemented into lessons. Especially children who use sign language, tactile signs or any electronic communication. You really need to think ahead and there are several steps to successful communication. In physical education, you can imagine it is a dynamic environment and you are often in a gymnasium, court, out on the field or in the pool. You need to think ahead about the positioning of the person who is communicating and about skill development. If the child uses their hands, we need to set up very intentional communication as to when they are going to get instruction and feedback and how are they going to fit in the skill in between. That can be a whole another seminar or webinar within itself. There are so many intricate variables that go with that.

If anybody wants more information about that, I have the article and I also have some other research that we have done related to that, after that study was done.

I often -- people e-mail me all the time and ask what is the modified curriculum for children who are deaf-blind. The reality is that children who are deaf-blind have the same curriculum that their same age peers learn. They may need modification for aspects like rules, equipment, the environment or the instruction. But, what they learn has to be the same. They will not be self-determined adolescents or adults if they don't have the same skills as their peers.

I do have some colleagues that think that children have to master each unit before they move on. I point out that it is clear that able-bodied children do not master unit. They don't master volleyball, dance, hockey orphan this -- or fitness before they move on. Why do we hold kids -- kids with disabilities back until they master it. -- Master it?

What ever they can learn with the teaching and the duration of the unit, that is what they will have. At least they will know what their peers are learning and that is what we need to stick with. Every day when I go to schools, I see teachers creating a unit that does not have anything to do with what the peers are doing. It is frustrating because the newly that school year and they do not know the same sports and activities their peers know. It is important that they learn the same things as their peers, but with variation if necessary.

In order to be successful in physical education, most children with visual empire -- impairment and children who are deaf-blind me pre-teaching. Pre-teaching is pretty common in classrooms and in academic passes. I think it is important that we talk about this more for physical education. I know that Pollock or -- con right from the University of Colorado has been doing research in this area. When you talk about a child with sensory impairment, this picture is a gymnastics. If you are doing anything new such as scooters, jump group -- jump rope, parachute or volleyball. It may take a child one or two hours really understanding what that unit is and what the purpose is. What are the names of all of the positions and skills? Because if they walk in there and they are trying to keep up with their peers, by the time they figure out the activity or the skill, their peers are going to be much further along. The unit may be over.

It is especially include -- important in inclusive standings. I have had a lot of discussions about -- with people about this. And like I said Pollock cornering -- Pollock Conroy has been doing a lot of research -- Pollock Paula Conroy has been doing a lot of research.

So, on November 20 were going to start a unit on Scooter hockey. What is a Scooter, what are the goals, when the positions? That is going to take some time. Who knows how to do that? The physical education teacher can do it and the adaptive physical education teacher can do it. I have had many educational mobility and TBI's say they would like to make that part of the lesson and to make it practical and functional.

In some cases, if a professional does not know the score or skill, they may need to be taught ahead of time. Maybe physical education teachers can have a handout of exactly what they want that student to

know. The same stir -- the same terminology is used and I also suggest that interpreters, intervenors and teachers get together so that their signs are consistent across the board.

The intervener, the para educator and in some cases a peer tutor. I have had several cases where the sibling is happy to do the pre-teaching. Maybe to have had that unit before. Maybe they are a year or two older and they don't mind doing that at all.

Pre-teaching is extremely important and needs to be done before that unit starts. The common terminology needs to be shared. I noticed there are many parents, call tonight. I think it is important that the pre-teaching is reinforced by the parents at home, if possible. When you look at the gymnastics unit, you may not have the rings and Matt at home, but if the child -- mats at home, but you can review the terminology at home.

Just because the L&M instructor says that the pre-teaching for one unit may not work for another. You have to do it along the way. That is kind of an overview of the importance of pre-teaching. Especially since so many of our events are in inclusive settings and so many of them also have intervenors and para educators. Everybody has to be on the same page.

Along with pre-teaching I think it is important that we have these tactile boards. It helps the children map out the playing area. The idea is that the tactile board is used at the same time that you were showing the child the field or the court. Here is an example of a baseball one. We have other examples whether it is soccer, volleyball, hockey. We have tactile boards specifically for the pool and specifically for our pool. Pools may be different.

The idea is that you are showing the child the tactile board and then you are walking around the court or the field and you are explaining the positioning and what the different positions are called. You will show where offense and defense will occur and that is a lot more clear to the child.

The cool thing is that right now we have to make these tactile boards. You can see that you would have to make them out of felt and we often make them out of pipe cleaners. Right now I am working with the American printing House for the blind and we will have kids that are be called sport court touch and go. Teachers will be able to order them with the unit that they are working on and then they will have the entire curriculum of sport court so that they can have them for teaching during the unit with the child.

The idea is that it will help the child follow along with the lesson. There will be pre-teaching first and then they will follow along with the lesson. The beauty of it is that their peers will be able to see what they are learning and use the same terminology.

