



**Special House Commission to Promote and Develop a
Comprehensive System of Education for
Visually Impaired Children**

The Final Report

November, 2005

The Final Report

of the

Special Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children

Representative Eileen S. Naughton, Chair
Paul G. Loberti, Jr., MPH, Vice Chair
Donald D. Deignan, Ph.D., Secretary

Vision without action is a daydream. Action without vision is a nightmare.

- Japanese Proverb

Thank you to all Commission members, group participants and special individuals for your tireless service, devotion, dedication and passion for all blind and visually impaired children and adults. Our accomplishments have been achieved through the advocacy of this Commission because of the graciousness and generosity from the Speaker of the Rhode Island House of Representatives, William J. Murphy; the Departments of Legislative Research, Legislative Council, Legislative Press, Legislative Data, and the Office of House Policy under the supervision of Speaker Murphy; Senator Daniel J. Issa, Chair, Senate Committee on Education; Rhode Island Parents of Blind and Visually Impaired Children; Rhode Island Department of Elementary and Secondary Education; Rhode Island Vision Education Services Program; Rhode Island Department of Health; Rhode Island College, the Paul V. Sherlock Center on Disabilities; Rhode Island Department of Human Services, the RI Services for the Blind and Visually Impaired and the Early Intervention Program; Governor's Advisory Council for the Blind; National Federation of the Blind of Rhode Island; TechACCESS of Rhode Island; Saving Sight Rhode Island; IN-SIGHT; Rhode Island Optometric Association; Rhode Island Medical Society; Rhode Island KIDS COUNT; Ocean State Center for Independent Living; Rhode Island Certified School Nurse Teachers, Inc.; Perkins School for the Blind; University of Massachusetts Boston; National Association of State Directors of Special Education; National Education Association of Rhode Island; Rhode Island Federation of Teachers and Health Professionals; Rhode Island College Chapter of the American Federation of Teachers, Local 1819; and, Rhode Island Lions Club District 42. Also, a special acknowledgement to individuals who assisted in the writing, editing and review of the Report, especially Emilie Joyal, Kathleen P. Leonard and Lisa Savickas. To all, thank you!

Printed by the Legislative Press Bureau of the Rhode Island General Assembly. An electronic version of this Final Report and the Interim Report are accessible through the Commission's website available from the homepage of the General Assembly's website at www.rilin.state.ri.us or by contacting the office of Representative Naughton at (401) 222-1717.

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EXECUTIVE SUMMARY

On April 10, 2002, the Rhode Island House of Representatives, by means of *House Resolution No. 164*, created a Special House Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children. This Commission, under the Chairmanship of Representative Eileen S. Naughton (D-21, Warwick), issued its "Interim Report" to the Rhode Island House of Representatives on March 31, 2004. That document is incorporated herein by reference. The present publication represents the "Final Report" of said Special House Commission.

Readers who compare the Interim and the Final Reports of this Commission will realize that a great deal of progress has been made toward the completion of our original purpose. Many of the recommendations made in the Interim Report have already been implemented or are well on the way to being accomplished. One of them, however, remains to be addressed. The Commission believes that the Rhode Island Vision Education and Services Program (RIVESP) Advisory Board, called for in the Interim Report, should be established in law by the General Assembly, with input concerning its final composition coming from this Commission. In addition, the Final Report contains a number of other recommendations that call for prompt action by the various agencies within State Government which are responsible for various aspects of programs and services provided to blind or visually impaired infants, toddlers, school children, young adults, and their families, in Rhode Island.

The Commission has been instrumental in preparing this document through a series of workgroups, full Commission meetings, and various ad hoc working meetings. Each Commission member, as well as countless others who have diligently attended meetings and contributed to the process in many ways, need to be commended for their fine efforts.

When adopted and implemented, the Commission's proposals and recommendations contained herein, will make access to RIVESP fair to all school districts; and each blind or visually impaired child, from birth to 21 years of age, will be enabled to achieve his or her maximum potential in their academic, community, and employment endeavors. Finally, the Commission hopes that the flexible and innovative format of the Final Report will give it a long "shelf-life" and make it a valuable and informative resource for years to come. The next steps are just as

essential as this report. Specifically, we as Commission members see many possibilities for follow up of this document. One significant and immediate next step is for each state agency responsible for implementing educational and/or service related programs/activities for persons who are blind and visually impaired, to develop work plans that focus on the activities and measurable outcomes of their programs. In the coming months, we trust that this next step will be expanded to include professional standards, based on the Rhode Island Agenda found herein, as well as numerous policies, procedures and even additional regulations/laws that essentially meet the initial task of this Commission, that is to say to *promote and develop a comprehensive system of education and services for blind and visually impaired children, infants, toddlers, school children, young adults, and their families, in Rhode Island.*

PART I:

INTRODUCTION

BACKGROUND OF THE COMMISSION

In response to parents and other advocacy groups who testified on March 13, 2001, at a House Finance Committee hearing, Representative Eileen S. Naughton, Commission Chair (D-21, Warwick), Representative and House Finance Committee Chairman Steven M. Costantino (D-08, Providence), the late Representative Paul V. Sherlock (D-30, Warwick), Representative Arthur J. Corvese (D-55, North Providence) and former Representative John H. Maher (D-96, Portsmouth, Middletown) introduced into the Rhode Island General Assembly a House Resolution "Creating A Special House Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children" (Resolution No. 164, 2002 Local Acts and Resolves). The Commission, comprised of thirteen appointed members, included a member of the Rhode Island House of Representatives, to be appointed by the Speaker of the House; the Commissioner of Education, or designee; the Director of Human Services, or designee; the Director of the Rhode Island School for the Deaf, or designee; a School for the Deaf vision educator specialist, to be appointed by the Speaker; a representative from the public school system, to be appointed by the Speaker; a representative from IN-SIGHT, to be appointed by the President of IN-SIGHT; a representative from the Governor's Commission on Disabilities, to be appointed by the Commission Chair; one ophthalmologist, appointed by the Rhode Island Medical Society; one optometrist, appointed by the Rhode Island Optometric Association; and two parents of visually impaired children, to be appointed by the Speaker. As the Commission evolved, it became necessary to amend House Resolution No. 164 in order to update the Commission's membership. Subsequently, through the May 18, 2004 passage of House Resolution No. 262 (2004 Local Acts and Resolves), the following appointment changes were made: the Director of the Rhode Island School for the Deaf was replaced by the Director of the Paul V. Sherlock Center on Disabilities, or designee; the Director of the Rhode Island Department of Health, or designee was added; the vision educator specialist from the RI School for the Deaf remained on as a member with the requirement of being from the School for the Deaf removed; and lastly, the appointment of a representative from the Governor's Commission on Disabilities was amended to a representative from the Governor's Advisory Council for the Blind, to be appointed by the Council President.

The Commission's members were ably assisted by a number of legislative support-staff persons. The body selected Paul G. Loberti, Jr., a parent, as Vice-Chair, and Dr. Donald Deignan, Chair of the Governor's Advisory Council for the Blind, as Secretary. The members met frequently to discuss in-depth, a wide range of issues relating to the educational and ancillary needs of Rhode Island's blind or visually impaired students engaged in learning at the pre-school, elementary and secondary levels. All Commissioners soon realized that the variety and complexity of questions before them would prevent the group from issuing a "Final Report" in the time initially allotted by the General Assembly. Accordingly the Commission's life was extended and an "Interim Report" was issued before the body's original mandate expired.

THE "INTERIM REPORT" AND ITS STANDING

On March 31, 2004, the Commission issued its "Interim Report," containing their preliminary findings and recommendations to date. For purposes of convenience, that entire document is

incorporated herein by reference. This means that, unless otherwise specified, all the prior findings, recommendations and text of the Interim Report, and its supporting documentation are accepted as a valid foundation for the "Final Report" document.

FORMAT OF THIS "FINAL REPORT"

The Final Report is intended for review and use over a relatively long period of time by a number of different audiences, from widely varied backgrounds and areas of expertise. Therefore, the format deliberately blends together narrative sections and sections that appear as tables and matrices. Readers will be able to find and turn immediately to relevant information, presented in the manner and format they find most useful.

It is hoped that through the narrative approach, readers being exposed to this complex material for the first time, will be better able to appreciate the development of concepts, ideas and issues discussed in this document, in a coherent and logical way. At the same time, the sections depicted in table or matrix formats are intended to provide other readers—already familiar with technical pedagogical/special education processes or professional background information—with immediately helpful material, which they can find and use at a glance. It is important to note the Narrative is a summary of the more detailed Table. The "FINAL REPORT" will be successful if the combination of words, diagrams and charts contained herein, serve equally well for years to come, as both an informational resource and a quick reference guide for all who are interested in the past, present and future of Rhode Island's blind and visually impaired students at the pre-school, elementary or secondary levels.

PROGRESS MADE SINCE RELEASE OF THE "INTERIM REPORT"

The Interim Report stated eight (8) comprehensive "Recommendations" concerning current and future vision services programs and needs in Rhode Island. The text of these recommendations, taken directly from the Interim Report, is reproduced below, for the sake of convenience and easy reference. The first three Recommendations are found in the "Executive Summary" of the Interim Report while the next five are taken from "Section VII: Additional Recommendations/Action Steps" of the same document.

- 1 (A) **Interim Report Recommendation:** An administrative decision to move the existing "Vision Services Program" from its current location at the Rhode Island School for the Deaf to the Paul V. Sherlock Center at Rhode Island College should be made without delay and the name should be changed to the "Rhode Island Vision Education and Services Program" in order to reflect their enhanced role.
- (B) **Progress:** The vision program was moved to the Sherlock Center in the summer of 2004. Since then the name has been changed to reflect the recommendations of the Commission. It is now called "The Rhode Island Vision Education and Services Program" (RIVESP).

- 2 (A) **Interim Report Recommendation:** The newly reorganized and centralized Program should be fully funded and appropriately staffed by specialized professionals, as established by National Guidelines, so as to meet the immediate educational needs of all currently underserved or not served blind and visually impaired students in this state. Necessary fiscal, recruitment, and training mechanisms should also be put in place now, in order to accommodate the anticipated increase in the population of students who are blind or visually impaired.

- (B) **Progress:** In fiscal year 2003-2004 the state budget allocated funding for a full time position to coordinate RIVESP. A *revision* of the Rhode Island Agenda has been incorporated into this Final Report and that will essentially guide the standards for the profession. Fiscal, recruitment and training mechanisms have been addressed in various ways. Specifically, the 2005-2006 state budget provides for 4 additional Full Time Equivalents (FTEs) for RIVESP. Recruitment efforts to hire additional vision educators have resulted in one additional employment with others anticipated before 2005 is over, and training opportunities have been offered to teachers of the visually impaired. Rhode Island has a formalized agreement with UMASS Boston, an accredited training facility, that prepares professionals as TVI and/or O&M Specialists. LEAs participation in the RIVESP is voluntary. Several LEAs have agreements with RIVESP and several other LEAs are working on them. A census and an assessment of service needs were taken by RIVESP. The ability and capacity to deliver Braille and other instructional materials in a timely manner in the LEAs was reviewed. The Rhode Island Braille Transcription Center (BTC) provides limited materials in literary (e.g. texts, workbooks, trade books, etc.) Braille only. It does not provide Large Print or transcribed materials in Nemeth (math/science), foreign language or music. The BTC does not adapt the full range of materials, including early childhood developmental materials, maps, diagrams, etc.

A statewide instructional materials accessibility system needs to be developed in collaboration with RIVESP and the American Printing House for the Blind, and must be consistent with the Instructional Materials Accessibility Act, IDEA 2004 and NCLB, ADA, Acts, etc.

- 3 (A) **Interim Report Recommendation:** An Advisory Board should be created by statute to oversee and monitor the ongoing work of the Rhode Island Vision Education and Services Program. This Board should be comprised of individuals representing parents of blind or visually impaired students, government officials from the relevant state departments, programs and agencies, private non-profit groups with expertise in the field of blindness and/or visual impairment, and blind and/or visually impaired adults with real-life experience in the present service-delivery and educational systems.
- (B) **Progress:** The Department of Education created an interim Advisory Board to develop recommendations to the Commission. Further meetings will continue refining the Advisory Board. The Commission is currently discussing the board's membership, authority, mission and long-term charge with plans for implementation of an Advisory Board in 2006.
- 4 (A) **Interim Report Recommendation: Surveillance/Data:**
The ever-changing population of not served/underserved blind or visually impaired children (birth-21 years) should be definitively quantified and their categorical needs should be identified and assessed. A fully functioning database classifying vision conditions/disease (incidence/prevalence) as well as visually impaired/blind student information needs to be established and maintained.
- (B) **Progress:** In the 2003 session of the General Assembly, 2003-H 5389 Sub B, sponsored by Representative Naughton, was enacted on July 7, 2003 as Chapter 116 of the 2003 Rhode Island Public Laws. It established the Rhode Island Birth Defects Surveillance and Information System. The RI Department of Health (hereinafter HEALTH) was charged with implementation and management of the Birth Surveillance Registry. The Departments of Education and Human Services are working on better tracking of infants, toddlers, children and young adults in the system. Plans to integrate the Birth

Surveillance Registry have been proposed. Specific discussion regarding census data regarding the number of infants, toddlers, children and young adults receiving services, and/or not receiving services is underway. Representative Naughton has sponsored 2005-H 5182. The Bill was enacted on July 19, 2005 as Chapter 382 of the Rhode Island 2005 Public Law and will become effective on January 1, 2006 as §16-21-14.1 of the Rhode Island General Laws. The law will establish a vision testing and reporting program for children ages three to six. This program will be developed by RIDE and HEALTH with assistance from medical experts. Professional eye care providers will provide continuing education classes to ensure standard testing and training by all participants. The law requires the Commissioner of Education to report to the General Assembly by March 2007 and every three years thereafter. The report shall include, but not be limited to, an overview of policies and programs; an analysis of the effect that vision testing reports have had on improving education for children; the comprehensive statewide vision education and services program; and recommendations.

5 (A) Interim Report Recommendation: Fiscal

- Existing financial resources, dedicated to any aspect of vision services, should be pooled, whenever possible, and/or coordinated under the central authority of RIVESP so as to derive optimal benefits.
- Creative ways of finding and combining additional financial resources for vision education and related services should also be explored by Executive and Legislative branches of state government.
- Ongoing solicitation of private/public grant monies should be an integral part of the program and of the development goals for the Sherlock Center.

(B) Progress: The notion of pooling financial resources has been discussed and there are many state procurement and fiscal limitations that may not make this possible. State agencies at the table have been able to speak about these limitations and are dedicated toward an integrated and efficient utilization of staffing resources and other resources to make this a more comprehensive and effective delivery system. Creative ways of finding additional funding is obviously being done and the addition of four FTEs in the 2005-2006 state budget is indicative of the commitment. Applications for private and public monies will enhance the program and with the release of this Final Report, we hope to interest benefactors and additional prospective funding sources.

6 (A) Interim Report Recommendation: Authority

- The RIVESP Administrator should be given sufficient flexibility and authority to enable him or her to acquire, employ and allocate the required numbers of FTEs, Teachers of the Visually Impaired/Orientation and Mobility Specialists, to meet the current and future needs of the population to be served.
- Union Rules and State Personnel caps should be modified, through negotiation and consensus building, to accommodate the primary interests of the children concerned.
- The RIVESP Advisory Board, in partnership with the state, should assume a collaborative advisory capacity to better execute the goals of this program.

(B) Progress: The Sherlock Center has been successful in hiring a coordinator FTE for vision education. It is expected that the ability to hire additional critical staff will not be met with barriers. Unions have been cooperative with the move of employees to the Sherlock Center and future discussions regarding professional and para-professional union related issues are anticipated. As mentioned earlier there is an Interim Advisory Board. The Commission will finalize the recommendation for Advisory Board in 2006. It is a central

point that it serve in an advisory capacity and ultimately share a partnership role in monitoring the Final Report's goals, and to continue to improve the vision for a comprehensive system of education and services for the blind and visually impaired children.

7 (A) **Interim Report Recommendation: Marketing/Outreach**

- Once in operation, the RIVESP should be publicized aggressively through the electronic and print media, as well as via all its "shareholders."
- Outreach, information, and referral efforts should be ongoing. All materials and information should be culturally and linguistically appropriate, in order to reach members of non-English speaking families and immigrant communities.

(B) **Progress:** As a result of moving RIVESP to the Sherlock Center many positive elements associated with this initial marketing recommendation have been realized. Certainly, a specific focus to develop a marketing plan of action should be considered for RIVESP, so that specific materials related to this Final Report are distributed statewide and utilized by a diverse audience.

8 (A) **Interim Report Recommendation: Maintenance/Evaluation**

The state along with the RIVESP Advisory Board shall create an ongoing review and monitoring of all critical components of this plan to insure the implementation of the standards associated with this program and to assure overall quality of education and services.

(B) **Progress:** The Rhode Island Agenda is found within this report. That agenda is very specific as to the goals and strategies associated with the implementation of the educational and service components found within. As a result, we are confident that ongoing review and monitoring of all critical components of this plan, to insure the implementation of the standards associated with this program, and to assure overall quality of education and services, are intrinsic to this process.

It is recommended that the Rhode Island Departments of Human Services, Health and Education work through RIVESP to collaborate to maintain a database of all children who are blind or visually impaired residing in Rhode Island. A combination of the RI Birth Surveillance Registry, SBVI registry, which includes demographic information along with documentation of visual impairment, RIGL §16-21-14.1 reports, and the RIVESP database, which includes additional information for use in program planning, will act as the base of this information system. SBVI's registry is based on the mandatory reporting law (RIGL §40-9-15) and the charge to maintain a statewide registry of all individuals who are blind. RIVESP's database includes information that is provided to the American Printing House for the Blind, and is also mandated by law.

Updates to this combined, centralized data registry will be provided on a regular basis in order to maintain current statistics that can be used to identify needs for program planning. The registry may be modified to collect additional information in order to track critical, longitudinal outcome measures along with other information deemed necessary in order to plan accordingly for the quality education of children who are blind or visually impaired.

KEY CONCERNS AND COMPLEMENTARY METHODOLOGIES

The totally blind, legally blind and/or visually impaired young people with whom this Special House Commission has concerned itself since the Commission's first meeting on February 3, 2003, fall into five categories:

- (1) Infants and toddlers requiring early intervention services;
- (2) Pre-school children;
- (3) Elementary pupils;
- (4) High school students; and
- (5) Young adults making the transition from high school to work or into higher education.

The RIVESP now formally established and expanding, is dedicated to serving all of the children and their families in each of these groups.