The Sport Court Touching will come with a Matt so the child can feel the positions. It will help out as a kit once they come out. Right now, the tactile boards have to be made by the teacher. The child with the parents could even help make them. It is really helped -- helpful to have the tactile boards because it helps the child to understand where everything is at the same time they are walking around and getting the dimensions of the court and mapping it in their head.

When you are working with support staff, it is really important that they are trained. We have worked as peer tutors, para educators and intervenors and in some cases SS piece. They have to be trained -- SSPs. They have to be trained on the unique aspects of each child and they have to practice the skills that they learn and the activities that they learn. So when the physical education class, they have to be able to know the skills and be able to help teach those skills along with the teacher.

Of course they have to use the appropriate communication mode during the physical education so are the child understands what is going on. I have had cases where people go, the -- physical education is visual and I don't think they need an interpreter. That is not true at all. They want to follow along, understand what is happening and be safe. They need the interpreter with them.

Like I said, appropriate positioning and communication is key. It also relates to safety when you talk about dynamic movement, gymnastic skills, games and rockclimbing and things like that. You have to make sure that it is discussed ahead of time.

The other thing that has to happen is if the professional working with the child is not comfortable, or also does not feel safe, they have to be able to ask for a replacement, or to stop the activity and reposition.

's -- who should be involved in the training. Related to para educators and intervenors and maybe to your tutor, who should be involved in the training and what should be involved in the training? I often

think that the physical education treat -- teacher should be part of the training. Maybe if the parent wants to advocate for the child. But, the child should be part of the training as well.

So, in a study that we did, we had 143 participants and there were parents, teachers, intervenors, para educators, TBI's. We came up with descriptions of what should be involved in the training. The first thing was, what is physical education? Many people may not understand the purpose of physical education.

The second one was the needs of that child. What is their role in the physical will education? Are they in charge of behavior management or interpreting? Are they in charge of giving feedback? What is their role in the setting?

Also, including the teaching techniques. We will go over specific techniques later, but those techniques should be included in the training. How do you give the child feedback? How many times should you have them do a skill before you move onto the next level or skill?

What are some a separate techniques -- assessment techniques question mark how do you know that they have achieved the skill they are working on? Then, what are the behavior needs? These are just parts of the training that should be involved.

What we did was we took the information and we created a training video that is now available on the Perkins School for the Blind website. If you go on to Perkins.org and you type in physical education, it is the second bullet that comes up. It is a video. You can watch the video for free, or you can pay \$25 and get continuing education credit for that.

That is for education teachers, para educators, parents. It is an overview of what people thought was important for physical education training. I hope people can take advantage of that because I think it will emphasize some of these points.

Again, the training with para educators. I use CHARGE Syndrome as the example. Whether it is CHARGE Syndrome or whatever the disability is, they need to know about that. What are the guiding strategies and safety? How do you promote socialization, that was another big piece -- socialization? That was another big piece. Then there is guiding strategies and safety.

I just saw that Randy put the link in for the video and I appreciate that. Please take advantage of that, it is a good resource.

Just to also emphasize that for children of this will impairment, many of you know about the expanded core curriculum. These are the nine components or areas that people in the field deal are necessary -- feel are necessary for the children to learn to be active and involved adult and to be as independent as possible.

I want to emphasize that when you have a well-rounded, well thought out, comprehensive physical education program, it needs every aspect of the expanded core curriculum. Children will not only leave with a better foundation of motor skills and sports and recreation, they will also have more independent living skills and they will have the foundation for recreation and leisure.

They will have many more opportunities for assistive technology. I will show some examples later. Because they are learning all of the units that their peers are learning, they will be more self-determined. With all of the instruction and opportunities that they have, they will be exposed to several more careers than they may have known before. They will obviously increase their orientation and mope already. Their competency to -- immobility. Their compensatory or functional academics. They will also increase their century skills for sure. Then additionally social interaction.

If they are participating in the same activities and sports that their peers are participating in, they have more to talk about and share, and more in common with their peers.

If anybody was -- is interested in more information about the ACC, you can look up -- that ECC -- the ECC, you can look up eccadvocacy.org.

We have also made a big table that you can share with your physical education teachers. If they are not sure how to infuse these components, you can share the table with them too.

This next section, I'm going to share some instructional strategies. I just want to share that this section is part of a motor development curriculum that we have developed through the American Printing House

for the Blind. It helps to increase motor skills for children who are visually impaired and blind. Right now the curriculum is not out yet, but it is about to be sent out for field testing. If anybody works with children 6-12 years old, you could be part of the field testing team. You want e-mail Tristan Pierce if you are interested -- you would e-mail Tristan Pierce if you are interested. I know that we have people on this call from all over the country. It would be great if you want to be a part of that.

The first part is so important. Especially for children who cannot see, it is whole part whole. How do you work teaching components fit into the whole skill. We are going to go over whole part whole and we're going to go over physical if -- physical guidance, tactile modeling, task analysis and communication techniques. As I said, this will all be part of the curriculum through a pH. -- APH.

First I'm going to go over this whole-part-whole. I used to think that I could not teach the whole it but I not -- did not teach the parts first.

I learned about whole-part-whole in my motor development class and motor learning. Sometimes it takes a longer time. If you are going to teach bowling, you have to teach the entire concept of bowling before you teach the parts. Why do I need to bring my ball all the way back and swing it forward? When the child understands how many pins there are at the end and how heavy the ball is and how far away the pins are, I have to be able to feel a pin and understand -- pin and understand there are 10 at the end.

I am taking three steps and I roll the ball and I can hear it and then the pins are not down. It takes a lot of time. With bowling, you may need to teach again all of the component parts. Also is getting the ball, finding placement on the deck and executing the skill. Then getting feedback about what happened and how many do I have left?

Really, you have to do the whole and then teach the parts and then teach the whole again. After you teach the whole, then you have to -- Tristan calls it refinement. Then you do a task analysis to break down what they may not have done correctly and then improve on that.

I will use another example since we had kids 10-12. For example basketball with a foul shot. You don't teach them ready position with their palms up in their hand on the ball and the other hand guiding the ball. What does the whole thing look like first and then where does the ball go and how high is the basket? How big is the rim? It takes time. We had kids climb up the ladder and feel the rim and

backboard to understand how high it is. Now they need to -- than they understand that they have to bend their knees and pushed up. Whole -- whole-part-whole, I cannot emphasize that enough.

With a sport like baseball or soccer, you have to do a verbal or sign description of the whole thing before they can understand the parts. It takes time, and sometimes it takes a lot of energy. It takes people playing the sport and sometimes yelling out where they are or waving a flag where they are and explaining what is going on. But, that is going to teach the child the comprehension of the whole activity. It is not going to make sense if we do not teach the whole before we teach the parts and then put it back together for the whole.

I hope this makes sense to everyone. We have done a lot of research on this and it really helps the child to get what it is.

It also saves investment. Sometimes children are afraid to ask questions and they were -- and they are afraid that people will laugh at them. You are going the wrong way, it is frustrating for kids. I have kids that have quick physical education because they are left out of the loop. This can also be a major part of pre-teaching as well.

When you are breaking the skill down, I think it is important for us to be on the same page. People call this sometimes hand over hand where the child feels the teacher or a peer doing the motion. What is so important is that we all use the same terms. You are talking about the child feeling the person and not only manipulating their hands, but they may be manipulating their had, legs or body. We call it tactile modeling. They are feeling a person modeling the skill.

You have to allow the student to feel the instructor or peer going through the motion that you are asking them to do.

Just to make sure that the child does not feel awkward, I usually put the child's hand where I want them to feel. Then, tell them what you are going to do ahead of time and explain to them what it is, what it is called and what the sign is if the child uses sign. Then explain how the motion fit the larger picture. Here, the child is feeling the instructor doing the discus. Then, allowing the child to try that and to see if they can execute the skill correctly. Then, giving them feedback.

We just did a study using swimming. I think that swimming is one of those skills where the child is most vulnerable because they don't have any clothes on. They are also in a position where they are relying for safety on the person that is teaching them.

What is interesting is that the children chose physical guidance as the method, the teaching method where they learn the most. Where the instructor moves them and puts their body in the motion that they want it to be in.

Physical guidance is where the teacher moves the child to the motion or the skill they want them to do. Here the teacher is moving the child into the diving position. She is not telling the child to put your arms out and leaned over forward. She is not signing the steps for the child to execute the skill correctly. It could just be a On the knee, or -- BA On the knee -- it could just be a tap on the knee. Everything should be documented.

As used doing this picture, the young man in the background, the woman is giving him [Indiscernible] of what he will be doing in the pool. Sometimes it is easier to teach swimming on the deck been in the pool.

The interesting thing also is that we gave the children their preference. We asked them what they preferred. Some kids preferred tactile modeling as a teaching method, but they felt they learn more with physical guidance. Some kids said that it depends on the skill.

The other interesting thing was that because some of the instructors were much bigger than the children and tactile modeling did not work. By the child -- by the time child -- by the time the child felt the end of the leg, they did not see the whole skill. Really, those teaching techniques, the ones that we use the most in physical education, they really need to be vetted and explain to the child and asked the child which way they prefer to be taught.

In some instances where there is a skill with the tempo, or something that moves too fast, it is easier to do one. In some instances tactile modeling is just easier for that skill. But, when the child can have a choice, they should be given a choice.

Then, sometimes parents and teachers will say, I just cannot get my child to. One example is swinging their arms when they run. Running is a fundamental movement and it is the foundation of a lot of sports. If the child cannot run fast or accurately, No. one they may not be very fast, and No. two, their peers may make fun of them.

When we used the hockey check -- the hockey stick and move the child's arms back and forth, it was helpful to learn arm swing. Some kids think the arm swing is out to the side. They're swinging their arms, but it is not the motion that we want them to go.

Another way is to put a small ball under the chest for a push-up. Some kids do not understand a push-up and they arch their back or put their butt in the air. A small ball under the chest -- their butt in the air. A small ball under the chest helps them. These are some of the modifications that are in the video and also in the motor skill curriculum.