At the younger end of this educational/services continuum are infants and toddlers whose needs are initially met collaboratively by staff specialists in the Early Intervention Program within the Rhode Island Department of Human Services. Training, consultation, and direct services from certified TVIs and O&M Specialists are essential components to meeting the unique needs of infants and toddlers with visual impairments and blindness. In due course, these same infants and toddlers will "age out" of early-intervention services and make their first transition into pre-school programs. To meet the goal of seamless, on-time services for children with visual impairments, it is crucial that clear, comprehensive transition service plans be developed by each Team well in advance of entering a new program. A good transition plan would include review and planning for learning and literacy media needs, staff collaboration and training, and an environmental assessment of the new setting.

As they mature and progress, these students will receive educational services and additional necessary supports, as a matter of course, from the elementary and secondary school TVIs and O&M specialists, who work under the RIVESP administrative umbrella.

At the other end of the continuum between infancy and college, graduate or professional school, and/or gainful, competitive employment, another population of young people with visual disabilities is on the verge of adulthood. Rhode Island State Services for the Blind and Visually Impaired will increasingly minister to this group, in continuing combination with RIVESP staff members.

Thus, in a very short time, or so this Commission believes and expects, when the Rhode Island Vision Education and Services Program is adopted and implemented, the Commission's proposals and recommendations contained herein will make access to RIVESP fair to all school districts; and each blind or visually impaired child, from birth to 21 years of age, will be enabled to achieve his or her maximum potential in their academic, community, and employment endeavors.

All blind or visually impaired young Rhode Islanders (together with their families) who pass through any part and/or the entirety of this system will receive the specific educational services and particular additional supports that they need to succeed in the wider world. Our intent is for the rightful and necessary direct educational services, along with any needed auxiliary programs, to be provided, as a matter of fact, in an efficient, seamless and predictable manner, so that the beneficiaries of these services are never even aware of the significant, ongoing efforts that the dedicated professionals "behind the scenes" have made on their behalf.

Although the population to be served by RIVESP, in collaboration with the Department of Human Services and more particularly by Services for the Blind and Visually Impaired and RIDE, is large and disparate both in terms of age and severity of disability, there are concerns common to all of its elements and to the Commission as well. In the pages that follow, both in

narrative and table/matrix formats, several key questions will be considered. They are:

1. What *Inputs/Resources* exist or can be gathered and brought to bear so that the RIVESP will work effectively in concert with its Advisory Board and other allies? These *Inputs/Resources* represent both shareholders of RIVESP and/or guidelines, policies, laws, and regulations that direct the outcomes.
2. What *Outcomes*, (specific measurable actions/activities) can be expected to take place once the *Resources* necessary to bring about these desired changes are put in place? Ultimately, these outcomes span a 3-5 year range and can be monitored by each agency responsible for their implementation.
3. What *Impacts*, (permanent, long-term sustainable, and beneficial consequences for individual students) will result from the synergies created by the combination of *Resources* and *Outcomes*? Impacts typically are achieved beyond a 5-year period and indicate specific "ultimate" end points of programmatic work.
4. Finally, what mechanisms and methods can be used to *Measure/Assess* the effectiveness of the change tools represented by the icons of *Resources*, *Outcomes* and *Impacts*?

Some readers may recognize the foregoing questions as being part and parcel of the "Logic Model" of program for planning, monitoring and evaluation. Indeed, the table portions of this Final Report do use this analytical method to describe and map out the future development of RIVESP and its various administrative cohorts within the State's social service delivery system. As mentioned previously, the subsequent presentation of our findings is presented in two parts. The first a narrative summary of the second, which outlines the Rhode Island Agenda using a table format based upon the Logic Model.

Those of the following pages that employ the "Logic Model" format are intended for the use of knowledgeable readers who wish to employ this Final Report as a quick reference guide in the course of their work. It is also intended for state agencies to base their subsequent work plans upon. The narrative sections, by contrast, are offered for the benefit of those people who are more comfortable with a more traditional summary approach to the complex and important matters at hand.

PART II:

A NARRATIVE CONSIDERATION OF THE REVISED GOALS FOR THE "RHODE ISLAND AGENDA"

BACKGROUND ON THE RHODE ISLAND AGENDA

The "RHODE ISLAND AGENDA FOR THE EDUCATION OF CHILDREN AND YOUTHS WITH VISUAL IMPAIRMENTS INCLUDING THOSE WITH MULTIPLE DISABILITIES" is based on a national document, tailored in this instance, to the special needs and particular circumstances of blind or visually impaired children and their families in this state. The Rhode Island Agenda, most recently revised by expert members of this Special Commission in June 2005, is a complex and highly technical document intended primarily for the use and guidance of a variety of specialists in the field of education of blind or visually impaired children of all ages. It may also be of considerable use to general education teachers confronted for the first time with the particular challenge of having blind or visually impaired students in their classrooms. Parents or caregivers of these disabled young people may also find the Agenda helpful in tracking the performance of their children and in crafting *Outcomes* for them through such mechanisms as the IEP process.

CHILD CENTERED OUTCOMES

The idea of "**child-centered outcomes**" is at the conceptual heart of both the Interim and Final Reports of this Commission. We have had to deal from the outset with many complex issues having to do with the specialized needs of blind or visually impaired students in Rhode Island's schools. The entire Commission has agreed from the start that appropriate, specific early intervention, and educational and support services, should meet and seamlessly follow each individual blind or visually impaired child, from the moment that he/she enters the RIVESP until graduation from or completion of that particular student's school program. In addition, although not part of the Commission's original purpose, there have been discussions regarding the services needed to properly integrate, educate and train the vastly growing adult blind and visually impaired population of Rhode Island.

Whether in narrative or table/matrix form, **child-centered outcomes** provide the intellectual basis for this entire Final Report. This single, powerful idea—that *individualized remedial educational programs and necessary support services must be made available to each blind or visually impaired infant, toddler, child and young adult who needs them*—has guided the thinking of the several Commission workgroups assigned to draft various parts of the Final Report. The absolute conceptual centrality of **child-centered outcomes** will be evident to any reader when he or she examines the material presented in the following pages. The basis for achieving these outcomes will be a combination of "The Rhode Island Agenda," as most recently revised, and material contained in the final report of the Commission. (*See Appendix I*)

GOAL #1:

Infants, toddlers, children, youth and their families will be referred to an appropriate program within 30 days of identification of a suspected visual impairment. Teachers of Children with Visual Impairments, Orientation and

Mobility Specialists, and other qualified vision professionals will provide appropriate quality services.

- (A) **Current Status** - The Early Intervention Teacher for the Visually Impaired provides services to infants and toddlers who are blind or visually impaired from birth to 36 months, including assessment, family centered instruction and support, as well as, consultation and informational resources to early intervention staff.

The referral process for infant and toddler programs involves collaboration between EI, SBVI and RIVESP.

Referrals for pre-school children are generated from sources that include SBVI, EI, Child Find, and LEAs through the MDT process. Referrals for children of school age are generated primarily from SBVI and LEAs. It should be noted that children with multiple disabilities are not always appropriately referred for vision services.

The Commission expects with the implementation of Representative Naughton's legislation, the Birth Surveillance Registry, and RIGL §16-21-14.1, referrals will be improved, particularly for children with multiple disabilities, such as "children who fail to pass the vision screening and children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination, performed by a licensed optometrist or ophthalmologist and indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided."

- (B) **Inputs/Resources** - Appropriate services will be provided by TVIs, Orientation and Mobility Specialists, and other qualified vision professionals. Resources will be provided by RIDE and DHS, (in part by IDEA Part C and B), Medicaid, LEAs, and others.

Policies and programs which guide and direct children, youth and family outcomes include:

United States Office of Special Education Programs
No Child Left Behind
Rhode Island Early Learning Standards
Early Intervention
Rhode Island Services for the Blind and Visually Impaired
Rhode Island Agenda
Expanded Core Curriculum (ECC)
Perkins School for the Blind
Carroll Center for the Blind
IN-SIGHT
CBOs offering appropriate programming

- (C) **Impacts** - When Goal #1 is attained, all children with Visual Impairments will receive appropriate services from certified Teachers of the Visually Impaired, Orientation and Mobility Specialists, and other qualified vision professionals. Children with visual impairments will enter kindergarten ready to learn. They will have positive social relationships with typical age peers. Visually impaired students will also have access to full participation in home, school and community activities to the maximum degree allowed by their individual abilities.

GOAL #2:

Policies and procedures will be implemented to provide education and information that will ensure the rights of all families to full participation and equal partnership in the provision of services to every blind or visually impaired child.

- (A) **Current Status** - RIPBVIC (Rhode Island Parents of Blind and Visually Impaired Children) provides information, emotional support, public awareness, and fosters communication and coordination of services presently available to the parents or caregivers of children with vision loss in Rhode Island.

While IDEA provides assurances and policy guidelines for parent participation in educational planning, inconsistencies in policy interpretation and practices exist that limit parent participation and partnership. Although parent consultants are available for peer support and mentoring, they lack specific knowledge of the special needs of children, youth and families with visual disabilities.

Generalized caseworkers are available at SBVI, but their current caseloads prohibit extensive involvement in case management of children.

- (B) **Inputs/Resources** -

IDEA

Vocational Rehabilitation

Early Intervention, RI Department of Human Services

Rhode Island Department of Education, Special Education Regulations

RI Vision Education and Services Program

RI Services for the Blind and Visually Impaired

RI Parent Information Network

RIPBVIC

LEA policies and procedures

Family Voices

- (C) **Impacts** - When Goal #2 is implemented, families will have access to information that will assist them to fully participate and be equal partners in the provision of services to their children. Families will have knowledge of:

- the unique learning needs of children with vision impairments;
- the educational process;
- the core curriculum;

- the expanded core curriculum, including accessing literacy through the most appropriate media and skills set (Braille, large print, auditory or other); and
- Community resources.

All parents or other caregivers will be able to participate fully in the development of an individual child's educational plan (IFSP, IEP, and IPE as appropriate).

GOAL #3:

Rhode Island, in partnership with colleges, universities and other professional preparation programs, will create and sustain a solid, consistent and credible personnel base that meets the staffing and training needs associated with the provision of services to children and youth with vision impairment and their families.

- (A) **Current Status** - Rhode Island has formalized an affiliation with UMASS Boston, an accredited university training facility that prepares professionals as TVIs or O&M Specialists. Coursework for both programs is designed to accommodate students who currently possess an undergraduate degree and are interested in pursuing graduate study in these fields, through distance education and limited on-campus requirements.

Early intervention providers and general education staff (teachers, teacher aides and other paraprofessionals) are not trained in the unique needs of children who are blind or visually impaired. What is more, parent consultants are not currently trained in meeting such needs in their own children.

There continues to be an acute shortage of professionals available to provide services to children who are blind or visually impaired throughout the State of Rhode Island. The Interim Report projected a need for 15 additional TVIs and O&M Specialists.

In addition, the Early Intervention discipline continues to have an acute shortage of qualified professionals to service children and their families. There is an immediate need for two TVIs and one O&M specialist in this area.

SBVI continues to lack sufficient numbers of qualified personnel who can provide case management, mobility and orientation services, evaluations, technology, and other professionals needed to address core curriculum issues, such as activities of daily living.

Rhode Island recognizes a small group of CBOs that have expertise in the provision of training and development in the field of vision loss. There is a need for further support for these agencies so they may continue to do their work. Perkins School for the Blind, the Carroll Center for the Blind, IN-SIGHT, Tech ACCESS and other CBOs offer appropriate training.

- (B) **Inputs/Resources** – The following institutions and agencies are trying to meet the current and future needs of our blind or visually impaired children. Support for all of them should be expanded:

UMASS Boston
Northeast Regional Center for Vision Education (NERCVE)
RI Department of Education
The Paul V. Sherlock Center and recruitment personnel office
RIVESP liaison to NERCVE and others involved in mentoring and supervision
Rhode Island College
LEAs
DHS

(C) **Impacts** - When the third of the Agenda's eleven Goals is met, Rhode Island will have a sufficient number of TVIs, O&M Specialists, early intervention providers, general education staff, teacher aides, parent consultants, and other paraprofessionals to meet the needs of all Rhode Island children and youth with visual impairments. The achievement of Goal #3 can be hastened by continuing to develop and maintain the collaborative relationship with UMASS Boston at the Northeast Regional Center for Vision Education. Sufficient funds should be found to:

- encourage and financially support select candidates for pre-service trainings that result in a degree in TVI or Certification in Orientation and Mobility;
- financially encourage and support in-state professional development activities;
- recruit appropriate and interested candidates for TVI and O&M through the Sherlock Center and RIVESP;
- disseminate information about UMASS through collaboration with the Sherlock Center recruitment staff;
- encourage and support RIPIN and Family Voices parent consultants to acquire specific knowledge of the special needs children, youth and families with visual disabilities; and
- financially support CBOs that provide specialized skills to persons who are blind or visually impaired.

GOAL #4:

Caseloads of TVIs and O&M Specialists will be determined on the assessed needs of children and youth with vision impairments

(A) **Current Status** - Individual student assessment in the areas of the expanded core curriculum, severity rating scales and caseload analysis tools are being used by a minority of TVIs in Rhode Island.

Knowledge of the expanded core curriculum and best practice tools currently available to promote specific needs is unevenly distributed and implemented by TVIs and O&M Specialists working in the state.

Some TVIs work in communities unaware or in denial of the assessment procedures necessary in the instructional areas of the ECC. Some TVIs may feel that they need to see as many students as possible or face unfavorable job reviews.

As of June 14, 2005, there were 48 infants and toddlers identified as eligible for services with only a .6 TVI doing triage.

Student needs for services ought to be quantified through assessment, including but not limited to vision severity ratings scale, functional vision evaluations, Learning Media Assessment (LMA) and IEP services.

TVIs throughout Rhode Island require on-going professional development in order to implement assessment procedures.

(B) **Inputs/Resources** -

LEAs
Texas School for the Blind and Visually Impaired web site
Learning Media Assessment
Vision Severity Rating Scales
Assessment tools for areas identified within the expanded core curriculum
RIVESP
DHS/ORS
DHS/EI
TechACCESS of RI
Assessment of Braille Literacy Skills

- (C) **Impacts** - When the Agenda's fourth Goal is realized, Rhode Island will have a sufficient number of TVIs and O&M Specialists to meet the needs of all Rhode Island children and youth with visual impairments. These children will be provided with appropriate services based on objective assessment tools. Consistent use of severity rating scale and caseload analysis tools will enhance staff/student ratios and outcomes.

GOAL #5:

The Rhode Island Department of Education, the Rhode Island Department of Human Services and Rhode Island LEAs will ensure that all children, youth and families have access to a full array of service delivery options.

- (A) **Current Status** - There are many Rhode Island children, identified as eligible in the existing data base, that have no access to specialized instruction provided by a TVI, O&M Specialist or other professionals with expertise in delivering skills to children and youths with visual impairments.

In Rhode Island, all specialized instruction from TVIs and O&M Specialists is provided within a child's typical and routine settings including home, academic and community.

The severe shortage of vision professionals throughout the State of Rhode Island prohibits adequate instruction in literacy, communication, and Orientation and Mobility skills that provide full access to the academic curriculum offered in schools.

Perkins School for the Blind and the Carroll Center for the Blind are the two regionally based programs that offer supplemental programming with intensive instruction in a residential setting, and specifically address the Expanded Core Curriculum. (This

curriculum addresses the specialized needs of children and youths who are blind or visually impaired.) This option is often limited by the LEA for financial or other reasons.

The severe shortage of vision professionals in all communities throughout the state prohibits instruction in many areas of the ECC in a relevant and meaningful experience.

Camp Machuatea (hosted by RISBVI) provides an opportunity for social, leisure, ADL and transition growth through a yearly one-week camp experience.

In past years, IN-SIGHT has provided an alternate ECC experience to RI children.

In order to provide instruction to all students eligible for services, the availability of vision professionals must be dramatically increased throughout the State of Rhode Island.

Parents, students, professionals and advocates need timely and concise information regarding an array of placement options as well as interpretation of regulatory policies regarding appropriate placement procedures.

Administration and key LEA representatives may need clarification of policy and regulations surrounding appropriate placement options.

RIDE and LEAs may need to reassess funding mechanisms and availability in order to support the most appropriate placement based upon individual assessment and identified needs, including appropriate summer placement.

No adequate provision has been made for additional non-academic activities related to the Expanded Core Curriculum. Such initiatives must be offered within ISFPs, IEPs and IPEs, as example, and made available to children and youths who are blind or visually impaired. The provision of non-academic activities shall be included in the IFSP, IEPs and IPEs when appropriate. The RI State Council on the Arts has programs and is interested in serving the needs of blind and visually impaired children.

(B) **Inputs/Resources** -

IDEA

Workforce Investment Act

DHS

US Department of Education "Educating Blind and Visually Impaired Students; Policy Guidance," June 2000

RIDE Special Education policy and regulations

LEA Special Education policy and regulations

RIPBVIC

RIPIN

Expanded Core Curriculum

Perkins School for the Blind

The Carroll Center for the Blind

Rhode Island CBOs offering appropriate programming.

(C) **Impacts** - The fulfillment of Goal #5 will enable children and youths to participate fully in curricular, extracurricular and social experiences. All children, youths and their parents will

have knowledge of and access to a full array of service delivery options for participation in the core curriculum as well as the ECC.

Appropriate program placement, where a full range of settings is considered, will be made in partnership with the family of each child.

GOAL #6:

Assessment of infants, toddlers, children and youths will be conducted, in collaboration with families, by personnel having expertise in the provision of service to all children with visual impairments.

- (A) **Current Status** - Within RIVESP and other responsible partners, guidelines for vision related assessments, including Orientation and Mobility are currently being developed for implementation. Initiatives for all children identified as eligible for services, are underway and include the direct service and consult population as well as those who are not receiving services due to the severe shortage of resources and personnel. Specific and formal vision assessments are to be conducted by highly qualified vision professionals. These are to be done in collaboration with families and other qualified professionals.

Specific tools and assessment procedures for compensatory skills including, literacy, AT, Communication, Orientation and Mobility, as well as additional areas within the ECC (Independent Living Skills, Social Interaction Skills, Self Advocacy Skills, Visual Efficiency Skills, Transition and Career Education, and Recreation and Leisure), have not been identified or implemented statewide.

Collaboration with LEA professionals through the IEP process for multi-disciplinary assessment may occur with those children already assigned to a TVI. However, many local Multi-Disciplinary Team/Qualified Team of Professionals and other service providers lack access to consultation with TVIs regarding modifications to testing. This negatively affects those children and youths that are not receiving services by a TVI or O&M Specialist.

The Rhode Island State Assessment fails to consistently meet appropriate accessibility standards for children and youths who are blind/or visually impaired.