Another teaching approach that we use is called task analyzing. We do this all the time. I have seen people do with mobility, cooking, skills of daily living. Breaking down the skill into the component parts and repeating as necessary with specific use. Again, this should be done after the child understands the whole. What is the whole thing going to look like, and now I will do parts of it.

The consistency in each skill that the child is learning with cues, also they have to be universal. The same cues need to be used by the intervener, educator, parents. I know that I sometimes use things interchangeably and the kids would say, I don't get that, it doesn't make sense.

In the same sense, the child also needs to learn what the common names of things are. For example, we were playing the game Showdown. It is called a pocket. When there is a score at the end of the table, there is a pocket pair. I said to the child, you have to keep the ball out of the pocket. The child thought, I don't want it in my pocket. We still need to teach the child the exact words, even though they are confusing or do not make sense. -- Do not make sense to them.

We also need to promote independent movement. Things like treadmills, bicycles, stair masters can also be accessible to children who are deaf-blind if we give them good tactile cues so they can use the equipment. This also helps with the technology part component of the expanded curriculum.

Independent, mobility, technology. Whether it is a mark like this on the treadmill, or braille. These kinds of pieces of equipment need to be made accessible because they are universal ball -- universal. The child is not always want to rely on an adult to help them with their skills.

I was mentioning that we are going to be making a curriculum with a pH -- APH. We made a motor development curriculum. The last piece is the -- the Count Me in kit.

As you saw, the results of the study was that one of the weakest areas for children with CHARGE Syndrome is motor skills. This is such an important foundation. Motor skills are the foundation of fitness. If they killed -- the kids have motor skills, they have more opportunity to pay -- play in sports and to be active.

The components of the Count Me in. There will be a kit for older children and younger children. Then there will be the APH sound ball. It is very loud and even kids who are hard of hearing can hear the ball. There will be a small basketball and a beep T-ball. It will beep and you can hit it with a bat off of the tee. There will be a wiffleball with bells for catching and throwing. Also the 30-love tennis ball is a phone ball that has BBs in it. You can hear that and it also balances. It will be used for catching and throwing. There will be a batting tee, at that and to beanbags. The beanbags can be for throwing. In this particular assessment, they will be right beanbags.

The we 28 orange cones. As you can see, they will be used for this telescoping guide rail. There is a sliding ring that goes on that or a loop of rope. Some kids will use the sliding ring and the loop rope. There will be a carabiner and a 52 foot guide wire for the older children that are 7-12. And the motivator switch at the end, when the child gets to the end, they hit that. There are 12 motivational things to help you keep going. You can use that for any motor skill such as hopping, leaping, running, galloping. That is a wonderful addition to motor development.

Where it is a parent or a motor development specialist or a mobility instructor or physical education teacher. Anybody can use these materials with the curriculum to help children with their motor skills.

I hope that teachers will have high expectations for the children and that they will start life with good motor skills and high expectation for motor skills. So that for the most -- for the rest of their lives they will fill Bill -- they will feel good about running and good about their kick. They will be confident to try

the different skills. That is our hope with this motor development curriculum and that Count Me In kit along with the videos.

Again, here are -- here is some of the modified equipment. There is the beeping ball on the left and the 30-love tennis ball on the right. That is just one of the teaching techniques that we use to teach kids the correct arc for throwing.

The videos that I was talking about. The motor development video will be on the APH website . The training video is already on the Perkins website. The motor development video will not be ready for a while, but when it is, it will be free through APH.

Then, another important aspect is to facilitate movement at home. I think that a lot of people do not realize that kids can get a lot of their foundational skills at home. Also in physical education. Let me talk about physical education first.

For young children, we need to promote movement activities and give kids space and make kids feel safe to be able to move, skip, jump and run.

Scooter boards and learning to jump rope -- by the way, there is also a jump rope kit through APH to help kids with visual impairment or deaf-blind to learn to jump rope.

Parachute is a Safeway to do movement skills. Relay activities against the wall or using a guide wire. Obstacle courses are a great way to get kids to be more confident. I was at his school the other day with impairment and it was very bright with clear boundaries. She had an adaptive PE teacher and a peer tutor with her. She was swinging on a rope, going over a little trapeze, it was great to see.

Dance is another one to promote movement.

Outside we need to expose our kids to playgrounds, parks, pools and two ice-skating, if you have that in your it -- and two ice-skating if you have that in your -- to ice-skating if you have that in your area.

Whether it is in the school, the playground or at home, these are things we can come up with his younger -- come up with for younger children. On the playground, we need to show them where the screenings and the slides and the monkey bars are. If there are tactile cues for the children to get to their favorite places, we have to show them those. Any bridges or rock walls. Of course, we have to ensure that the children know the boundaries so that they stay safe. If there is anything it -- anything that is dangerous, they need to know. They need to know the front of the swings so that they don't walk in -- walk into the swings.