RIDE, through RIVESP, and DHS, through EI and ORS, recognize that formal assessment tools, when conducted uniformly and consistently, provide the foundation for quality services and programming. Currently the severe personnel shortage in Rhode Island does not allow for initial and ongoing assessments for all children and youths who have been identified as eligible for service through the Centralized Data Base.

RIDE and DHS need to formalize the ongoing assessment procedures and tools for each of the areas and concepts contained within the ECC.

RIDE and DHS need to develop methods, based upon individual child and family needs, that provide guidance for the wide variety of testing and modification procedures and situations that are presented to children and youths each year.

(B) **Inputs/Resources** -

RIDE
RIVESP
DHS
SBVI
EI
LEAs
Medicaid
Appropriate CBOs
Expanded Core Curriculum

- (C) **Impacts** - The implementation of Goal #6 will make it possible for all infants/toddlers, children and youths to be assessed by personnel having expertise in the field of visual impairments and in partnership with families, MDTs, QTPs and other professionals involved in the evaluation process.

Specific tools and assessment procedures for compensatory skills and other skill areas within the ECC will be statewide.

A Centralized Data Base will link EI, RIVESP, LEAs, and SBVI in order to measure and monitor child outcomes in curricular, extracurricular, and social experiences, and will also facilitate and monitor transitions.

GOAL #7:

Access to developmental and educational services will include the provision of instructional materials to infants, toddlers, children and youth in the appropriate media and at the same time as their sighted peers.

- (A) **Current Status** - Reauthorization of IDEA requires equal access and availability of instructional materials for children who are blind and visually impaired under IMAA.

The Rhode Island Braille Transcription Center (BTC) provides limited materials in literary (e.g. texts, workbooks, trade books, etc.) Braille only. It does not provide Large Print or transcribed materials in Nemeth (math/science), foreign language, or music. The BTC does not adapt the full range of materials, including early childhood developmental materials, maps, diagrams, etc.

Access and availability of appropriate materials across LEAs is inconsistent.

The Vision Resources Library in Massachusetts provides limited availability of Braille and Large Print materials for loan to RI children. Rhode Island does not have a system of its own.

A limited number of infants, toddlers, children and youth are using technology inconsistently to access media in specialized formats.

Rhode Island children with visual impairments, who are served through RIVESP and in the LEAs, are commonly not distributed the necessary media at the same time as their sighted peers. The lack of appropriate planning and follow-through by LEAs, and text book/curriculum changes, result in critically delayed access or unavailability of educational materials. There is currently no system to address the needs of infants and toddlers.

(B) **Inputs/Resources** –

TechACCESS of Rhode Island
RIVESP and LEA TVIs
IN-SIGHT
Braille Transcription Center
Vision Resources Library (VRL)
American Printing House for the Blind
LOUIS Database
American Foundation for the Blind
National Federation of the Blind
IMAA contained in IDEA
DHS
RIDE
Medicaid
Policy Guidance from US Department of Education
NIMAS (National Instructional Materials Accessibility Standard)
NIMAC (National Instructional Materials Access Center)

- (C) **Impacts** - Once Goal #7 becomes effective, children and youth who are Visually Impaired will have access to all instructional and educationally related materials at the same time as their sighted peers. All infants, toddlers, children and youth with visual impairments will participate fully in all strategies and interventions as evidenced through outcomes related to curricular (e.g. academic, compensatory skills), extra curricular and social experiences.

Finally, all children will meet the standards on state assessments using the learning media most appropriate to their needs.

GOAL #8:

All strategies and interventions will use outcomes that address the developmental, academic and expanded core curriculum, and are based on the assessed needs of each child with a visual impairment.

- (A) **Current Status** - Many infants, toddlers, children and youth with visual impairments are not receiving basic developmental and academic services due to the severe shortage of qualified personnel statewide.

TVIs, through RIVESP and LEAs, are providing some compensatory skills training, including literacy, AT and communication, but they have limited ability to address the additional areas within the ECC (Independent Living Skills, Social Interaction Skills, Self

Advocacy Skills, Visual Efficiency Skills, Transition and Career Education, Recreation and Leisure).

Most infants, toddlers, children and youth are not receiving orientation and mobility services statewide. The severe shortage of O&M Specialists prevents the acquisition of movement skills that allow the child to interact safely and efficiently in familiar and unfamiliar environments. This lack of service severely affects the infant and toddler's ability to acquire fine motor, gross motor, social and emotional milestones. Children and youth become unnecessarily dependent upon others and do not develop the skills needed for safe and independent travel, thus severely affecting their independent living and vocational potential.

An adequate number of TVIs and O&M Specialists at all stages of development are necessary to provide assessment and instruction for all infants, toddlers, children and youth identified as eligible by the Centralized Database. Compensatory skills, as they relate to the developmental and academic core, as well as the ECC, are essential for all infants, toddlers, children and youth who are blind or visually impaired.

TVIs and O&M Specialists require professional development and training to demonstrate competencies pertaining to assessment procedures and protocols.

Key contacts and Special Education Administrators in LEAs need ongoing reiteration of the importance of the elements and areas of the ECC.

(B) **Inputs/Resources** –

“Educating Blind and Visually Impaired Students; Policy Guidance;” Notice, US Department of Education, June 2000

IDEA

Expanded Core Curriculum

RIDE

RIVESP

RISBVI

RIPBVIC

TSBVI Website

Perkins School for the Blind

Carroll Center for the Blind

- (C) **Impacts** - All infants, toddlers, children and youth with visual impairments will benefit fully from all strategies and interventions, as evidenced through outcomes related to curricular (e.g. academic, compensatory skills), extracurricular, and social experiences.

Infants, toddlers, children and youth with visual impairments will fully participate in the general education curriculum using compensatory skills.

Students will have an FVE, an on-going LMA, an O&M Assessment, an Assistive Technology Evaluation, severity rating scales to assist in determining service delivery, Expanded Core Curriculum evaluations and ABLIS as appropriate.

GOAL #9:

Transition services will address developmental and educational needs, as well as social support service needs (birth through adulthood) that will assist all children and their families to set goals and implement strategies that are commensurate with their aptitudes, interests and abilities, throughout the life continuum.

- (A) **Current Status** - Multiple transitions occur during a child's developmental and educational span. Transitions occur as children move from one program to another or as a child's/student's therapeutic or demographic circumstance changes. Admission into the hospital, academic setting changes (e.g., pre-school to elementary school), a life change into foster placement, and transitioning from school to work, are all examples of modifications that can occur throughout a child's/student's life.

Many Visually Impaired students are exiting from secondary schools without the skills necessary to achieve personal and vocational goals. Numerous students leaving secondary school do not have comprehensive transition plans that provide a variety of vocational experiences.

- (B) **Inputs/Resources** -

DHS Early Intervention

DHS-SBVI

Vocational Rehabilitation

Social Services

Paul V. Sherlock Center on Disabilities, Transition Coordinator

RIVESP TVIs and O&M Specialists

LEA special resources for transition into pre-school and transition to work.

- (C) **Impacts** - Students who are Visually Impaired or Blind will participate in setting personal and vocational career goals. As individuals they will have developed transition plans for post-school life. These same people, as adults, will be educated, employed, independent and active participants in their home communities.

GOAL #10:

To improve child-centered outcomes, as well as adult learning, service providers of persons who are blind or visually impaired will engage in on-going local, state and national professional development.

- (A) **Current Status** - Inconsistencies exist regarding levels of competency among both paraprofessionals and professionals (TVIs, O&M, etc.)

Professional development initiated and supported by the Paul V. Sherlock Center has been made available to RIVESP, Local TVIs and others with an introduction to LMA procedures, digital text technology and IEP training. Professional development for RIVESP staff has been supported by the Sherlock Center on an individual basis for teachers seeking specific

skills that improve student outcomes.

Awareness of current best practice trends, specific competencies to implement compensatory skills and the ECC including technology, assessment, and other areas that directly impact student outcomes varies significantly among service providers within the State.

TVIs & O&M Specialists need vision-specific workshops and opportunities to update methods for evaluation, service delivery, content, assistive technology, caseload management, ECC, etc. Specific topics for ongoing training include but are not limited to:

- Learning Media Assessment implementation and procedures;
- Assistive Technology;
- Hands-on technology training;
- Assessment procedures for the Expanded Core Curriculum;
- Utilizing caseload analysis tools;
- Transitions;
- Advocacy skills;
- Linking Grade Level Expectation to IEP goals;
- Regional training opportunities; and
- Appropriate competency levels for EI professionals working with children who are blind or visually impaired.

A comprehensive, long-range, collaborative plan for all professionals providing vision specific services is necessary.

(B) Inputs/Resources -

Paul V. Sherlock Center on Disabilities
TechACCESS
AER
Perkins Training Center
Rhode Island Department of Education
RIVESP and LEA TVIs, O& M Specialists
Carroll Center for the Blind
Regional conferences
DHS
Early Intervention Training Center

- (C) Impacts -** When Goal #10 is achieved, Rhode Island TVIs and O&M Specialists will be highly qualified. Statewide standards and competencies will ensure that all infants, toddlers, children and youth receive services by highly qualified professionals.

RIVESP, in collaboration with DHS and RIDE, will establish professional development standards and competencies for continuing education for TVI and O&M Specialists similar to current standards for teachers, therapists and other service related personnel.

The RIVESP Coordinator will formulate yearly and long range professional development plans. The Coordinator will also work in collaboration with vision staff and administrators

throughout the state to ensure that all service providers are highly qualified, regardless of employer.

Collaboration with LEA teachers will occur through bi-monthly meetings and access to the RIVESP professional development group will be provided.

GOAL #11:

Assistive technology assessment and evaluation will be conducted by highly trained professionals and will be available to infants, toddlers, children and youth. Appropriate training will be made available in a timely manner.

- (A) **Current Status** - Under current federal and state educational law, each LEA must ensure that assistive technology (AT) devices and services are made available to a child with a disability to ensure that he/she receives a free and appropriate public education. There is a significant discrepancy between Rhode Island school districts, in their ability to provide knowledgeable and appropriate AT services and devices, as a part of the IEP process for students with visual impairments.

Under current federal and state law, assistive technology devices and services are being made available to all early intervention eligible infants and toddlers. Early intervention is inconsistently providing assistive technology and services to infants, toddlers and their families.

There is a critical shortage of professionals who are knowledgeable in this field. Infants, toddlers, children and youth who are blind or visually impaired have not all had the AT consideration, evaluations, recommendations, and/or devices and training provided, as is mandated by law.

Provision for appropriate devices and services is often delayed in the LEA, leaving children who are blind or visually impaired without the necessary technology to accomplish their IEP goals.

Although reimbursement through Medicaid Educational Agreements exists for the AT devices of those students who are Medicaid eligible, many Rhode Island school districts are not fully utilizing the reimbursement agreements.

There is no provision for TVIs and other professionals to receive ongoing training in disability-specific technology to provide instruction, classroom and natural environment support and implementation techniques. As a result, many students are not optimally competent with their technologies.

Many special and general education teachers do not have the foundational skills or operational/functional skills to provide support for students using blind and low vision technologies in the classroom and have difficulty integrating the technology into their curriculum goals and objectives.

Infants, toddlers, children and youth with visual impairments must receive AT devices and

services as identified in their IFSP, IEP or IPE, including: an assessment; acquisition of AT devices; fitting, customizing, adapting, maintaining and repairing devices; and training or technical assistance for the children, family and educational staff. There is however, a shortage of personnel qualified to provide information and training to families regarding the most appropriate AT choices.

Students must have access to technology and materials at the same time as their sighted classmates. IDEA (2005) and the IMAA (Instructional Materials Accessibility Act) mandate equitable access for all students. All districts need to have equitable and timely access to services and devices and must be able to provide back-up equipment in order to ensure that students can meet their IEP goals without disruption. Rhode Island needs to develop a plan to respond to this mandate.

Children, students and their families need to have equal access to persons with knowledge and expertise in assistive technology devices and services.

Professionals, paraprofessionals and parents need to have a common understanding of the role AT plays in education and development of children with visual impairment. These same people must also become familiar with the laws and regulations that pertain to Assistive Technology.

(B) **Inputs/Resources** -

IDEA and Federal guidelines interpreting access to AT

Rhode Island Special Education Regulations

LEA Special Education rules and regulations

Assistive Technology Competencies for Rhode Island Educators

RIDE

DHS

SBVI

RIVESP

TechACCESS of RI

IN-SIGHT

Other CBOs with expertise in blind/low vision technologies for children with visual impairments.

IMAA

Perkins School for the Blind

Carroll Center for the Blind

(C) **Impacts** - Rhode Island children who are visually impaired will receive assistive technology devices and services in an equitable and timely manner and at the same time as their sighted peers.

Families will be vital partners in the assessment process. EI eligible children and their families will have access to TVIs and AT specialists who are able to develop and incorporate assistive technology into the IFSP outcomes. School-age children will have access to TVIs and assistive technology specialists who are able to develop and implement AT goals that will ensure a child's successful use of technology in the classroom, including timely access and appropriate backup technology and/or strategies, according to the IEP.

Professionals who access, evaluate and instruct others in the use of Assistive Technology will have ongoing training regarding the assessment and application of disability-specific technology, vision loss, and the implications of using AT to access the core curriculum, as well as the expanded core curriculum.

RIVESP will develop a plan that insures that all TVIs and parents of children with visual impairments understand the role of AT in the classroom; the federal laws and state regulations which guarantee AT devices; and services to special education students as a part of the IEP /504 Plan process.

The IFSP/IEP process will be used to insure that children with Visual Impairments have: 1) appropriate evaluations; 2) recommendations based upon the child's individual goals and objectives; 3) recommendations that link AT to developmental and educational outcomes; and 4) AT services that are continuous during transition times.

RIVESP will collaborate with TechACCESS of RI to continue to expand the AT Workgroup for parents, TVIs, and other educators who are currently being provided services by the Schools Project at TechACCESS and RIDE, OSP.

RIVESP will collaborate with other state and private agencies to:

- Monitor the development of the IMAA guidelines and regulations, including NIMAS and NIMAC;
- Research, propose and establish a centralized network to address IMAA for blind and low vision students in relationship to other students with print impairment, including but not limited to reading disabled; and
- Develop a state wide lending library of devices and software to be used for evaluation and trial use in the classroom and at home, and to be used for short term back-up when devices are being repaired, upgraded, ordered, etc.

It will also research, propose and establish a centralized Assistive Technology Resource Center to meet the regulations of the IMAA.

Lastly, RIVESP will develop a state wide AT "Lending Library" of devices and software to be used for evaluation and trial use in the natural environment, and that can also be used for short-term backup when equipment is being repaired.

PART III:

THE "RHODE ISLAND AGENDA" GOALS IN TABLE FORMAT

PREFACE TO THE RHODE ISLAND AGENDA IN TABLE FORMAT

The following Goals represent explicit elements of Rhode Island's Agenda for services and education associated with persons who are blind and visually impaired. The body emanates from The National Agenda and has been locally interpreted and edited to meet the needs of Rhode Islanders.

The reader will notice the Rhode Island Agenda in Part III reflects the Logic Model and is meant to be read by columns, not from left to right. In addition to what is found in the narrative section, this section depicts needs and gaps as well as specific strategies necessary to implement the goals.

Various state agency staff, parents and members of community-based organizations (all designated as shareholders in providing an efficient, organized approach to providing these services and education to persons who are blind and/or visually impaired) were actively involved in preparing this document. It sets forth a blend of goals, inputs/resources, strategies and impacts that describe the necessary next steps to maximize the delivery of programs and minimize the fragmented services and education to the blind and visually impaired in Rhode Island.

An important point noted in this body of work is the integration of education and services. We know of no other state that has put forward a blended agenda of this nature. Our intent, through this integrated approach, is to acknowledge the critical intimacy between services and education. One cannot exist without the other, and within this context, persons who are blind and/or visually impaired will ideally be the recipients of both of these components that are offered by the state.

The Rhode Island Agenda implies a seamless system of delivery for the referenced strategies. Intrinsic within that concept is a collaborative approach among state, private/public organizations, parents, professional and paraprofessional groups, and other key shareholders. A seamless system ideally calls upon a strong and efficient infrastructure within state government to garner the necessary and critical resources associated with providing services and education. It also suggests a real-time continuum of services and education must exist.

In Rhode Island that continuum spans the gambit of programs/services available within the state. It specifically includes "identification/referral, Early Intervention, Elementary/Secondary Education, Post secondary transition, college, vocational placement, and adult and family support services." Although strained at times, the continuum accounts for partially funded, and "theoretically" available programs/services. The strain occurs for numerous reasons, illustrated within this final report of the commission. Extended caseloads, inadequate personnel, and lack of full financial support are some of the key indicators that currently exist and will continue to create fragmented delivery.

The Commission sets forth this Rhode Island Agenda as a guiding document for shareholders. Ideally, agencies will elaborate upon the strategies and impacts and create specific work plans that outline procedural elements to deliver services and education. It is important to note that

standards associated with these programs/services are also intended as a by-product of this agenda. In addition, we believe this document will prompt:

- Further assessments (surveys, research, etc.) to determine need and gaps;
- Detailed assurance of priority interventions that are deemed critical for the state to support; and
- Policies that clearly outline procedures determined at the local and state levels.

GOAL #1: Infants, toddlers, children, youth and their families will be referred to an appropriate program within 30 days of identification of a suspected visual impairment. Teachers of Children with Visual Impairments, Orientation and Mobility Specialists, and other qualified vision professionals will provide appropriate quality services.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>The Early Intervention Teacher of children with visual impairments and blindness provides minimal direct educational intervention to infants and toddlers from birth-36 months. There are no provisions for appropriate services that include assessment, family-centered instruction, coaching, and support, as well as consultation and informational resources for family members and early intervention professionals.</p> <p>Referral process for infant and toddlers program involves collaboration between E1, SBVI and RIVESP.</p> <p>Referrals for pre-schoolers are generated from sources that include SBVI, EI, Child Find, and LEAs through the MDT process.</p> <p>Referral of school age children is primarily generated from SBVI and from LEAs.</p> <p>Children with multiple disabilities are not always appropriately referred for vision services.</p>	<p>Current .6 FTE TVI for EI cannot meet the needs of children referred for service.</p> <p>Orientation and Mobility intervention for infants, toddlers and school age children is not provided through RIVESP or any other state agency or CBO.</p> <p>SBVI, RIVESP and EI do not have adequate qualified professionals to meet the needs of children, youth and their families such as: social workers, orientation and mobility specialists, and functional vision.</p> <p>The target of thirty days was overwhelmingly unmet for the referral of children birth through 21 years of age, due to a lack of certified service providers.</p> <p>IFSPs and IEPs are being developed without the input of qualified vision professionals.</p> <p>Lack of sufficient outreach and education for appropriate referrals from the medical community, community-based organizations, and underserved populations.</p>	<p>TVIs, Orientation & Mobility Specialists and other qualified vision professionals.</p> <p>Resources provided by RIDE and DHS, (in part by IDEA Part C and B), Medicaid, LEAs, and others.</p> <p>Policies/programs which guide and direct children youth and family outcomes includes: United States Office of Special Education Programs; No Child Left Behind; Rhode Island Early Learning Standards; Early Intervention; RI Services for the Blind and Visually Impaired; Rhode Island Agenda; Expanded Core Curriculum (ECC); Perkins School for the Blind; Carroll Center for the Blind; IN-SIGHT; and CBOs offering appropriate programming.</p>	<p>All children with Visual Impairments will receive appropriate services from certified teachers of the Visually Impaired (TVI), Orientation & Mobility Specialists (O&M), and other qualified vision professionals.</p> <p>Children with Visual Impairments will enter kindergarten ready to learn.</p> <p>Children with Visual Impairments will have positive social relationships with typical age peers.</p> <p>Students with Visual Impairments will have access to full participation in home, school and community activities to the maximum degree of their ability.</p>	<p>Develop uniform and standard interagency agreements and/or referral procedures for EI, pre-school and school-aged children with RIVESP, RIDE, SBVI, Early Intervention, Medical Community, LEAs, and Others.</p> <p>Develop partnerships within the medical community and Community Based Organizations, to strengthen the referral process for children with vision impairments, including children with additional disabilities.</p> <p>Outreach protocols will be defined to enhance outreach strategies, including material and information exchange.</p> <p>Children and youth, in participation with families, will have (a) functional vision evaluations, (b) learning media assessments, (c) orientation and mobility evaluations (d) assistive technology evaluations, (e) assessments related to the expanded core curriculum, such as activities of daily living and (f) severity rating scales to assist with service delivery recommendations.</p> <p><i>The Rhode Island Agenda highly recommends that all infants, toddlers, children, youth and their families shall have a coordinator of services who is knowledgeable about vision issues throughout all stages of development.</i></p>

GOAL #2: Policies and procedures will be implemented to provide education and information that ensures the rights of all families to full participation and equal partnership in the provision of services to every blind or visually impaired child.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>RIPBVIC (Rhode Island Parents of Blind and Visually Impaired Children) provides information, emotional support, public awareness, and fosters communication and coordination of services presently available to parents or caregivers of children with vision loss in Rhode Island.</p> <p>IDEA provides assurances and policy guidelines for parent participation in educational planning.</p> <p>Inconsistency in policy interpretation and practices exist that limit parent participation and partnership.</p> <p>Parent consultants are available for peer support and mentoring, but they lack the specific knowledge of the special needs of children, youth and families.</p> <p>Generalized caseworkers are available at SBVI, but their current caseloads prohibit extensive involvement in case management of children.</p>	<p>All parents are not currently fully engaged in the provision of services to their child.</p> <p>Ideally it is expected that families (parents, care-givers) share responsibility for the development needs of their child.</p> <p>Families will have access to knowledge of: the unique learning needs of children with vision impairments; the educational process; the core curriculum.; the expanded core curriculum, including accessing literacy through the most appropriate media and skills set. (Braille, large print, auditory or other); community resources.</p> <p>All parents shall be encouraged to participate fully in the development of their child's appropriate educational plan (IFSP, IEP, and IPE as appropriate).</p>	<p>IDEA</p> <p>Vocational Rehabilitation</p> <p>Early Intervention, RI Department of Human Services</p> <p>Rhode Island Department of Education, Special Education Regulations</p> <p>RI Vision Education and Services Program</p> <p>RI Services for the Blind and Visually Impaired</p> <p>RI Parent Information Network</p> <p>RIPBVIC</p> <p>LEA policies and procedures</p> <p>Family Voices</p>	<p>Families will have access to information that will assist them to fully participate and be equal partners in the provision of services to their child.</p>	<p>Assessments and procedures will be implemented in order to measure effectiveness of the goal.</p> <p>Implement and make available statewide parent IEP training program developed by RIDE, RIVESP, RIPIN and RIPBVIC.</p> <p>Establish and activate the RIVESP Advisory Board (AB) to be responsible for monitoring, reviewing and providing recommendations for the implementation of the delivery of equitable and comprehensive services throughout the State of Rhode Island. Composition of the AB shall be heavily weighted with parents and advocates with expertise in issues related to the AB. Stakeholders from state agencies responsible for providing services to persons who are blind or visually impaired, CBOs, and direct service providers shall also be appointed to the AB.</p> <p>Fund and collaborate with state and regional family centered conferences focusing on advocacy related to the developmental and educational needs of students with visual impairments.</p> <p>Enhanced RIPBVIC website to provide a forum for issues, links to resources, upcoming events.</p> <p>RIDE/RIVESP website to provide information and links to resources.</p> <p>Develop network of mentors to link experienced parents with families of newly diagnosed children. Parent consultant will be trained in the unique needs of children with vision impairments.</p> <p>"Welcome Packet" for newly referred families.</p> <p>Case manager from SBVI, specializing in the unique needs of children with vision impairments, will provide support, information and encouragement to all families.</p>

GOAL #3: Rhode Island, in partnership with colleges, universities and other professional preparation programs, will create and sustain a solid, consistent and credible personnel base that meets the staffing and training needs associated with the provision of services to children and youth with vision impairment and their families.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>RI has formalized an affiliation with UMASS Boston, an accredited university training facility that prepares professionals as TVIs or O&M Specialists. Coursework for both programs is designed to accommodate students who currently possess an undergraduate degree and are interested in pursuing graduate study in these fields, through distance education and limited on-campus requirements.</p> <p>Early intervention providers, general education staff (teachers, teacher aides and other paraprofessionals) are not trained in the unique needs of children who are blind or visually impaired.</p> <p>Parent consultants are currently not trained in the unique needs of children who are blind or visually impaired.</p>	<p>There continues to be an acute shortage of professionals available to provide services to children who are blind or visually impaired throughout the State of Rhode Island.</p> <p>Through the Interim Report, RI has projected the need for 15 additional TVIs and O&M Specialists.</p> <p>Early Intervention continues to have an acute shortage of qualified professionals to service children and their families, including the immediate need for 2 TVIs and 1 O&M.</p> <p>SBVI continues to lack qualified personnel to provide case management, mobility and orientation services, evaluations, technology, and other professionals needed to address core curriculum issues, such as activities of daily living.</p> <p>RI recognizes a small group of CBOs that have expertise in the provision of training and development in the field of vision loss. There is a need for further support for these agencies so they may continue to do their work. (Perkins School for the Blind, Carroll Center for the Blind, IN-SIGHT, TechACCESS and other CBOs offering appropriate training.)</p>	<p>UMASS Boston</p> <p>Northeast Regional Center for Vision Education (NERCVE)</p> <p>RI Department of Education</p> <p>The Paul V. Sherlock Center and recruitment personnel office</p> <p>RIVESP liaison to NERCVE and others involved in mentoring and supervision</p> <p>Rhode Island College</p> <p>LEAs</p> <p>DHS</p> <p>RIPIN</p> <p>Family Voices</p>	<p>RI will have a sufficient number of TVIs, O&M Specialists, early intervention providers, general education staff, teacher aides, parent consultants and other paraprofessionals to meet the needs of all RI children and youth with visual impairments.</p>	<p>Continue to develop and maintain collaborative relationship with UMASS Boston at the Northeast Regional Center for Vision Education by:</p> <p>Continue to financially encourage and support select candidates for pre-service trainings that will result in a degree in TVI or Certification in Orientation and Mobility.</p> <p>Continue to financially encourage and support in-state professional development activities.</p> <p>Continue to recruit appropriate and interested candidates for TVI and O&M through the Sherlock Center and RIVESP.</p> <p>Prepare methods for dissemination of information about UMASS through collaboration with the Sherlock Center recruitment staff.</p> <p>Continue to financially support CBOs that provide specialized skills to persons who are blind or visually impaired.</p>

GOAL #4: Caseloads of TVIs and O&M Specialists will be determined on the assessed needs of children and youth with vision impairments.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>Individual student assessment in the areas of the expanded core curriculum, severity rating scales and caseload analysis tools are being used by a minority of TVIs in RI.</p> <p>Knowledge of the expanded core curriculum and best practice tools currently available to promote specific needs is unevenly distributed and implemented by TVIs and O&M Specialists working in the state.</p> <p>Some TVIs work in communities unaware or in denial of the assessment procedures necessary in the instructional areas of the ECC. Some TVIs may feel that they need to see as many students as possible or face unfavorable job reviews.</p> <p>As of 6/14/05, there are 48 infants and toddlers identified as eligible for services with currently only a .6 TVI doing triage.</p>	<p>Student needs for services are to be quantified through assessment, including but not limited to vision severity ratings scale, functional vision evaluations, Learning Media Assessment (LMA) and IEP services.</p> <p>TVIs throughout Rhode Island require on-going professional development in order to implement assessment procedures.</p>	<p>LEAs</p> <p>Texas School for the Blind and Visually Impaired web site</p> <p>Learning Media Assessment</p> <p>Vision Severity Rating Scales</p> <p>Assessment tools for areas identified within the expanded core curriculum</p> <p>RIVESP</p> <p>DHS/ORS</p> <p>DHS/EI</p> <p>TechACCESS of RI</p> <p>Assessment of Braille Literacy Skills</p>	<p>Rhode Island will have a sufficient number of TVIs and O&M Specialists to meet the needs of all Rhode Island children and youth with visual impairments.</p> <p>Children who are blind or visually impaired will be provided with appropriate services based on objective assessment tools.</p> <p>Consistent use of severity rating scale and caseload analysis tools will enhance staff/student ratio outcomes.</p>	<p>"Identify a standard method that assesses program needs in relation to individual students. Training of TVIs, O&M, and supervisory staff in the use of procedures.</p> <p>Annual analysis of caseload accomplished jointly by TVI, O&M and supervisors.</p> <p>Interpretation of results with recommended action.</p> <p>Presentation of results to administration for action."¹</p> <p>Initial and on-going student assessment tools will include an FVE, LMA, Assistive Tech Eval., ECC assessments and O &M and ABLIS as appropriate.</p> <p>Provide uniform guidelines for assessment and caseload analysis throughout all communities providing services.</p> <p>Initiate training and follow-up for all TVIs and O&M Specialists specific to the areas of assessment in the ECC.</p> <p>Initiate and continue training to become familiar with caseload analysis tools, Learning Media Assessments, Functional Vision Evaluations, severity ratings scales, the changing needs of individual students throughout their educational career, as well as providing informational meetings and updates regarding issues to promote advocacy for quality services.</p> <p>¹Position paper of AER Itinerant Personnel-Division 16 (Goal 4 of the National Agenda "Caseload Analysis: A Critical Component of Quality Services for Children With Visual Impairments" AER Report Spring 2005.</p>

GOAL #5: The Rhode Island Department of Education, the Rhode Island Department of Human Services and Rhode Island LEAs will ensure that all children, youth and families have access to a full array of service delivery options.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>There are many children in Rhode Island identified as eligible in the existing data base, that have no access to specialized instruction provided by a TVI, O&M Specialist or other professionals with expertise in delivering skills to children and youths with visual impairments.</p> <p>In Rhode Island, all specialized instruction from TVIs and O&M Specialists is provided within a child's typical and routine settings including home, academic and community.</p> <p>The severe shortage of vision professionals throughout the State of Rhode Island prohibits adequate instruction of literacy, communication, and Orientation and Mobility skills that provide full access to the academic curriculum offered in schools.</p> <p>Perkins School for the Blind and the Carroll Center for the Blind are two regionally based programs that offer more intensive, supplemental instruction in a residential setting and that specifically address the Expanded Core Curriculum. (This curriculum addresses the specialized needs of children and youths who are blind or visually impaired.) This option is significantly underutilized.</p>	<p>In order to provide instruction to all students eligible for services, the availability of vision professionals must be dramatically increased throughout the State of Rhode Island.</p> <p>Parents, students professionals and advocates need timely and concise information regarding the array of placement options as well as interpretation of regulatory policies regarding appropriate placement procedures.</p> <p>Administrations and key LEA representatives may need clarification of policy and regulations surrounding appropriate placement options.</p> <p>RIDE and LEAs may need to reassess funding mechanisms and availability in order to support the most appropriate placement based upon individual assessment and identified needs, including appropriate summer placement.</p>	<p>IDEA</p> <p>Workforce Investment Act</p> <p>DHS</p> <p>US Department of Education "Educating Blind and Visually Impaired Students; Policy Guidance June 2000</p> <p>RIDE Special Education policy and regulations.</p> <p>LEA Special Education policy and regulations.</p> <p>RIPBVIC</p> <p>RIPIN</p> <p>Exp. Core Curriculum</p> <p>Perkins School for the Blind</p> <p>The Carroll Center for the Blind</p> <p>Rhode Island CBOs offering appropriate programming.</p>	<p>Children and youths will participate fully in curricular, extra curricular and social experiences.</p> <p>All children, youths and their parents will have knowledge of and access to a full array of service delivery options for participation in the core curriculum as well as the ECC.</p> <p>Appropriate program placement with a full range of settings is considered, in full partnership with families, and the individual needs of each child will provide the basis for that decision.</p> <p>Incorporation of the provision of non-academic, Expanded Core Curriculum activities shall be included in the IFSPs, IEPs and IPEs when appropriate.</p>	<p>Define/create/collaborate and maintain a Comprehensive Database for children and youths who are blind or visually impaired.</p> <p>Provide professional development opportunities to parents, vision staff, advocates and school-based administration on issues regarding the ECC and appropriate placement options and procedures.</p> <p>Define placement options more concretely and develop a process and procedures template for children, youths and families denied most appropriate placement.</p> <p>Develop protocol tools in conjunction with the Comprehensive Database to forecast and advise administration on the need for additional staff.</p> <p>Strengthen assessment procedures to objectively identify individual needs in the core and ECC.</p> <p>Continue Parent IEP training and expand audience.</p> <p>Support RI ECC activities through collaboration of resources (camps and other activities that provide meaningful experiences).</p>

GOAL #5 (continued):

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>The severe shortage of vision professionals in all communities throughout the state prohibits instruction in many areas of the ECC in a relevant and meaningful experience.</p> <p>Camp Machuatea (hosted by RISBVI) provides an opportunity for social, leisure, ADL and transition growth through a yearly one-week camp experience.</p> <p>In past years, IN-SIGHT has provided an alternate ECC experience to RI children.</p>	<p>Adequate provision of additional non-academic activities related to the Expanded Core Curriculum must be offered (ex: ISFPs, IEPs and IPEs) and supported to children and youths who are blind and visually impaired.</p>			<p>The provision of additional non-academic activities related to the Expanded Core Curriculum must be offered (ex: ISFPs, IEPs and IPEs) and supported to children and youths who are blind and visually impaired.</p>

GOAL #6: Assessment of infants, toddlers, children and youths will be conducted, in collaboration with families, by personnel having expertise in the provision of service to all children with visual impairments.

Current Status	Needs/Gaps	Inputs/ Resources	Impacts	Strategies
<p>Within RIVESP and other responsible partners guidelines for vision related assessments, including Orientation and Mobility are currently being developed for implementation. Initiatives for all children identified as eligible for services, are underway and include the direct service and consult population as well as those who are not receiving services due to the severe shortage of resources and personnel. Specific and formal vision assessments are to be conducted by highly qualified vision professionals and in collaboration with families and other qualified professionals.</p> <p>Specific tools and assessment procedures for compensatory skills including literacy, AT, communication and Orientation and Mobility as well as the additional areas within the ECC (Independent Living Skills, Social Inter- action Skills, Self Advocacy Skills, Visual Efficiency Skills, Transition and Career Ed., Recreation and Leisure) have not been identified or implemented statewide.</p>	<p>RIDE through RIVESP and DHS through EI and ORS recognize that formal assessment tools, when conducted uniformly and consistently provide the foundation for quality services and programming. Currently the severe personnel shortage in RI does not allow for initial and on-going assessments for all children and youths who have been identified as eligible for service through the Centralized Data Base.</p> <p>RIDE and DHS need to formalize the ongoing assessment procedures and tools for each of the areas and concepts contained within the ECC.</p> <p>RIDE and DHS need to develop methods that provide guidance for testing and modification procedures, based upon individual child and family needs for the wide variety of testing situations presented to children and youths each year.</p>	<p>RIDE RIVESP DHS SBVI EI LEAs Medicaid Appropriate CBOs Expanded Core Curriculum</p>	<p>All infants/ toddlers, children and youths will be assessed by personnel having expertise in the field of visual impairments and in partnership with families, MDTs, QTPs and other professionals involved in the evaluation process.</p> <p>Specific tools and assessment procedures for compensatory skills and other skill areas within the ECC will be statewide.</p> <p>Centralized Data Base will link EI, RIVESP, LEAs, SBVI in order to measure and monitor child outcomes in curricular, extracurricular, social experiences and facilitate and monitor transitions.</p>	<p>Collect and utilize global information gathered from testing initiatives to provide data that will forecast the need for additional resources (personnel and program funding), establish performance standards to guide changes in programming.</p> <p>Prepare, disseminate and adopt uniform guidelines concerning areas to be assessed along with appropriate tools for assessing each area. All areas of the core and expanded curriculum are to be considered for a comprehensive evaluation.</p> <p>Prepare, disseminate and adopt uniform guidelines for modifying assessment tools and interpreting results when modifications are made.</p> <p>Develop ongoing training programs for all TVIs, Orientation and Mobility Specialists and other vision professionals who conduct and interpret assessments required through the ISFP, IEP and IPE.</p> <p>Develop ongoing training programs for other professionals who interpret and implement recommendations and strategies resulting from the assessment process.</p> <p>Consult with regional experts and institutions regarding the standardization of evaluations to be completed in alternate locations and by</p>

GOAL #6 (continued):

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>Collaboration with LEA professionals through the IEP process for multi-disciplinary assessment may occur with those children already assigned to a TVI. However, many local Multi-Disciplinary Team/Qualified Team of Professionals and other service providers lack access to consultation with TVIs regarding modifications to testing, negatively affecting those children and youths that are not receiving services by a TVI or O&M Specialist.</p> <p>The RI State Assessment fails to consistently meet appropriate standards for accessibility for children and youths who are blind/or visually impaired.</p>				<p>outside evaluation teams, (Perkins School for the Blind, The Carroll Center for the Blind).</p>