If you have a big wedge bolster, you can have kids rolling down with forward rolls, back roles and log roles. It is a great way to promote movement and not be afraid. The mats are awesome for that kind of thing. You can see those activities and having no set up whether it is in the gross motor room or at home. If you have an indoor recess time, that can be set up in indoor recess as well.

Here is the slide I was talking about. At home, how do we get it -- how do we get children living at home? Parents say they really want their child to be able to play. One parent -- to blank. One parent wanted their child to be able to throw a football. I asked if they had a football and she didn't. That is the basic thing. If you want to throw a foot all or throw a frisbee, you have to have that equipment around your house.

If you want your child to be good at gymnastics, have some mats. The only way they will get better is with repetition, practice and opportunity.

So, in homes, the children can have forts and play polo games. They can have ball rolling contest -- pillow games. They can have ball rolling contest. Therapy balls can be used for exercising, kicking, rolling and upper body strength. They can roll on the ball and use their arms to protect themselves.

Kicking. Of course there is bowling and this is a child setting up the pens and practicing bowling. This helps with motor skills.

In the yard, driveway, kids can practice motor activities. Exploring the garden with flowers and plants and the parks nearby. They can visit neighbors if that is safe and accessible.

Of course, kids love swings. One study that we did several years ago with kids who were deaf-blind , their favorite activities were walking, climbing, swinging and swimming. The more equipment and save spaces -- safe spaces the kids have to move at home, the more they will be able to move and be active.

I also find that kids who move more when they are younger or less afraid when they are older and they are willing to try new things.

The other big point that I want to make tonight is that I don't want to see kids just go through the motions. I see so many teachers -- if the child is deaf-blind and they are swimming, everybody claps. They trap -- they jumped in the pool. But, if they don't have the proper form that is age-appropriate, it is not doing them any favors. I think we should expect our kids to achieve. If you don't know the proper way to kit -- kick, roll, throw or run, then teach them. I know kids who were mad at their teacher or parent because they thought that the way they were doing it was accurate and correct.

A boy said to me, everybody said I did a good job and I'm not doing it right. Nobody told me that. We are not doing our kids a favor by allowing them to do the scale incorrectly.

For a boy -- for a child with cerebral palsy, they may need to move in a different way. For some of the kids with CHARGE Syndrome , they move in different ways and it is actually more comfortable and more successful if some kids might throw backwards. Some kids might participate sitting down. That is okay if that is more comfortable for them.

I can, ask yourself, is this the best that they can do? Can they do it in a proper form? Again, make sure they understand what is the proper form.

Just a few different ways that we can modify different aspects of activities. I am going to go quickly through equipment, rules, structure and the environment. I know that a lot of you may already do this where you will add a sound, texture or brighter balls. You may add softer balls or use balls on strings for kids to play with. I have had some people tie the balls to their wheelchair or walker so that they can pull the ball back after they throw it or ticket.

You may use part -- or kick it. You may use larger balls were bright and tactile boundaries so that child knows where the ending of their game is and the beginning of the next.

I have been an expert witness on some cases where all they needed to do was put cones between the activities -- cones between the activities and no one would have been hurt. The child needs to know where their activity ends and where the hallway starts.

We can change the height of the basket, or we can move the goals closer together. How can we modify equipment? This is a picture of archery where we put balloons on the target where it is brighter and more auditory. Children can increase success and it is good feedback.

In this day and age, we are fortunate in that we can actually order equipment or buy it at Target that have some of these aspects and we don't have to make it ourselves or spend a lot of extra money on these modifications.

Modifying rules is difficult for kids with disabilities in physical education and adaptive physical education. I suggest, especially the first day of the unit, have them play a game or sport within an intervener, aid or peer tutor. That falls off the tee as opposed to a page. Evening came -- -- a pitch. Even in a game like hockey or soccer. We will have kids play a game with no defenders, like basketball. It makes it easier to participate.

When playing a game like soccer, hockey or basketball on scooters or carpet squares, that can slow down the game a lot for some kids who might need some time.

You can modify the environment. You can make clear boundaries and some children may need the lighting to be changed. You can decrease excessive sound. We always debate whether the hearing aid should be on or off, because sometimes they are lost without the hearing aid. When you take the hearing aids off, they are lost, but if you take them off, it is too noisy. Happily decrease the excessive sound so that they hear what they need to hear. -- How can we decrease the excessive sound so that they hear what they need to hear?

Then use a multisensory teaching approach. Maybe there could be footprints from station to station or ropes. What is going to make the child understand the skill or activity the best? What will help them be the most independent and safest for that activity?

I also think it is important that we promote role models. I can name tons of people who are deaf-blind who are doing amazing physical activity. Some people may know [Indiscernible] who is as triathlete. There is Cody Colchado who is a Paralympic power lifter. He has a website and he is awesome. He does a lot a -- a lot of motivational speaking and he breaks the boat -- breaks the board for self-defense.

I think kids should have role models with sensory impairment. If anybody is interested, I am just finishing up a book called Possibilities, Recreational Experiences of People Who Are Deaf-blind. . Cody Colchado Wrote one of the chapters. They are not all elite athletes, but they found a way to be successful athletes and it is an expiring book -- inspiring book.