GOAL # 7: Access to developmental and educational services will include the provision of instructional materials to infants, toddlers, children and youth in the appropriate media and at the same time as their sighted peers.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>Reauthorization of IDEA requires equal access and availability of instructional materials for children who are blind and visually impaired under IMAA.</p> <p>The Rhode Island Braille Transcription Center (BTC) provides limited materials in literary (e.g. texts, workbooks, trade books, etc.) Braille only. It does not provide Large Print or transcribed materials in Nemeth(math/science), foreign language, or music. The BTC does not adapt the full range of materials including early childhood developmental materials, maps, diagrams, etc.</p> <p>Access and availability to appropriate materials across LEAs is inconsistent.</p> <p>The Vision Resources Library in Massachusetts provides limited availability of Braille and Large Print materials for loan to RI children. Rhode Island does not have a system of its own.</p> <p>A limited number of infants, toddlers, children and youth are using technology inconsistently to access media in specialized formats.</p>	<p>RI children with visual impairments, served through RIVESP and in the LEAs are commonly without the appropriate media at the same time as their sighted peers.</p> <p>The lack of appropriate planning, follow through by LEAs, and text book/curriculum changes result in critically delayed access or unavailability of educational materials.</p> <p>There is currently no system to address the needs of infants and toddlers.</p>	<p>TechACCESS of RI</p> <p>RIVESP and LEA TVIs</p> <p>IN-SIGHT</p> <p>Braille Transcription Center</p> <p>Vision Resources Library (VRL)</p> <p>American Printing House for the Blind</p> <p>LOUIS Database</p> <p>American Foundation for the Blind</p> <p>National Federation of the Blind</p> <p>IMAA contained in IDEA</p> <p>DHS, RIDE</p> <p>Medicaid</p> <p>Policy Guidance from US Department of Education</p> <p>NIMAS (National Instructional Materials Accessibility Standard)</p> <p>NIMAC (National Instructional Materials Access Center)</p>	<p>Children and youth who are Visually Impaired will have access to all instructional and educationally related materials at the same time as their sighted peers.</p> <p>All infants, toddlers, children and youth with visual impairments will participate fully in all strategies and interventions as evidenced through outcomes related to curricular, (e.g. academic, compensatory skills) extra curricular and social experiences.</p> <p>All children will meet the standards on state assessments using the learning media most appropriate to their needs.</p>	<p>Use IFSPs and IEPs to clearly define responsibility for providing educational materials in the most appropriate media (as determined by a Learning Media Assessment conducted by a certified TVI).</p> <p>Develop and implement a plan to create a center to provide a clearinghouse for instructional and related materials in the most appropriate media. Targets for system development include but are not limited to:</p> <ul style="list-style-type: none"> • State adoption of <i>NIMAS</i>; • Become "authorized entity" to receive source files; and • Determine, personnel qualifications, location of center, and methods for production and distribution. <p>Work with CAST NIMAC Technical Assistance Training Center for training to develop proficiency in procurement of source files and conversion to appropriate format for delivery to children and youth.</p> <ul style="list-style-type: none"> • Prepare service providers, TVIs, parents with comprehensive hands-on technical training to provide the end user with skills to access materials in the most appropriate media; • Determine system to provide training, act as intermediary with NIMAC, evaluate, recommend, install, monitor and maintain technical components; • Some federal funding will be available for start-up; and • Expand Center to provide access to college and adult Rhode Islanders. <p>Instruct TVIs and TEAM members through on-going Professional development activities regarding state and federal policies.</p>

GOAL #8: All strategies and interventions will use outcomes that address the developmental, academic and expanded core curriculum, and are based on the assessed needs of each child with a visual impairment.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>Many infants, toddlers, children and youth with visual impairments are not receiving basic developmental and academic services due to the severe shortage of qualified personnel statewide.</p> <p>TVIs through RIVESP and LEAs are providing some compensatory skills training, including literacy, AT and communication but have limited ability to address the additional areas within the ECC (Independent Living Skills, Social Interaction Skills, Self Advocacy Skills, Visual Efficiency Skills, Transition and Career Education, Recreation and Leisure).</p> <p>Most infants, toddlers, children and youth are not receiving orientation and mobility services statewide. The severe shortage of orientation and mobility specialists prevents the acquisition of movement skills that allow the child to interact safely and efficiently in familiar and unfamiliar environments. This lack of service severely affects the infant and toddler's ability to acquire fine motor, gross motor, social and emotional milestones. Children and youth unnecessarily become dependant upon others and do not develop the skills needed for safe and independent travel, thus severely affecting their independent living and vocational potential.</p>	<p>Adequate number of TVIs and O&M Specialists at all stages of development are necessary to provide assessment and instruction for all infants, toddlers, children and youth identified as eligible by the Centralized Database.</p> <p>Compensatory skills as they relate to the developmental and academic core as well as the ECC are essential for all infants, toddlers, children and youth who are blind or visually impaired.</p> <p>TVIs and O&M Specialists require professional development and training to demonstrate competencies pertaining to assessment procedures and protocols.</p> <p>Key contacts and Special Education Administrators in LEAs need on-going reiteration of the importance of the elements and areas of the ECC.</p>	<p>Educating Blind and Visually Impaired Students; Policy Guidance; Notice US Department of Education, June 2000</p> <p>IDEA</p> <p>Expanded Core Curriculum</p> <p>RIDE</p> <p>RIVESP</p> <p>RISBVI</p> <p>RIPBVIC</p> <p>TSBVI Website</p> <p>Perkins School for the Blind</p> <p>Carroll Center for the Blind</p>	<p>All infants, toddlers, children and youth with visual impairments will participate fully in all strategies and interventions as evidenced through outcomes related to curricular, (e.g. academic, compensatory skills,) extra curricular and social experiences.</p> <p>Infants, toddlers, children and youth with visual impairments will fully participate in the general curriculum using compensatory skills.</p>	<p>Students will have an FVE, on-going LMA, O&M Assessment, Assistive Technology Evaluation, severity rating scales to assist in determining service delivery, Expanded Core Curriculum evaluations, and ABLS as appropriate.</p> <p>Training for educational specialists and administration on the importance of the ECC and its relationship to the core curriculum, its assessment and implementation.</p> <p>Compliance with the Rhode Island Agenda recommended caseload strategies.</p> <p>Communication with parent groups and advocates to support active participation in the IEP process.</p> <p>RI Special Education Administrative Professional Group, as well as other professional groups, (e.g. EI clinical coordinators) will incorporate ongoing information training and professional development regarding ECC.</p>

GOAL #9: Transition services will address developmental and educational needs, as well as social support services needs (birth through adulthood) that will assist all children and their families to set goals and implement strategies that are commensurate with their aptitudes, interests and abilities, throughout the life continuum.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>There are multiple transitions that occur during a child's developmental and educational span. Transitions occur as children move from one program to another or as a child's/student's therapeutic or demographic circumstances change such as, admission into the hospital, academic setting changes (e.g., pre-school to elementary school), a life change into foster placement, school to work, and each time any modification is made throughout a child's/student's life.</p> <p>Many VI students are exiting from secondary school without the skills to achieve personal and vocational goals.</p> <p>Many students exiting from secondary schools do not have comprehensive transition plans that provide a variety of vocational experiences.</p>		<p>DHS Early Intervention</p> <p>DHS-SBVI Vocational Rehabilitation Social Services</p> <p>Paul V. Sherlock Center on Disabilities, Transition Coordinator</p> <p>RIVESP TVIs and O&M Specialists</p> <p>LEA special resources for transition into pre-school and transition to work.</p>	<p>Students who are Visually Impaired or Blind will participate in setting personal and vocational career goals.</p> <p>Individuals will have plans for transitions and post school life.</p> <p>Adults will be educated, employed, and independent active participants in their adult communities.</p>	<p>Develop and disseminate clear, comprehensive transition service plans developed by the TEAM, parents, and IEP process.</p> <p>Develop and disseminate clear and comprehensive goals and objectives developed to address developmental and educational needs based upon individual aptitudes, interests and abilities.</p> <p>In all transitions, provide written evidence of environmental assessments, stall collaboration and training, planning for learning and literary needs, review and update accommodations and on-going assessments.</p> <p>Develop procedures for EI referral process across three (3) agencies-DHS EI, SBVI, RIVESP. Utilize the medical community and reports to augment the process.</p> <p>Use the Centralized Database as a tool to track individual and group trends in transition issues for use in program planning.</p> <p>Provide clear guidance to LEAs regarding responsibilities to provide opportunities for instruction in all elements of the ECC.</p> <p>Students interact with positive role models and individuals with vision loss who have contributed to their communities.</p>

GOAL #10: To improve child-centered outcomes, as well as adult learning, service providers of persons who are blind or visually impaired will engage in on-going local, state and national professional development.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>Inconsistencies exist regarding levels of competency among paraprofessionals, professionals (TVIs, O&M, etc.)</p> <p>Professional development initiated and supported by the Paul V. Sherlock Center has been made available to RIVESP, Local TVIs and others with an introduction to LMA procedures, digital text technology and IEP training.</p> <p>Professional development for RIVESP staff has been supported by the Sherlock Center on an individual basis for teachers seeking specific skills that improve student outcomes.</p> <p>Awareness of current best practice trends, specific competencies to implement compensatory skills and the ECC including technology, assessment, and other areas that directly impact student outcomes varies significantly among service providers within the State.</p>	<p>TVIs and O&M Specialists need vision specific workshops and opportunities to update methods for evaluation, service delivery, content, assistive technology, caseload management, ECC, etc.</p> <p>Specific topics for ongoing training include but are not limited to:</p> <ul style="list-style-type: none"> • Learning Media Assessment implementation and procedures; • Assistive Technology; • Hands-on technology training; • Assessment procedures for the Expanded Core Curriculum; • Utilizing caseload analysis tools; • Transitions; • Advocacy skills; • Linking Grade Level Expectation to IEP goals; • Regional training opportunities; and • Appropriate competency levels for EI professionals working with children who are blind or visually impaired. <p>A comprehensive, long-range collaborative plan for all professionals providing vision specific services is necessary.</p>	<p>Paul V. Sherlock Center on Disabilities</p> <p>TechACCESS</p> <p>AER</p> <p>Perkins Training Center</p> <p>Rhode Island Department of Education</p> <p>RIVESP and LEA TVIs, O&M Specialists</p> <p>Carroll Center for the Blind</p> <p>Regional conferences</p> <p>DHS</p> <p>Early Intervention Training Center</p>	<p>Rhode Island TVIs and O&M Specialists will be highly qualified.</p> <p>Statewide standards and competencies will ensure that all infants, toddlers, children and youth receive services by highly qualified professionals.</p>	<p>RIVESP, in collaboration with the DHS and RIDE, will establish professional development standards and competencies for continuing education for TVI and O&M Specialists similar to current standards for teachers, therapists and other related service personnel.</p> <p>RIVESP Coordinator to develop yearly and long range professional development plan. Plan in collaboration with vision staff and administrations throughout the state to ensure that all service providers are highly qualified, regardless of employer.</p> <p>Link ongoing local, state and national professional development plan to individual I-Plans/staff plans.</p> <p>Commence collaboration with LEA teachers through bi-monthly meetings and provide access to group RIVESP professional development.</p>

GOAL #11: Assistive technology assessment and evaluation will be conducted by highly trained professionals and will be available to infants, toddlers, children and youth. Appropriate training will be made available in a timely manner.

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>Under current federal and state educational law, each LEA must ensure that assistive technology (AT) devices and services are made available to a child with a disability, to ensure that the child receives a free and appropriate public education. There is a significant discrepancy between Rhode Island school districts in their ability to provide knowledgeable and appropriate AT services and devices as a part of the IEP process for students with visual impairments.</p> <p>Under current federal and state law, assistive technology devices and services are being made available to all early intervention eligible infants and toddlers. Early intervention is inconsistently providing the most appropriate assistive technology and services to infants, toddlers and their families.</p> <p>There is a critical shortage of professionals who are knowledgeable in this field. Infants, toddlers, children and youth who are blind or visually impaired have not all had AT consideration, including evaluations, recommendations, devices and training, if needed, as mandated by law.</p>	<p>Infants, toddlers, children and youth with visual impairments must receive AT devices and services as identified in their IFSP, IEP or ITP, including an assessment; acquisition of AT devices; fitting, customizing, adapting, maintaining and repairing devices; and training or technical assistance for the children, family and educational staff.</p> <p>There is a shortage in personnel qualified to provide appropriate information to families regarding the most appropriate AT choices.</p> <p>Students must have access to technology and materials at the same time as their sighted classmates. IDEA (2005) and the IMAA (Instructional Materials Accessibility Act) mandate equitable access for all students. RI needs to develop a plan to respond to this mandate.</p> <p>Professionals, paraprofessionals and parents need to have a common understanding of the role AT plays in education and development of children with visual impairment and understand the AT laws and regulations.</p>	<p>IDEA and federal guidelines interpreting access to AT</p> <p>Rhode Island Special Education Regulations</p> <p>LEA Special Education rules and regulations</p> <p>Assistive Technology Competencies for Rhode Island Educators</p> <p>RIDE</p> <p>DHS</p> <p>SBVI</p> <p>RIVESP</p> <p>TechACCESS of RI</p> <p>IN-SIGHT</p> <p>Other CBOs with expertise in blind/low vision technologies for children with visual impairments.</p> <p>IMAA</p> <p>Perkins School for the Blind</p>	<p>Rhode Island children who are Visually Impaired will receive assistive technology devices and services in an equitable manner and at the same time as their sighted peers.</p> <p>Children will have access to TVIs and assistive technology specialists who are able to develop and implement AT goals that will ensure a child's successful use of technology in the classroom.</p> <p>EI eligible children and their families will have access to TVIs and AT specialists who are able to develop and incorporate assistive technology into the IFSP outcomes.</p> <p>Professionals who assess, evaluate and instruct will have ongoing training regarding the assessment and application of disability-specific technology, vision loss, and implications of using.</p>	<p>RIVESP will develop a plan to insure that all TVIs and parents of children with visual impairments understand the role of AT in the classroom and the federal laws and state regulations which guarantee AT devices and services to special education students as a part of the IEP /504 Plan process.</p> <p>The IFSP/IEP process shall be used to ensure children with VI have:</p> <ul style="list-style-type: none"> • Appropriate evaluations • Recommendations based upon the child's individual goals and objectives. • Recommendations that link AT to developmental and educational outcomes • Insure that AT services are continuous during transition times. <p>Continue and expand the newly established AT Workgroup initiated by RIDE.</p> <p>Monitor the development of the guidelines and regulations of the IMAA (NIMAS and NIMAC).</p> <p>Research, propose and establish a centralized Assistive Technology Resource Center to meet the regulations of</p>

GOAL #11 (continued):

Current Status	Needs/Gaps	Inputs/Resources	Impacts	Strategies
<p>Provision of appropriate devices and services is often delayed within the LEA, leaving children who are blind or visually impaired without the necessary technology to accomplish IEP goals.</p> <p>Although reimbursement through Medicaid Educational Agreements exists for the AT devices of those students who are Medicaid eligible, many Rhode Island school districts are not fully utilizing the reimbursement agreement.</p> <p>There is no provision for TVIs and other professionals to receive ongoing training in disability-specific technology to provide instruction, classroom and natural environment support and application techniques. As a result, tech purchase not fully optimized for access to curriculum.</p> <p>Many special and general education teachers do not have the foundational skills or operational/functional skills to provide support for students using blind and low vision technologies in the classroom and have difficulty integrating the technology into their curriculum goals and objectives.</p>	<p>Children need to have equal access to persons with knowledge and expertise in assistive technology devices and services.</p> <p>All districts need to have equitable access to services and devices in a timely manner and be able to provide back-up equipment to ensure that students can meet their IEP goals without disruption.</p>	<p>Carroll Center for the Blind</p>	<p>AT to access the core curriculum as well as the expanded core curriculum.</p> <p>Families are intricate partners in the assessment process.</p> <p>Children will have access to appropriate "back up" technology.</p>	<p>the IMAA.</p> <p>Develop a state wide AT "Lending Library" of devices and software to be used for evaluation and trial use in the natural environment; and to be used for short-term backup when equipment is being repaired.</p> <p>Research, propose and establish a centralized Assistive Technology Resource Center.</p>

PART IV:

RECOMMENDATIONS

The following recommendations and action steps follow the original Interim Report Issued by this Commission. The substance of each of these recommendations is found within this report, noting that the Commission's work must be perpetuated through the elements found within the Rhode Island Agenda. At the sunset of the Commission the work of the said Advisory Board will guide and direct all the variables of this report. It is important to note that the summary that follows simply reiterates the importance of a viable, effective and efficient RIVESP.

The Commissioners believe and have consistently supported the refinement of each of these recommendations to include Surveillance and Data, Fiscal, Authority, Marketing/Outreach, and Maintenance/Evaluation. The reader is directed to PART I of this report for a full description of these original categories as well as an update of the current status of each of these elements. PART I, then, stands as a significant update and details our next steps.

Also of consideration to the reader, and to the overall theme of making RIVESP a comprehensive program, is the Appendix of this document. Appendix II, which in addition to the RI Agenda, outlines specific needs of the Department of Human Services, SBVI. We ask that the reader review each component of the report as a continuum of services, and note that the information in Appendix II is intended to fit seamlessly into this continuum by having a clear collaboration among state agencies and community based agencies. These Appendices then signify major recommendations and next steps as well.

As means of intentionally being redundant, the intent of this Commission is to *promote and develop a comprehensive system of education and services for blind and visually impaired children infants, toddlers, school children, young adults, and their families, in Rhode Island.* To achieve this end, more than a philosophical intent is required.

Therefore, a significant recommendation of this Commission is very practical, that is, *the formation of immediate action steps pertaining to the information found within this report be completed by all state agencies and community based agencies involved with providing services and education to this population.* These action steps should be directed to both the RI Agenda and the overall recommendations the Commission has made in regards to Surveillance and Data, Fiscal, Authority, Marketing/Outreach, and Maintenance/Evaluation. The Commission is clear that these areas represent a consistent and structural approach to decreasing the fragmentation of the services and education for this population. *Next, and we repeat, the necessity of creating an Advisory Group through statute is essential to the success of this program.* This will enable the shelf life of this document to achieve its maximum potential, and for the collaborators to get the job done. *Another recommendation of the Commission concerns the hiring of professional personnel to fill the gaps in service and education we have noted.* Of course, the hiring of personnel infers there are personnel to hire. The extreme shortage of professionals in this field is duly noted. Solving this dilemma is not an easy task, but local educational authorities (LEA) across Rhode Island must work collaboratively to think out of the box to make this happen. As one LEA special education director noted during a workgroup meeting, "We have been securing Teachers of the Visually Impaired employed in other states to work on the weekends to provide services (to children) for those in the district who don't have

anything. While not ideal, we tried to be creative when there's no one answering our ads for employment." The ideal scenario is to have a flourishing group of state and itinerant professionals that work from the standards associated with the RI Agenda. **Implicit in the hiring of professional staff to meet the needs and gaps is the fact that staff require professional development and training.** This recommendation is in light of the recently reauthorized Individuals with Disabilities Education Act (IDEA), which will require "highly qualified" professionals to be part of the mix. Without the appropriate professional credentials and training, Rhode Island may not meet the requirements set forth in IDEA.

In closing, it has been an incredible accomplishment and honor for this Commission to present this Final Report. The semantic related to finality may imply that it is over. Let the reader be ware that it is not over, it has just begun! We believe that by presenting our community of shareholders with this document that our journey has just started to take off. With that said, we leave the reader with this document, and two favorite quotes from an incredible inspiration to us all, Helen Keller:

"One can never consent to creep when one feels the impulse to soar."

"The world is moved not only by the mighty shoves of the heroes, but also by the aggregate of the tiny pushes of each honest worker."

Let it be known this document represents the collective body of knowledge and dedication of many honest workers.

APPENDIX I

CHILD-CENTERED OUTCOMES

Following are specific child-centered outcomes organized into three categories: early childhood, elementary, and middle/secondary school and post school. These outcomes were developed by collaborative effort, utilizing the revised Rhode Island Agenda for the Education of Children and Youths with Visual Impairments including those with Multiple Disabilities. Please refer to the Rhode Island Agenda to identify inputs/resources and strategies that will be employed to meet these outcomes. It is expected that these outcomes will be used to measure the effectiveness of the changes instituted and to guide future program planning.

Child-Centered Outcomes – Early Childhood

Outcomes	Impacts
<p>1. Children will have positive social relationships with typical age level peers and their caregivers.</p> <p>2. Children will have competence with basic organization systems and with using accommodations with a strong emphasis on self-advocacy, in order to get their wants and needs met.</p> <p>3. Children will have access to and use technology in order to explore and play with people and objects in a variety of settings.</p> <p>4. Children will participate fully in typical preschool settings to acquire and use skills that will allow them to enter kindergarten prepared (e.g. spoken/augmentative communication, self-care, orientation and mobility).</p> <p>5. Children will transition from Part C to Part B or other community settings with defined outcomes developed with families to meet their needs and those of their child. Parents will be made aware of program options.</p> <p>6. Transitions shall be planned and implemented in advance including all accommodations, modifications, material adaptation or procurement, and staff training to ensure access to programs at the same time as their peers.</p>	<p>Children have positive social relationships.</p> <p>Children acquire and use knowledge and skills.</p> <p>Children take appropriate action to meet their needs.</p> <p>Children will enter kindergarten ready to learn.</p>

Child-Centered Outcomes – Elementary

Outcomes	Impacts
<ol style="list-style-type: none"> 1. Students will participate in the Rhode Island Assessment Program. 2. Students will attain a level of proficiency in meeting grade level expectations in reading, language arts, mathematics, and other areas. 3. Students will participate in general education for increasing amounts of time so as to participate fully in elementary curricula, extra curricula, and social experiences. 4. Students will identify and use learning media appropriate to their individual needs (e.g., Braille, large print, electronic text, etc.) 5. Students will have effective communication skills – verbal expression, reading, and writing – using their preferred medium (e.g., literacy in Braille or other medium). 6. Students will develop and employ organizational systems in order to perform tasks independently and efficiently. 7. Students will have access to and will use technology. 8. Students will develop and maintain positive social relationships with adults and peers. 9. Students will be increasingly independent in meeting personal and daily living needs. 10. Students will have a variety of leisure and recreational strategies. 11. Students will travel safely and efficiently through familiar and unfamiliar environments. 	<p>Transitions to a new grade, classroom, program, etc. shall be planned and implemented in advance including all accommodations, modifications, material adaptation or procurement, and staff training to ensure access to programs at the same time as their peers.</p> <p>Students will participate fully in elementary curricular, extra curricular and social experiences.</p> <p>Increasing number of students will be proficient in meeting the standards on state assessments using learning media appropriate to their needs.</p> <p>Students will demonstrate self-advocacy skills through an understanding of their individual needs and the ability to problem-solve with family, school, and peers.</p>

Child-Centered Outcomes – Middle/Secondary School and Post School

Outcomes	Impacts
<p>1. Students will participate in the Rhode Island Assessment Program.</p> <p>2. Students will attain a level of proficiency in meeting grade level expectations in reading, language arts, mathematics, and other areas.</p> <p>3. Students will participate in general education for increasing amounts of time so as to participate fully in elementary curricula, extra curricula, and social experiences.</p> <p>4. Students will identify and use learning media appropriate to their individual needs (e.g. Braille, large print, electronic text, etc.)</p> <p>5. Students will have effective communication skills – verbal expression, reading, and writing – using their preferred medium (e.g., literacy in Braille or other medium).</p> <p>6. Students will develop and employ organizational systems in order to perform tasks independently and efficiently.</p> <p>7. Students will access and use technology.</p> <p>8. Students will develop and maintain positive social relationships with adults and peers.</p> <p>9. Students will be increasingly independent in meeting personal and daily living needs.</p> <p>10. Students will have a variety of leisure and recreational strategies.</p> <p>11. Students will travel safely through familiar and unfamiliar environments.</p> <p>12. At age 16, students will have a transition plan that focuses on post secondary education or employment.</p> <p>13. Students will graduate from high school.</p> <p>14. Two years after graduation, individuals will either be matriculated in post secondary education or will be employed.</p> <p>15. Students will make continual progress towards independent living.</p> <p>16. Individuals will participate in their communities as indicated by (a) variety of activities, (b) variety of relationships, (c) variety of leisure activities.</p>	<p>Transitions to a new grade, classroom, program, etc. shall be planned and implemented in advance including all accommodations, modifications, material adaptation or procurement, and staff training to ensure access to programs at the same time as their peers.</p> <p>Students will participate fully in secondary curricular, extra curricular and social experiences.</p> <p>Increasing number of students will be proficient in meeting the standards on state assessments using learning media appropriate to their needs.</p> <p>Students will demonstrate self-advocacy skills through an understanding of their individual needs and the ability to problem-solve with family, school, and peers.</p> <p>Students will have TEAM- developed plans for transition and post -school life that include what the goals are, specifically how they will be addressed, and who will be responsible for implementing them.</p> <p>Students will exit the educational system with the skills enabling them to live independently, participate in community activities, and maintain employment based on potential.</p> <p>Adults will be educated, employed, independent, and active participants in their adult communities.</p>

APPENDIX II

MEMORANDUM FROM THE RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

The Department of Human Services (DHS) is pleased to participate on the Special House Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children. DHS is committed to the special needs of infants, toddlers, children and adults with visual impairments. DHS administers various programs, which support and promote positive outcomes for children who are blind or visually impaired. Much has been accomplished through the work of the Commission but there is still more to do in order to fully provide the special services that these children require. The following narrative outlines the background, current status and next steps related to the issues identified by the Commission.

Background:

Recently the administration of the Rhode Island Early Intervention Program was transferred from the Department of Health (HEALTH) to the Department of Human Services (DHS). The Early Intervention program is responsible for the provision of diagnostic and other services for children from birth to 36 months of age with developmental disabilities including blindness and other visual impairments. Currently 48 children are identified as eligible to receive services through teachers for the visually impaired and orientation mobility specialists. Federal regulations require that these infants and toddlers have access to these services.

The Office of Rehabilitation Services (ORS) within the Department of Human Services is the state agency responsible for Services for the Blind and Visually Impaired (SBVI). This program is responsible for the registration and tracking of all blind children under provisions of RIGL §44-3-12 as amended. Additionally, pursuant to Vision Screening Legislation (2000 Public Laws Chapter 213), the Agency has responsibility to annually screen children for visual impairments. The program will provide social services to current and newly identified children and their families from birth to 21 years of age. This includes case management, education coordination, family counseling, vision evaluations, activities of daily living (ADC) training, prevocational and school-to-work transitional services along with vocational rehabilitation services as required. Currently there are 410 blind or visually impaired children registered at SBVI.

DHS is also the single state agency responsible for the Medicaid program that provides access to health insurance and medical services to disabled as well as low-income children. RItE Care, Rhode Island's Medicaid Managed Care program, currently services 80,000 children including 4,000 children with special health care needs: RItE Care provides vision screening, diagnostic services and treatment.

Current Status:

Early Intervention has identified certain gaps of specialized service providers for blind and visually impaired infants and toddlers. The Rhode Island Vision Education Services Program (RIVESP) and the Office of Rehabilitative services through the SBVI program provide vision

services offered to Children in the Early intervention Program.

The SBVI unit's ability to provide services to children enrolled in Early Intervention has been weakened by the loss of positions. Two social caseworkers had been devoted to serving deaf, blind and multi-disabled children in order to meet the needs of all children in Rhode Island with visual impairments as well as children enrolled in Early Intervention. There is a need for one (1) social caseworker position as well as an orientation and mobility specialist. The lack of mobility services for the birth to age three population who are blind or visually impaired has been a major barrier to successful development. There is a continuing need for re-evaluation of mobility needs and further training as the child develops. Eighty five (85) percent of all learning is visual. If an infant is not able to negotiate their environment, all areas of development are affected, including fine motor, gross motor, speech and social skills. It is essential to provide the specialized services of an orientation mobility specialist who is dedicated to this function. Currently SBVI utilizes a part-time consultant for this work.

Early Intervention and Medicaid are in a position to support an orientation mobility specialist and social caseworkers at SBVI through fee for service reimbursement for services provided to blind and visually impaired children enrolled in Early intervention and/or Medicaid/RItE Care.

Children in Early Intervention also require the services of two full-time teachers of the visually impaired. These positions would be within the Rhode Island Vision Education and Services program (RIVESP), which resides within the Sherlock Center at the Rhode Island College.

The Department of Human Services will continue to demonstrate commitment to individuals who are blind or visually impaired. Currently, DHS is analyzing the feasibility of augmenting services for the blind and visually impaired. Under consideration are the following items:

- Addition of 1 FTE Social Caseworker at SBVI to serve Children from Early Intervention through Transition to Vocational Rehabilitation to include a period of dual program participation;
- Addition of 1 FTE Orientation and Mobility Instructor for Children served by SBVI;
- Creation of Data-Logic Functional Vision Specialist position for children (25 hours per week);
- Use of specialized education and clinical consultants to provide other necessary support services including rehabilitation-teaching services for children; and
- The current vacancy in the Governor's Advisory Council is to be filled with a parent or other individual with knowledge and experience with the needs of children who are blind or visually impaired.

The Commission's Interim Report noted that a total of 5 FTEs at SBVI were necessary to adequately meet the needs of this population. These current action steps are the first steps in addressing this daunting need.

These recommendations offer a prescription to begin the significant and lasting changes to

improve this important area of DHS services to children, youth and their families. By developing a strategy to address needed improvements in DHS's programs at SBVI and EI, we will be better able to engage and work with other community shareholders in this area to improve the ability of children to reach their fullest potential for independence and work.

- The editors of the Rhode Island Agenda highly recommend that all infants, toddlers, children, youth and their families should have a coordinator of services who is knowledgeable about vision issues throughout all stages of development. This coordinator will be associated with the management and coordination of each case and promote efficiency and comprehensive service delivery.
- Addition of 1 FTE Social Caseworker at SBVI to serve Children from Early Intervention through Transition to VR to include a period of dual program participation.
- Addition of 1 FTE Orientation and Mobility Instructor for Children served by SBVI.
- Creation of a Data-Logic Functional Vision Specialist position for Children (25 hours per week).
- Use of Fee-for-Service to provide other necessary support services including rehabilitation teaching services for children.
- The current vacancy in the Governor's Advisory Council is to be filled with a parent or other individual who possesses knowledge and experience of blind or visually impaired children's needs.

Proposal for DHS:

The following are action proposals concerning programs and services within the DHS/ORS/Services for the Blind and Visually Impaired (SBVI). As within any unit in state government, attrition and decline in filling positions has greatly weakened SBVI's ability to serve this population adequately. In the past, Services for the Blind and Visually Impaired had as many as six social caseworker positions. Two of these positions were devoted to serving deaf-blind and multi-disabled children. A mobility instructor for children was also a funded FTE at the agency in the past. While the number of professional positions has been reduced at SBVI, the number of blind and visually impaired children and adults has continued to increase.

With the loss of the aforementioned FTEs, current case managers at SBVI are no longer able to adequately specialize in services to children and have only minimal knowledge of the special needs of children who are blind or visually impaired. This is especially true of the crucial early years of development period of time. The lack of mobility services to the birth to age three population of children who are blind or visually impaired has been a major problem within this agency and the DHS Early Intervention Program. There is a continuing need for re-evaluation of mobility needs and further training as the child develops. Safe independent travel is crucial to the development of all children, especially children who are blind or visually impaired. Eighty-five percent of all learning is visual. If an infant is not able to move around his or her environment, all areas of development are affected including fine motor, gross motor, speech and social skills. Fee-for-service is currently being used on a limited basis to provide some services to children in need of evaluation and remedial services, and to provide accurate functional vision information in order to individualize services to maximize development. However, utilizing professionals on a fee-for-service basis in this area creates the opportunity for significant differences in the quality and consistency of the delivery of critical developmental services, and severely limits the state's ability to adequately service this population.

Current Actions Needed:

In consideration of the above, the following action steps are recommended to improve SBVIs readiness to respond to the needs of children, youths and families in this area. These suggestions consider the impact of the transfer of Early Intervention to the Department of Human Services and the expansion of the Vision Education and Services Program at the Sherlock Center at Rhode Island College:

Action Proposal # 1 - Addition of 1 FTE Social Caseworker at SBVI to serve Children from Early Intervention through Transition to VR to include a period of dual program participation.

Action Proposal # 2 - Addition of 1 FTE Orientation and Mobility Instructor for Children served by SBVI.

Action Proposal # 3 - Creation of a Data-Logic Functional Vision Specialist position for Children (25 hours per week).

Action Proposal # 4 - Use of Fee-for-Service to provide other necessary support services including rehabilitation teaching services for children.

Action Proposal # 5 - The current vacancy in the Governor's Advisory Council is to be filled with a parent or other individual with knowledge and experience with the needs of children who are blind or visually impaired.

The Commission's Interim Report noted that a total of 5 FTEs at SBVI were determined to be necessary to adequately meet the needs of this population. These current action steps are the first steps in addressing this daunting need.

Case Management Services for Children, Youths and their Families: (Action Proposal 1)

When considering this population there are several critical junctures at which services must be in place to insure that medical, social, educational, development and vocational preparation needs are met for each child. The major function of the Social Caseworker position is to insure that gaps in service will be avoided and to provide a continuous source of support throughout the service process at SBVI. These critical points are:

- Early Intervention Period (Birth to Three)
- Transition to RIDE/LEA – Preschool Service Provision (Three to Five)
- Transition to School (Six to Age 21)
- Transition to VR (Age 14 – 16)

This position will work in conjunction with the four general social caseworkers to provide specialized services to 350 children. It is expected that the new social caseworker position would be assigned the current caseload of children from birth to age five. At entry into the school system, cases will be re-assigned by the Social Services Supervisor to the other four social caseworkers by area in consultation. The new positions will continue with the provision of

specialized children's services to complement and support existing staff, thereby dramatically improving each social caseworker's ability to provide such critical services. In addition, the new social caseworker position will perform the following related tasks:

- Responsible for both the ophthalmological coding of all children as to the extent of their visual impairment as required by state law and the agency management of Centralized Data Base.
- Coordination with the Vision Screening Program in early childhood areas.
- Coordination of training programs for agency social workers and other service providers in the community to provide improved services to children who are blind or visually impaired.
- Assisting and supporting the transition of the child to the Vocational Rehabilitation Program at SBVI. The new Social Worker will provide continuity beyond the transfer to VR to insure successful transition.

Mobility and Orientation Services for Children, Youths and their Families: (Action Proposal 2)

This Mobility and Orientation Specialist will work in conjunction with the Early Intervention Programs to provide services to infants and toddlers who are just beginning to develop the ability to move around in their environments. Because such a great amount of learning is visual, limited movement adversely affects fine and gross motor skills, speech and social skills. Environmental accommodations will be recommended, as will the provision of white canes and other mobility tools. Additionally, this position will work with older students, age six through sixteen, by doing evaluations and making recommendations for mobility and orientation services, in order to maximize their independence and improve future vocational and independent living success.

Functional Vision Evaluations for Children, Youths and their Families: (Action Proposal 3)

A Functional Vision Specialist consultant is needed to evaluate the extent of the child's residual vision in order to provide specific age appropriate recommendations which directly affect the child's method of learning, thereby dramatically increasing the effectiveness of service through each child's development.

This Functional Vision Specialist position will be available on an as-needed basis from a consistent source, thereby increasing the effectiveness of service with each child's development.

This position will work with children age birth through age fourteen 14 and provide the following services:

- Evaluate each child as to the extent of their residual vision and its affect on their visual functioning and the implications for early childhood development, education and eventual independence.
- Arrange for medical and visual evaluations in the child's home, early intervention center or school, so as to maximize family compliance and provide services within established programs, which will enable the staff to participate and learn from the evaluation.
- Make recommendations to the child's social worker regarding the need for mobility instruction, rehabilitation teaching and other services in order to utilize the child's

functional vision to maximize development and independence.

Fee-for-Service Rehabilitation Teaching for Children, Youths and their Families: (Action Proposal 4)

This category of service would include:

- Evaluation and recommendations for instruction.
- Provision of instruction in activities of daily living, including but not limited to dressing, personal care, cooking, money management, time management, communication, recreation and social skills.
- Maximize independence and improve future vocational and independent living success.

Representation for Children, Youth and their Families: (Action Proposal 5)

The current vacancy on the Governor's Advisory Council (GAC) will be filled with an individual who possesses knowledge and experience with the current needs of children who are blind or visually impaired. Recommendations have been made to fill this vacancy. It is expected that the Governor will soon approve this position.

ESTIMATED POTENTIAL COST SAVINGS

The cost of the establishment of these positions is approximately \$150,000. The long term benefits will be a generation of children who are blind or visually impaired but have more independence and better vocational potential because they have received the necessary services during their childhood to maximize their development and potential. This will therefore create substantial savings in public support monies, food stamps, housing and other areas. Additional savings can be expected due to reductions in homemaker costs, medical costs and lost family income due to supervision of blind adult. In extreme circumstances, adults who are blind and have not learned to live independently become nursing home or group home residents at a great increase in cost to their families and the community.