I think it is important that kids share their successes with their classmates and neighbors and friends. I think that a lot of people in the community do not know what the possibilities are for people who are deaf-blind. I think we should share what our kids are doing and celebrate their accomplishments.

With that, I want to also say that we should promote the full potential of each child. If we were together, I think we can all do that. If anybody has questions, I would be happy to answer them.

Lauren, this is Kathy McNulty. I am checking out the chat box and there are no questions yet. I have one or two if you would not mind me kicking off. My first question is, when you first started, you are sharing data that you got from your research about time in segregated settings versus inclusive settings. If you could talk a little bit more about that. Did your data show that one setting mated -- needed more attention than another, or was it totally child dependent?

That is a good question. I know that some kids really need to be in a segregated setting, and that was fine with the parents. I noticed that the children who were just in the separate setting, the parents wished the children would be more saddle -- social. For the kids in the inclusive setting, the parents felt they needed more time to build skills.

I noticed that the parents were most satisfied when they got both. Where the child to be in a separate class and work in the -- work on the skills and then be in an inclusive class and work on friendships and relationships. It did not matter that the child was in a separate setting in the class, or the inclusive setting for the academic class. When they went to physical education, it seemed that parents wanted them to have both. One parent called it the best of both worlds where they could learn the skills and

really be able to improve. The rates that some of the kids learn is lower than their peers. They cannot learn at the rate they needed to learn the skills and be social at the same time.

Very helpful.

Lauren, I am noticing in the chat box that Ben has a question. I am going to try to highlight the question. If a student with CHARGE is overly aggressive and we want to decrease that, what is your advice?

We have multiple questions, but maybe we can start with that first.

I guess my question is, does he have communication? Maybe the aggression has to do with what he wants or needs.

He goes on to say that right now aggression, defiance and possessiveness are issues. Only he can have the ball. We use picture communication system.

I see. So, he does have some communication.

Yes.

One boy that I worked with, they put -- they took his communication system from a book and put it on a wall so that he could see everything at once and could quickly see what he wanted. That decrease to the aggression a bit. That is one suggestion. Maybe making the communication a lot more accessible.

I am seeing this, only he can have the ball and we use pictures. The other thing that I noticed, especially for adolescents. I noticed that when kids are adolescents and really need to get out their energy with swimming, walking, jumping on a trampoline, sometimes that helps kids calm down. Maybe giving him a choice of activities that really increases energy expenditure might help as well.

There was also a specific question about how to help his son float in the water? They had tried modeling, as you have mentioned, that he is asking what else can be done to support that activity?

I usually use pool noodles or a belt that goes around your waist for floating or lifejackets.

Sometimes starting off with the sensation of floating and that it feels good. I don't see any problem with using flotation devices at the beginning. If he learns to swim with the flotation device on, that is fine too.

I see a few people are typing. Lauren, with your permission, if I could just comment. Your whole piece on not be afraid of movement and the whole-part-whole , I think it is just such valuable advice. You know that I am housed at the Helen Keller National Center , so I see many adults who are deaf-blind. The current issue for adults is a recreation and leisure activities that an adult can participate in. I think a lot of your message, if we could get that with youngsters, that would just become a part of their life I would just add to their over all quality.

I don't know if you have had comments on that and how part of the transition plan and how foundation -- how they can be a foundational piece for adult life.

Actually, I was just at the New York City AER conference this past week. There was a seminar on deaf-blind and planning. The topic went around and around, but nobody talked about the recreational piece. Unfortunately, I think so many people who are adult are unemployed. I am not saying to plan for that, but even if they are employed, they still need quality recreation and leisure to improve quality of life.

You can -- you cannot have all of your friends on Facebook and never gets to interact with and see people in a meaningful way. It is important to have outlets that are functional and healthy to deal with peers.

But if you don't set the foundation. Maybe an outing. But some people don't feel comfortable with light and balance. But, if they have learned that someone can walk in front of me and I can go out with my friends. I can walk next to somebody which is some balance support. They just need that experience and exposure to learn how they can experience different types of recreation and leisure.

Right, good point.

I just noticed that Stephen has asked a question about background noise and how to reduce it? I guess he is asking how to reduce it in a PE setting.

That is a good question. I know a lot of kids that I work with take their FM off. Unless they are really good digital hearing aids, they cannot get rid of the background noise for physical education. I don't know if there are new systems that can do that. But, when you are in PE, it is loud.

Okay, those are things we need to explore further. Deb has a question. She says in my school district, a PE is provided as consultation only. She is not a PE teacher, but wonders how to make this more successful for a student that has CHARGE Syndrome.

This is a loaded question. Every physical education teacher has to have a class, at least one class on adaptive physical education. So, the general physical education teacher should be competent and confident in teaching children with disabilities.

The consultant can come in, if that district has a consultant, they can come in and help the general physical education teacher with assessment, modification and even possibly with the teaching.