CONCLUSIONS

It is urged that the above recommendations be implemented without delay. The severe lack of specialized services in this area has been well documented. Children who are blind or visually impaired are not receiving even the minimum of necessary services. The recommendations, as outlined in this report, offer a prescription that will begin the process of making the significant and lasting changes necessary to improve this important area of DHS services to children, youth and their families. By developing a strategy to address these needed improvements in the DHS's programs at SBVI and EI, we will be better able to engage and work with other community shareholders in this area to improve the ability of children to reach their fullest potential for independence and a fulfilling and productive life's work.

APPENDIX III

LETTER FROM RI PARENTS OF BLIND AND VISUALLY IMPAIRED STUDENTS

Rhode Island Parents of Blind and Visually Impaired Children

21 June 2005

Dear Representative Naughton:

It is with great pleasure that we write to affirm our support of the Final Report associated with the Special House Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children. This body of work represents the dedicated efforts of all the members associated with this commission.

We are very proud to be commissioners and even prouder to know that our initial request to study the educational and service components of blind and visually impaired children was acted upon. We are pleased to have submitted the first position paper pertaining to the inadequacies of vision education and services to the House Finance Committee. As parents, we are honored that this outline ultimately aided and directed the work of the Commission.

As parents of blind and visually impaired children we are confident that many positive steps have occurred in the past year. The RI Vision Education and Services Program (RIVESP) was officially established and is now housed at the Sherlock Center; a distinct allocation to hire a Program Coordinator was made and that person was recruited; a better surveillance system to determine the census of blind and visually impaired children is being considered; increased inter-state agency collaboration regarding the study and implementation of services and programs for this population has occurred; other collaborations involving state agencies, community based organizations, local educational authorities and parents are ongoing; an assistive technology plan has been developed; workgroups have been formed to research and study fragmentation across programs, systems and administrative levels; an increased focus has been given to learning, childhood outcomes, transitional services at all stages of development including adult populations; and, most exciting is the development of Rhode Island's own cutting edge agenda for children who are blind and visually impaired.

We also recognize that there are some children in the system who are blind and visually impaired that continue to be under-served or un-served. With continued resources devoted to eliminating the disparities that exist among local educational authorities we are confident that soon we will rectify the fragmentation of education and services to those individuals who desperately need them.

As we said from the very beginning," parents want to be a part of the solution, not part of the problem." Thank you for allowing us to be part of the solution and for continuing to support our efforts.

Sincerely,

Elizabeth Frampton, President RIPBVIC

Paul Loberti, Vice-President RIPBVIC

Vice-Chair, Special House Commission to Promote and Develop a
Comprehensive System of Education for Visually Impaired Children

APPENDIX IV

LETTER FROM THE NATIONAL FEDERATION OF THE BLIND OF RHODE ISLAND



Richard Gaffney, President
PO Box 154564
Riverside, RI 02915
Tel 401 433 2606
info@nfbri.org
www.nfbri.org

The National Federation of the Blind of Rhode Island Voice of the Nation's Blind. We work for the civil rights of blind children and adults.

Many of our members attended the Commission meetings as volunteers. We wanted to show that we were very interested in creating a set of regulations that would assure blind children a good education, as they deserve. These people who came on a monthly basis were Angelina Teixeira, Mary Jane Fry and Barry Humphries. Richard Gaffney and Fredericka Athanas served on the Professional/System Standards Workgroup.

The fact that we have completed the report is our biggest success. Breaking off into work groups to refine the Strategic Plan will bring about a better guide for teachers, parents and other concerned professionals in the education of these children.

The part that seemed most challenging was the limited amount of time each work group had to go over the materials in the Strategic Plan. Some sections were very long and we could have used more time to analyze them and to give more detailed suggestions. Since much of the work of each group overlapped there should have been more interaction among the groups.

As we know many of the recommendations of the Strategic Plan and Final Report will take a little time to come to fruition. However, the fact that the Vision Services Program has already been moved to the Sherlock Center and a coordinator for the program is in place are steps in the right direction. We must continue to evaluate the children of our state and if a vision problem is found then that child should be given all the tools they need to complete their education successfully.

Once the provisions such as the core curriculum and the extended core curriculum are laid out by the Strategic Plan and the Final Report, this Commission should cease to exist. At that point the education of blind and visually impaired children should be overseen by the State Advisory Committee for the Rhode Island Vision Education Services Program (RIVESP).

Submitted by;
Richard A. Gaffney
President NFB of RI
E-mail info@nfbri.org

(Voice of the Nation's Blind

APPENDIX V

**MEMORANDUM FROM THE
RHODE ISLAND VISION EDUCATION AND SERVICES PROGRAM**

June 23, 2005

To: Representative Eileen S. Naughton

From: Katrena Traut-Savino
RIVESP Program Coordinator

Re: Input for Final Report

It has been my great pleasure to have the opportunity to work with the Special House Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children. The level of participation, dedication, and commitment of all parties involved has been very impressive. It has been gratifying to experience the strong collaboration among state agencies, LEA personnel, community-based organizations, and consumers to develop guidelines that span a continuum from infancy to adulthood.

Much progress has been made during this school year. An examination of the current practices and service delivery system has occurred. The database utilized in the Interim Report has been updated and is in the process of being expanded and improved. Measurable child-centered goals have been developed and will be used to monitor effectiveness and for program planning. Professional development opportunities have been offered to the State TVIs as well as the LEA TVIs and Orientation and Mobility Specialists. In addition, a new TVI was hired, increasing the amount of services being provided.

The change in name from the Vision Services Program to the Vision Education and Services Program exemplifies the expanded focus of RIVESP. Not only is there a commitment to hiring and retaining qualified personnel to provide services, but also to increase the understanding of the unique needs of infants, toddlers, and youth with visual impairments and their families. Efforts will focus on collaboration with existing programs, initiatives, and projects as well as strengthening regional partnerships.

There remains much to be done, but I am confident that, with the foundation provided by this final report, the provision of quality educational programs and services to all children with visual impairments and blindness in Rhode Island will become a reality.

APPENDIX VI

MEMORANDUM FROM IN-SIGHT

IN-SIGHT UPDATE MEMO FOR THE FINAL REPORT FROM THE SPECIAL HOUSE COMMISSION TO PROMOTE AND DEVELOP A COMPREHENSIVE SYSTEM OF EDUCATION FOR VISUALLY IMPAIRED CHILDREN

June 24, 2005

IN-SIGHT is an 80 year-old community-based non-profit agency that has provided an array of comprehensive services to people of all ages who are blind or severely visually impaired throughout its history, including daily living skills training, orientation and mobility instruction, low vision and volunteer services, training and supported employment in an industrial setting, counseling and support services, a radio reading service, and assessment and training in the use of computers.

As President of IN-SIGHT, I have represented our agency by serving on the Commission since its inception. I have attended nearly all of the meetings, giving input as appropriate drawn from my 21 years at our agency. During the past several months, when work was commencing on the Commission's Final Report, I was active in the administrative workgroup, and in the final workgroup that refined materials concerning the eleven goals.

I have been extremely grateful for the opportunity to be an active part of the Commission, because I have been acutely aware of the lack of any organized and functional system to address the educational needs of children in Rhode Island with vision impairment for many years. The challenges for the Commission have been many, for not only is the need for a completely new system critical, but the Commission has had to deal with projecting solutions for what has evolved into grossly fragmented and inconsistent provision in even the most basic of services from community to community, at a time when there exists a severe shortage of specially trained and certified professionals to provide vision rehabilitation services, nationally.

Much time has been spent, especially the first year, in educating all members of the Commission on what presently exists, what is mandated by law, possible resources for revenue and personnel, and the like. There has developed among many of the Commission members a real *esprit de corps*, and a sense of mission. Most Commissioners represent service providers, both state and private, who have been frustrated by the needs in this area for a long time.

The Final Report, contained in these pages, represents a truly collaborative effort on the part of commissioners and other shareholders in the educational future of children with vision loss in Rhode Island. Its goals and recommendations speak not only to supplying the most obvious needs educationally, but to those more subtle, but no less important needs for visually impaired children, which should be integrated into a complete and comprehensive educational plan. While the report presents a model blueprint, the challenge will be the commitment to follow through, on the part of all shareholders who have been involved, and those who will need to become involved, in future.

Judith T. Smith, IN-SIGHT President

APPENDIX VII

LETTER FROM THE RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

PROGRESS ASSESSMENT BY R.I.D.E.:

The Commission believes that a significant amount of progress has been made, since the issuance of the Interim Report, with regard to the implementation of several of the foregoing recommendations. In a recent memorandum, Dr. Thomas DiPaola, appointed designee of Commissioner Peter McWalters of the Rhode Island Department of Elementary and Secondary Education, assessed both the progress that has been made and the challenges which lie ahead for the Rhode Island Vision Education and Services Program (RIVESP), its fledgling Advisory Board and the wider Rhode Island community interested in vision education issues.

May 18, 2005

TO: Emilie Joyal
 Don Deignan
FROM: Thomas DiPaola
RE: Some Thoughts Regarding the Final Report Narrative:

In the Interim Report of 2004, Executive Summary, page 2, the Commission described three major recommendations:

- 1. An administrative decision to move the existing "Vision Services Program" from its current location at the Rhode Island School for the Deaf to the Paul V. Sherlock Center at Rhode Island College should be made without delay and the name should be changed to the "Rhode Island Vision Education and Services Program" in order to reflect their enhanced role;*
- 2. The newly reorganized and centralized Program should be fully funded and appropriately staffed by specialized professionals, as established by National Guidelines, so as to meet the immediate educational needs of all currently underserved or not served blind and/or visually impaired students in this state. Necessary fiscal, recruitment, and training mechanisms should also be put in place now, in order to accommodate the anticipated increase in the population of students who are blind or visually impaired; and*
- 3. An Advisory Board should be created in statute to oversee and monitor the ongoing work of the Rhode Island Vision Education and Services Program. This Board should be comprised of individuals representing parents of blind or visually impaired students, government officials from the relevant state departments, programs and agencies, private non-profit groups with expertise in the field of blindness and/or visual impairment, and blind and/or visually impaired adults with real-life experience in the present service-delivery and educational systems.*

Recommendation #1 – *The Vision Services Program has been relocated from the RI School for the Deaf to the Paul V. Sherlock Center at Rhode Island College, and the name has been changed to the Rhode Island Vision Education Services Program (RIVESP).*

Recommendation #2 - The Program has not yet been fully funded and as a result not yet fully staffed. However, the Program has been enhanced by adding one additional teacher of children

with vision impairments, one of whom is being co-funded by the State Program in the Sherlock Center and local school districts which we hope will be the blueprint for future expansion and enhancement. In addition, the Program continues to have a working relationship with the Teacher Training Program at UMass, Boston, to recruit and train personnel to work in Rhode Island. As a matter of fact, we are offering an introductory level course through the Sherlock Center at Rhode Island College as a way of stimulating interest for potential teachers.

Recommendation #3 has been implemented with the appointment of a standing advisory committee to oversee and monitor the ongoing work of the RIVESP by advising the RI Department of Education on the implementation of this statewide program. Attached is the membership list of the advisory board, which conforms with the recommendations, made in the interim report.

In addition to these major objectives, there have been other significant accomplishments since the time that the interim report was issued. For example:

- Rhode Island has a much more accurate census of children with vision impairments or blindness, and this information is improving every day by compiling information as to the unique needs of each child in the State.*
- As mentioned earlier, the program has added personnel and has also increased the communication between the State employed service providers and those that are employed by local school departments in order to achieve more consensus throughout the State.*
- The program has improved both access and the quality of professional development opportunities for the service providers, both in RIVESP and the local school departments.*
- The program has a budget request that would provide the funds for four (4) additional service providers to be funded in cooperation with local school districts.*

In addition to these accomplishments, the program continues to have goals and challenges ahead. For example:

- There is increased emphasis under NCLB and the IDEA to improve results for all students including students with disabilities. The RIVESP must continue to emphasize student outcomes and performance as the focal point of its work.*
- The National Center on Early Childhood Outcomes recently issued its recommendations on Early Childhood and Family Outcomes for children with disabilities between the ages of birth and six. The US Department of Education/Office of Special Education Programs has already indicated that it will be requiring states to report performance results on these indicators. The RIVESP will need to become familiar with these child and family outcomes and ensure that its work is designed to achieve those results.*

APPENDIX VIII

**MEMORANDUM FROM THE
GOVERNOR'S ADVISORY COUNCIL FOR THE BLIND**

TO: Representative Eileen S. Naughton

FROM: Donald D. Deignan, Ph.D.

DATE: October 18, 2005

SUBJECT: Final Report of the Special House Commission to Promote and
Develop a Comprehensive System of Education for Visually Impaired Children

I write to you in my particular capacity as Chairperson of the Governor's Advisory Council for the Blind to congratulate you on the impending issuance of the above-referenced Special House Commission's Final Report. Permit me also to thank you, personally, for the splendid quality of your leadership of the Commission from its inception to the conclusion of its formal work. We could not have accomplished all the good work contained in the Commission's Final Report without your continual inspiration, unfailing good humor and dogged determination to get this important and difficult job done. Generations of blind or visually impaired Rhode Islanders will be in your debt.

As representatives of the Governor's Advisory Council it has been an honor for Mr. Gaffney, Mr. Williams and me to serve as Commissioners under your Chairmanship. It has been a great personal privilege for me to have served as Commission Secretary at your instance. Thank you for the opportunity to have been able to work so closely with you during the past several years to make such beneficial change for Rhode Island's blind or visually impaired young people happen.

By means of our Interim and Final Reports I know that all of us, working together for a common purpose, have made a lasting and positive difference in the lives of our state's blind or visually impaired young people. I am proud that the Governor's Advisory Council for the Blind has had at least a small part to play in this important process. Thank you for leading the way!

Respectfully,

Donald D. Deignan, Ph.D.
(For the Governor's Advisory Council for the Blind)

APPENDIX IX

**Seventy-Five Years
of
Service and Partnership**

**A Brief History
of
Services for the Blind
and Visually Impaired
(1930-2005)**

Donald D. Deignan, Ph.D.

*Special House Commission To Promote And Develop A Comprehensive System
Of Education For Visually Impaired Children*

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Seventy-Five Years of Service and Partnership

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ACKNOWLEDGEMENTS

On occasions such as this it is customary for a publication's author to acknowledge the intellectual debts to colleagues and friends which have been incurred in the course of the research and composition processes. It is a particular pleasure for me to do so, since my obligations are especially great.

Tom Evans, the State Librarian, provided copies of relevant legislation as well as State Budget documents and Reports covering many years. My thanks also go to Beth Perry and Andy Egan of the Regional Library for the Blind and Physically Handicapped and to the Reference Department of the Providence Public Library, whose staff was very accommodating.

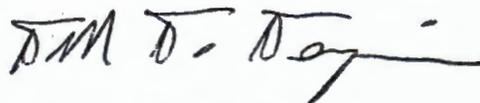
Steven Rothstein, President of Perkins School for the Blind, generously offered the extensive archival resources of the School's Research Library for this project. Jan Seymour-Ford, Research Librarian at Perkins, was extraordinarily helpful in unearthing, collecting and transmitting much valuable archival information contained in Annual Reports and Alumni Newsletters about Rhode Islanders who attended the School in its earliest years and since 1930 as well.

Tim Bonin, Executive Director of the Rhode Island Optometric Association, kindly forwarded a historical abstract of his organization. Judy Smith, the former President of Insight, found and shared with me much useful material about the early years of the Rhode Island Association for the Blind. Richard A. Gaffney, President of the Rhode Island Chapter of the National Federation of the Blind, gave me the benefit of his knowledge and long personal experience with the organization. Elizabeth Smith, Office Manager at the Brown Alumni Magazine, quickly provided necessary obituary materials.

Several of the Agency's seven Administrators made themselves available to help with background information. John D. Bamford graciously gave me a long telephone interview. Jack Thompson and Gary Wier patiently answered extensive questions which I asked them. E. Lyman D'Andrea's detailed outline of the Agency's early history provided a useful research starting point.

There is one person, above all, whom I *must* thank. My wife, Kathy Leonard, herself a retired teacher and librarian, helped at every stage of the research. She made many acute stylistic suggestions and meticulously proofed the type-script. This project would not have been completed without her constant help and encouragement, and I owe her more than I can say.

Having thanked the many people who have helped me, it remains only to say that any errors of fact or interpretation in this booklet are my responsibility alone.

A handwritten signature in cursive script, appearing to read "D. D. Deignan".

Donald D. Deignan, Ph.D.

"About the author: Donald D. Deignan was born in Boston and raised in Rhode Island. A 1968 graduate of Perkins School for the Blind, he received his B.A. from Rhode Island College and his M.A. and Ph.D., in History, from Brown University."

INTRODUCTION

The year 2005 marks the seventy-fifth anniversary of the Agency which we know today as Rhode Island Services for the Blind and Visually Impaired. This booklet is intended both to celebrate that event and to provide a brief historical chronicle and analysis of the Agency's development from its founding in 1930 to the present day.

In the pages of this booklet, three overall trends emerge. Over the last three-quarters of a century, services provided to blind or visually impaired Rhode Islanders have become increasingly formalized, professionalized and ever broader and more complex as the Agency offering them has itself changed and grown.

The history of services for the blind in this state cannot itself be adequately recounted or appreciated without reference to all the related service organizations, both public and private, which have grown and developed alongside the Agency and in partnership with it. As it happens, this year also marks important milestones for many other organizations in Rhode Island and New England whose mission is to assist blind or visually impaired people in a variety of ways. Perkins School for the Blind in Watertown Massachusetts is celebrating, officially, the one hundred and seventy-fifth year since its foundation. The Rhode Island Optometric Association is observing the centenary of its establishment, while Insight, formerly the Rhode Island Association for the Blind, turns eighty in 2005. And, at the same time, the Governor's Advisory Council to Rhode Island Services for the Blind has now been working closely with the Agency for seventy-five years, and the Rhode Island Chapter of the National Federation of the Blind is commemorating its thirty-fifth year of advocacy activity. Much has changed for blind or visually impaired Rhode Islanders since the "Bureau for the Blind" came

into being three-quarters of a century ago. Education for blind or visually impaired children in segregated residential schools, uniformly outside Rhode Island, has very largely given way to community-based instruction which allows young people with disabilities to live at home among family and friends. Opportunities for post-secondary and professional education have increased tremendously since 1930. Employment options and expectations for adults have broadened greatly, too, during this same period. Labor at home or in sheltered workshops has been largely replaced by competitive employment in the wider, non-disabled world. Rudimentary adaptive communication technologies such as the slate and stylus and even the Perkins Braille have been augmented, if not altogether supplanted, by microcassette tape recorders, optical scanners and text-magnifying personal computers which read and speak printed words off a monitor screen.