The physical education teacher has to figure out how they can ensure that child is successful in physical education. Unfortunately, some physical education teachers with one class, it is not enough to build that efficacy for teaching.

We are doing a study right now on the self-efficacy of students in our program. Before they get to teach a student, their efficacy -- their self-efficacy will be low. That teacher has to jump in and try modifications and ask specialists, parents and intervener what they need to do to make the child successful.

They cannot be afraid of the child getting hurt, or somebody getting mad at them. They have to try.

Some PE consultants to the triage model where they might come in -- APE consultants to the triage model where they come in at the beginning of the school year. The teacher should not be dependent on the consultant because this -- the consultant has others to work with. The consultant is to empower the physical education teacher to teach without them. That empowerment will not work unless the teacher takes the steps and tries.

The more they teach children with disability, the self-efficacy goes up. Research has shown that. Nothing changes until you teach children with disabilities.

Lauren, I think you have touched on some of the information that then is looking for -- Ben is looking for related to the para-educator and lack of training. We often find it among educational personnel working with deaf-blind . What advice you might have if someone were to go to their administrator with that issue? What are some specific recommendations that you might have?

Actually, that is a great segue. I edited a book called Para-Educators in Physical Education. It is a whole book with physical education training using human Connecticut -- kinetics. If you use that book for the training, the book is for the para-. If they watch the training video through Perkins, Those Together Will Give the Foundation for -- those together will give the foundation for physical education. Again, it takes time. Usually the training is done at the beginning of the year or during super and -- during superintendent days.

You have to ask ahead of time if you want specific training for para-educators. I don't know what state that Ben is then. They had tried to save money by not training. Educators and there have been negative consequences -- training para-educators and there have been negative consequences as the result.

They may not do it at the beginning of the year, but they can do it during superintendent days. I remain - I recommend using the book and the video. The book has a lot of different chapters and you can pick and choose the chapter that you want to focus on. It could be modifying activities or assessments. The beauty of the book is that it comes with a DVD that the teacher can use for the training. The book is for the Paris and the DVD is for that -- for the para-educators and the DVD is for the teacher training the Educators.

That is general and not specific to any disability, but you could use the video to complement.

Tracy followed up with a question related to Ben's or Stephen's. If they were to pursue and get the med -- and get the book that you mentioned, there would be some strategies to get the by and and how to perhaps influence what is happening in the PE setting?

Actually, we got the grant to write the book because of the no Child left behind act. It requires continuing education credits for teachers and para-educators. All para-educators need to have continuing education credits. So, what we did was we offered -- you can get continuing education credit for taking the training.

The other beauty of it is the training. The other benefit is that for \$25 you can get continuing education credits. [Inaudible - static]. If you take the pretest and posttest, they are more likely to pay attention if they are going to get continuing education credit.

Right.

There are more questions coming in. I think Ben answered your question that he comes from the state of Delaware. That state does not currently recognize intervenors.

Then there is a question about not being a T -- a PE teacher and teaching PE. It is difficult to make it work. Where'd you get ideas? Otherwise, I focus on recreational leisure activity.

If it is in physical education, the children should be learning. They should be learning what their peers are learning. If it is not in physical education, then I think I would make sure that the children learn -- I would emphasize what the peers are learning. I guess I would emphasize lifelong activities. If she is not a PE teacher, I don't know what her job is, I guess it depends.

Sheri , I know that you are happy me track these . There is another one from Stephen Burgess. I often have to explain that I am advocating for adaptation or modification. I get, you are being overprotective and to let him do it on his own.

I want to say to Stephen -- I often asked the child -- sometimes when you teach the whole, the child will hopefully understand the whole skill and what the traditional [Indiscernible] or equipment is. I will ask the child if they want to use a different bracket or ball? What is interesting is that younger children don't mind and would rather be successful. They would rather look different and be successful. When you get into sixth-eighth grade, the kids want to fit in. The kids will say, I would rather fail and do what everybody else is doing. You have to honor that.

So, I think you have to say, what is the activity, the goal and what is the child want? There have been a lot of variables within that. I think it is an issue where if it really is unsafe, like it sounds it might be here for Stephen, you may need to use modified rules or equipment. But, if it is about performance or about sitting in, I think you need to talk to the child, if that is possible. Does that make sense?

Yes, I do. He also added that he is told that he only needs to intervene for safety issues and not to support the skill. I find this strange.

So, he is an intervenor? I thought he was apparent. -- Eight parent -- -- a parent. He wrote --

He wrote EA next to his name.

That is educational assistant.

I think if Stephen sees a dangerous situation that he should speak up. That is what I am saying. If he is not there to protect the child, who is going to? That is like I said, some of the court cases that come across my desk are not happy ones. They are the ones where the para-educator or the educational assistant is not paying attention or does not know what they are doing.

I think that if he thinks it will be safer and that it will be better for the child that is fine.

I'm sorry, I thought he was apparent asking an opinion -- a parent asking an opinion.

What are the best sports for kids with dual sensory loss?

If you are talking about an elementary child and what they have been exposed to? You cannot say they won't be successful when they have not been exposed to anything.

When you look at the curriculum, what are they learning? An elementary school, we mostly do movement concepts. You will see kids learning different object control skills and motor skills. People all learning high, medium and low skills. They are learning about directionality, ladder rally, scooter board, - lateral, scooter board, jump rope and dancing. Those are all great activities. What can my body do? How do I move my body? What does fast, slow, I am low mean? -- Hi and low mean -- high and low mean?

You will hear kids say, I used to do that but I don't do that anymore. They are nine years old, but I think they have to be exposed to everything. You cannot say if it will be good or bad until they have found a -- foundational movement and concepts. Until they know their body and they try different activities and different things at different speeds.

Unfortunately, so many kids are left out of some of these basic activities and they never feel good about their body or the way they do things.

I have some kids -- you said some great things about camp ability. I have some kids that are 8-10 years old that say they are not good at basketball and they hate that. I say, they were not taught the right way.

At Camp Ability, they know where it fits into the whole thing and they love it. I think that is the problem, sometimes people do not take the time to make sure they have the foundation skills and learn correctly.

[Indiscernible - multiple speakers].

So long answer short. They should learn everything and don't cut out anything because you think they are not going to be successful. How do you know they will be successful until they try it and learn the foundational skills. -- Skills?

I don't see any more questions. Although there was a comment from Deb who said that Camp Ability is a great place for children to learn sports.

If there are no additional questions, maybe we will go into wrapup mode. I see that someone is typing.

All right.

Maybe not.

Lauren, I had a quick question. You mentioned the motor development curriculum and the Count Me In kids. Will that be easily attainable by a parent? Were they just contact APH to get that? Do they need to go through their school district?

That is a good question. I just want to add something now that you are talking about that.

How it will work is that the school district has to order it. If the school district thinks that something is important for the child, they will order it. I also found out that if the school district has enough money, they can get one for school and for home. Where available, you can get two motor development curricula. If they need one at school and the parent wants one, they can order one too.

I also want to share with everyone that since we are talking about elementary age kids, through APH , we created a book called Everybody Plays. It is for elementary age kids and their peers that are deaf-blind. How the kids play soccer, gymnastics, jump rope and basketball? It shows kids that are deaf-blind at different ages playing sports with modifications. It even shows baseball, swimming, there are a lot of different sports that are in the book. I think that when you are talking about young kids and if there peers accept them or not, the idea is for their peers to see them as athletes.

The other thing it shows is that parents, teachers and para-educators playing sports. There is a dual purpose there.

It also comes in large print and braille.

Okay, it looks like two people -- here is a question. What does APH stand for?

The American Printing House for the Blind. If you go to www.aph.org and type in physical education, there is a whole website with a lot of information. If you click on products, there are a lot of products related to physical education.

There is one more question from Ben. When you take one more question?

Yes.

Which you say it is good to have the paraprofessional in a PE setting? They have a paraprofessional now with no training on this specific area and lack of ability to manage behaviors. I have an issue. I am wondering what you know of laws for interveners because I am told the Delaware does not recognize them, and perhaps you know a starting point or me.

Even if they are training a para-, I don't think they would understand the needs of a child with -- that is deaf-blind in physical education. On the flipside, I don't know if intervener training includes physical education either. Maybe that person knows blindness and instructional strategy, but they may not know physical education. Will it be safer? I don't know. I think it depends on their training.

You have to educate the school district and the physical education teacher if you do want to have an intervener. Even if you got somebody training from another state like Utah or let's say Minnesota. If you have an intervener, I think a lot of people had to be trained about how to use an intervener. I think it would be good to have an intervener if they were trained for physical education, it would be safer. There are a lot of variables that have to fall into place.

I also think a good place to start is the Delaware Deaf Blind Project if you have not are be done that.

Deb wrote that the Minnesota Deaf Blind Project is implementing physical education in their intervener program.

That is great. Maybe all the intervener should come from Minnesota then.

It looks like someone is typing. I am training as an intervener and I am a PE teacher and work with adaptive PE.

That's awesome. Maybe you should tell the state that you are in so that they can [Indiscernible].

British Columbia, Canada.

That is wonderful.

Kathy, should we give it a moment? I see multiple attendees typing.

I think so. We are also at the Sheri our , -- at the witching hour, Sheri . We need to give it up.

There are just a couple with comments.

The last three are comments are not questions. People can read.

I agree with Ben, and you can request that she at least come in and consult with physical education to make sure they are doing everything appropriately.

Okay, shall we wrap it up?

Yes, I think so.

I really want to thank Dr. Lauren Lieberman for spinning her Sunday evening with all of us tonight. For sharing on this very important topic of physical education for children with deaf blindness. Please look for the next webinar which will probably be out in February or March. Thank you for joining us and for your continued support to the CHARGE foundation.

Thank you everybody for attending and I hope I see everybody soon. Take care.

Thank you Lauren, take care.

[Event Concluded].