Although much has changed radically and for the better over the last seventy-five years, some things have remained the same. The historic commitment of the people of Rhode Island to the education and life-long wellbeing of the blind or visually impaired residents of this state, expressed regularly through the financial appropriations of their elected representatives in the General Assembly, has remained constant. Cooperation and partnership among a broad array of specialized service providers, both public and private, has developed and increased steadily from 1930 to the present. At every stage in the long process of institutional development and cooperation, Rhode Island Services for the Blind and Visually Impaired has taken a leading role.

The Agency's record of constantly evolving service and partnership in an ever-changing world is a legacy of which all Rhode Islanders can be proud as we mark this important occasion and look toward our common future.

HISTORICAL BACKGROUND

Since Colonial times, the people of Rhode Island have recognized their collective social responsibility to provide support for those individuals living among them who could not care for themselves. At its session held in Portsmouth in May, 1647 the Colonial Assembly declared, "It is agreed and ordered, by this present Assembly, that each Towne shall provide carefully for the reliefe of the poore, to maintayne the impotent, and to employ the able, and shall appoint an overseer for the same purpose."¹ The 1662 Assembly defined "the impotent," as those "who are not capable of Providing for themselves."²

Throughout the seventeenth and eighteenth centuries, this local support system for poor or disabled Rhode Islanders remained much the same. Neighbors, who usually received a small subsidy from town government, would care for people with disabilities in their communities. By the middle of the nineteenth century, as the number of people needing personal assistance increased, municipalities had created public "almshouses" or "asylums" in which to care for them. In 1850, the General Assembly commissioned Thomas R. Hazard to survey these new community-based facilities. The next year he presented to the legislature A Report on the Poor and Insane in Rhode Island.

In the Newport Asylum he found, among others, "c.s.," a 65 year old woman who had been an "inmate" there for 30 years. He described her as "Infirm and blind." In Portsmouth he encountered "j.b.," a man of 81 who had been at the Asylum for three years but was, "blind for 40 years." In Providence, Hazard visited the Dexter Asylum, of which he wrote, "It is a fine and substantial building, and it is apparently well arranged and conducted." There he saw "m.b.," a 42 year old Irish immigrant blind woman who had been at the Providence Asylum for 1 year.³

Apart from such Spartan, if humane, custodial care as this, Rhode Island's official treatment of blind people well into the twentieth century appears to have been piecemeal. Educational appropriations aside, remedial legislation was sparse. Improvement of individual lives was considered the province of charities, philanthropists, or private professional associations and not, primarily, the business of the State. Thus, in 1904 various Providence church groups founded the Society of Hope for the Blind. The next year the Rhode Island Optometric Association, as we now know it, was formally established. But the pace of privately sponsored reform, spurred on by the example of other states, was slow.

Periodic sales of household articles produced by blind workers took place from time to time, but it was not until April 30, 1923 that a meeting was held at Brown University to organize the Rhode Island Association for the Blind, to provide employment for blind adults. "That there is need for the proposed Association is the statement of those who have made a special study of the condition of the blind in this state," The Providence Journal commented. The State's two home teachers, Miss Kimball and Miss French, argued for its establishment, but the whole project still had an air of *noblesse oblige*, since, "... many prominent people throughout the state have offered to do everything in their power to assist in the formation of an association to further the interests of the blind."⁴

Within a short time, even before its own incorporation, the Association had established a seat-caning workshop which employed ten blind men on Eddy Street. On November 17, 1925 the Rhode Island Association for the Blind was incorporated. Its purpose was clear: "Said corporation is constituted for the purpose of promoting the interests of the blind, and providing them with opportunities for education, training and occupations in the arts,

industries and business.”⁵

The establishment of the Association went a long way toward improving services for blind people in Rhode Island. But, almost immediately and universally, it was recognized that a greater role for the State was necessary if such remedial programs were to realize their full potential. A formal survey of Rhode Island's blind population was seen, increasingly, as the first step in promoting greater State involvement. The Providence Journal recognized as much when it urged, "...upon the completion of such a canvass, further legislation for the improvement of conditions surrounding the blind may then be studied.”⁶

Perhaps a bizarre and tragic incident in early December, 1928 galvanized public opinion in favor of a survey. Mr. Horace M. Reynolds, "... sightless candy seller, who was known to thousands of Providence residents as 'the Grace Church Candy Man'," died after drinking a bottle of rat poison which he had mistaken for cough medicine.⁷

The Association, many prominent political figures and most of Rhode Island's religious establishment supported the expenditure of public funds to carry out such a survey by educational officials. The project gathered headway, and in early 1929 Senator Maurice Robinson, a Providence Democrat, introduced a Bill in the General Assembly to create an "Adult Blind Commission" which would carry out a statewide tally of the blind. Unfortunately, Senator Robinson did not consult the Association before drafting his legislation, so that organization condemned it as being "ill-considered and irresponsible".⁸ This was merely the opening salvo in the first of many historic "turf battles" which were to characterize relations between public officials and private organizations serving blind Rhode Islanders during the earlier part of the past seventy-five years.

In any event, by April 2, 1930, the Association had completed the much talked- about survey, which found that there were some 501 blind people in Rhode Island, 200 of whom were Providence residents. Mrs. Rush Sturges, President of the Association, said that her group would work collaboratively with the Bureau for the Handicapped and State authorities to aid them.⁹ Within a few days of the completion of this survey, legislation to create "The Bureau for the Blind" was signed into law.

This landmark legislation, which passed on April 17, had been introduced in the January 1930 Session of the Rhode Island General Assembly by Representative Frederick R. Hazard, a prominent Republican businessman and civic leader from Narragansett. It was signed into law on April 18, 1930 by Governor Norman S. Case, also a Republican. He was a well-known lawyer, distinguished civil servant and a close friend of Governor Franklin D. Roosevelt who was soon to become President of the United States.¹⁰

The Act appropriated \$9,000.00 for the Bureau's first budget, half to pay staff salaries and the rest to defray expenses associated with the establishment of a five- person, non-salaried, appointed "Advisory Council," which the measure also created. The new law called upon the Board of Penal and Charitable Commissioners, which was to have authority over the Bureau, to appoint "a man or a woman qualified by training and experience as supervisor for the blind, to hold office during its pleasure at an annual salary not exceeding three thousand dollars." The Supervisor's duties were to include producing and keeping a Register of the Blind, maintaining a vocational placement service, coordinating the activities of the home teachers, and overseeing the operation of all workshops and sales rooms for products produced by blind workers throughout the state.¹¹ When the General Assembly established the Bureau for the Blind and the Advisory Council, it removed their from the Department of Education and

placed them under the Department of Public Welfare. According to the Providence Journal, the legislature also invested the Advisory Council with power "... to select the supervisor for the blind with the assistance of Leroy Halbert, Director of State Institutions, with the approval of the commission."¹² This jurisdictional muddle was to cause problems later on but, at this moment, the direct ancestor of Services for the Blind and Visually Impaired had been born.

AGENCY ESTABLISHMENT AND ADMINISTRATIVE DEVELOPMENT

On July 1, 1930 the new law, passed and signed the previous April, which had created simultaneously the Bureau for the Blind and its Advisory Council, took effect. On that same day the Providence Journal cost two cents at a news-stand and fourteen cents per week if delivered by carrier. The paper's front page carried two important stories. Rhode Island, like the rest of the nation, was deep into "The Great Depression." So it should not be surprising that the national news headline was "**HOOVER CITES BIG GAIN IN 1930 PUBLIC WORKS.**" The previous evening, the President had assured the nation that the "... splendid endowment of our country ... of fortitude, courage, boundless energy and resources, together with the unity of effort, is the guarantee of recuperation." The main foreign headline was "**Cheers Echo Through Rhineland as Last French Troops Depart: 11 Years of Allied Control Over Area Ends and All Germany Celebrates.**"¹³ No doubt relatively few readers reflected that day on the advent of the Bureau for the Blind, which, in any case, did not get down to doing actual business until September 1st.

For the first ten years of its existence, the Bureau's administrative status was unsettled. Originally overseen by the Penal and Charitable Commission, in 1935 the Agency was transferred by legislative action to the Department of Education under the terms of a sweeping reorganization of State Government. At a Special Session held in July, 1939, the General Assembly passed the "Administrative Act" which reassigned some functions of the Bureau to the newly created Department of Social Welfare while leaving others within the compass of the Department of

Education. Finally, in 1940, the legislature once again vested jurisdiction over all the Bureau's activities in the Department of Social Welfare.¹⁴

The Agency's first Supervisor was Jarvis C. Worden, Sr. A New Jersey native and Brown University graduate, he was a teacher, an ordained Baptist Minister and a member of the American Association of Workers for the Blind.¹⁵ Worden brought the two home teachers onto the Bureau's fledgling staff, together with a social worker and a clerk. Mr. Worden diligently conducted detailed annual surveys of the blind and began the practice of submitting Annual Reports to his administrative superiors. These Reports, which date from the Bureau's inception and run through the late 1980s, are the source for much valuable information about the Agency's institutional development and history.

It has already been noted that the law creating the Bureau gave the Advisory Council considerable power in choosing the Agency's Supervisor. Particularly during the first decade of its administrative life and, indeed, for sometime after that, the Council exercised great influence over the Bureau. Since most members of the Advisory Council came from the Rhode Island Association for the Blind, relations between that body and the Bureau were, early on, very close. According to an unattributed Association Memoir,

An Executive Secretary was hired to serve as the head of the State agency and the Association jointly. Until 1938, both organizations occupied the same offices and shared administrative, professional and clerical staffs as well as the financial responsibility for provision of services to Rhode Island blind persons.¹⁶

This intimate, overlapping relationship changed radically in January, 1938, when Mr. Worden left the Bureau to become,

exclusively, full-time Executive Secretary at the Association.

Mr. Worden was replaced as Bureau Supervisor, that same year, by Miss Lenore Young, who was to occupy that post for two decades. Miss Young, or Mrs. Gay as she soon became, was a social worker and an able administrator who distanced the Bureau from the Association and laid the foundations for the modern Vocational Rehabilitation program.¹⁷ During Mrs. Gay's tenure, in 1956, the diverse functions of the Bureau as they had developed over the past twenty-five years were codified, and the modern Agency we know today took shape.¹⁸

Mrs. Gay left the Agency on medical leave in 1958. She was succeeded by Mrs. Eleanor M. Johnson, veteran of state social service, who became and remained "Acting Administrator" of the Bureau.¹⁹ During her term the Agency changed its name from "Bureau for the Blind" to "Division of Services for the Blind".²⁰

Mrs. Johnson left the post of Acting Administrator in 1964 and was succeeded by Mr. E. L. D'Andrea as Administrator in that year. Like Mrs. Gay before him, Mr. D'Andrea, who joined the Bureau staff in 1956, was to head the Agency for twenty years. One of Mr. D'Andrea's proudest achievements was obtaining full accreditation for the Agency from the National Accreditation Council in 1972. This was renewed ten years later.²¹ In addition, he oversaw many important advances and events, another change of name, to "Services for the Blind and Visually Impaired," in 1976, and the organization's Fiftieth Anniversary celebration in 1980.

In 1984 Mr. D'Andrea was followed as Administrator by Mr. John D. Bamford, who had entered State service in 1968. Among many other things, Mr. Bamford aided in the creation of the Ocean State Center for Independent Living, secured funding for the Independent Living Older Blind grant within the Agency and worked to promote a constructive relationship between

Services for the Blind and Visually Impaired and the Rhode Island chapter of the National Federation of the Blind. Of his time as the Agency's leader, Mr. Bamford said, "I enjoyed it very, very much."²²

Jack Thompson joined the Agency staff in 1972 as a peripatologist, an orientation and mobility instructor. After many years of service in varying supervisory roles, he succeeded "Jack" Bamford as Administrator, taking charge of the Agency, in 1991. He worked closely with the Governor's Advisory Council to persuade the General Assembly to name the new Department of Administration headquarters building after Judge William E. Powers. Mr. Thompson was also instrumental in insuring that the 1991 merger of S.B.V.I. and the Vocational Rehabilitation Agency into the "Office of Rehabilitation Services" (O.R.S.) went smoothly within the new Department of Human Services. He also helped to secure increased funding from the State Lions Club for the Children's' Summer Camping program begun by Mr. Bamford.²³

One of Mr. Thompson's ongoing initiatives as Administrator at S.B.V.I. was in the area of leadership development and "succession planning." When he retired from State Service in 2000, these efforts bore fruit. Mr. Gary B. Wier was named the Agency's most recent Deputy Administrator, responsible for S.B.V.I. within O.R.S., in 2001. Building on the work of his predecessors, Mr. Wier cultivated excellent relations with the Governor's Advisory Council and reached out effectively to all the Agency's constituencies, including the Rhode Island Parents of Blind Children Network. Working collaboratively with Saving Sight Rhode Island, he placed the Agency's Vision Screening program for young children on sound footing. Meanwhile, in 2004, he worked closely with the General Assembly and the Rhode Island affiliate of the National Federation of the Blind to bring "Newsline" to visually impaired readers throughout the

state. This innovative program allows subscribers to listen to a wide variety of newspapers read daily over the telephone. He also played a key role in organizing the Agency's "75th Anniversary" program and celebration.

Throughout its seventy-five year history, the Agency has been headed by gifted and energetic Administrators. Under their collective leadership it grew from very modest beginnings to become the complex, multi-faceted service organization it is today. The following Table reflects this growth and change.

AGENCY PROFILE: 1930-1989 ²³			
YEAR	CLIENTS	STAFF	BUDGET
1930	137	5	\$9,000.00
1935	534	(Unknown)	(Unknown)
1940	710	13	\$20,229.79
1945	406	19	\$43,977.82
1950	768	20	\$84,373.07
1955	725	19	\$99,467.79
1960	1018	22	(Unknown)
1965	994	28	\$210,939.00
1970	1181	44	\$439,288.00
1974	1586	39	\$706,500.00
1980	1925	44	\$1,140,074.00
1985	1145	37	\$1,341,585.29
1988	1154	41	\$1,795,829.00

VOCATIONAL REHABILITATION OF BLIND RHODE ISLANDERS

Perhaps no aspect of the Agency's work has changed and broadened more dramatically over the last seventy-five years than has its Vocational Rehabilitation Program. In 1930 chair caning, piano tuning or light industrial "home work" were the primary occupations of those blind Rhode Islanders fortunate enough to be employed at all. Three-quarters of a century later, blind or visually impaired computer programmers, social workers, government employees and teachers have joined vending stand operators and others in the contemporary workforce, but job placement remains an ongoing challenge equally for the Agency's staff and for far too many of its clients.

The concept of "vocational rehabilitation" for blind Rhode Islanders long predated the establishment of the Agency itself.

During its 1904 Session, the Rhode Island General Assembly "*Resolved* That the board of education...make provision for the instruction, at their homes, of adult blind residents of this state, upon such conditions and to such extent as may seem best to said board...."²⁵ For this purpose the legislature appropriated fifteen hundred dollars. Within a short time, two "Home Teachers," Miss Fanny A. Kimball and Miss Mary E. French, both Perkins graduates, were hired. The May 13, 1906 Providence Journal reported that:

The work of the teachers was at first confined to instruction in reading and writing in the Braille methods. At present, however, they are teaching their pupils to sew, knit, crochet, cane chairs and weave baskets.

At the same time, the paper noted that, "the Society of Hope has been working unostentatiously and the past week the first exhibition and sale of the work of the sightless was held at the home of Mrs. R. B. Burrough on Power Street."²⁶

In March 1924, well before the foundation of The Bureau, the Association had started the Outlook Shop at 282 Eddy Street in Providence. Apart from the training of blind men and, eventually, of women as well, for employment in this workshop, the organization had a more ambitious goal. "It is the hope of the association... to conduct an employment placement service for the blind."²⁷

Since Jarvis Worden had been hand-picked by the Association as the Bureau's first Supervisor, it should not be surprising that the new State Agency placed great emphasis on training clients for work and then finding it for them. In his first Annual Report for 1930-1931, Mr. Worden listed its proposed "Functions." The fifth of these was, "Assisting the blind in finding employment of which they may be capable."²⁸ But Mr. Worden was a realist, and, although he recognized the particular impact of the Great Depression on this objective, he soon expressed a sentiment with which successive generations of Agency Administrators could sympathize:

The task of finding employment for blind people is a difficult one under the most advantageous conditions. During the past year, with economic conditions as they have been, it has been particularly difficult. However, we have succeeded in placing four of our blind people in positions that promise steady employment.²⁹

The 1930s were a difficult period for the Agency in terms of placing blind people into competitive employment positions. What is more, the Bureau made a distinction between clients served in this branch of its vocational work and clients served by the Home Industries Plan. In 1934-1935, for example, only four people were in the former category, while one hundred and ten were in the latter.³⁰

Mrs. Gay, like Mr. Worden before her, was keenly interested in finding full-time jobs for her clients. In his first Annual Report, Worden had noted that one of the four people who had found work outside "Home Industries" had been "placed in a stand."³¹ In 1936 Congress passed the Randolph-Shepard Act, which created the Business Enterprises Program for the Blind, allowing blind people to operate vending stands in Federal Buildings. But in early 1940, Mrs. Gay still lamented:

It is a disappointment that no funds have been granted for development of periodical stands in public buildings and factories, a program that has proved its worth throughout this country...in providing employment opportunities for properly selected blind operators.³²

When a site in the Providence Federal Building was offered, she said:

The welcome news has been received that Providence Lions Club will donate to the Bureau the first adequate news, candy and tobacco stand for a blind operator. Perhaps, in our administration of this stand under the "centralized control system" we

can yet prove to the state that blind people can operate stands on sound business principles; not only supporting themselves adequately, but turning back to the agency a small percentage of gross sales out of which it can repair and replace equipment, and gradually accumulate a reserve for extension of the program.³³

On November 27, 1940, therefore, the State itself assumed responsibility for running its own Business Enterprises program, now an Agency mainstay.³⁴

As Business Enterprises, including the Home Industries and Vending Stand programs, made steady progress, the Bureau and the Association both found jobs for some blind Rhode Islanders in defense industries during the run-up to American involvement in World War II.³⁵ In the midst of the War itself, Congress passed the Vocational Rehabilitation Act Amendments of 1943. This monumental legislation appropriated massive sums of Federal money and authorized the states to provide vocational rehabilitation services, including job training, to blind people and other disabled civilians. In accordance with this new law, Rhode Island produced its "State Plan" in 1944, and the enhanced Federal/State partnership bore some fruit. The Providence Journal reported that, "Federal Rehabilitation officials are currently interested in upgrading the blind from such occupations as caning chairs and tuning pianos into jobs on a higher level which they are capable of filling if industry opens its doors to them."³⁶

But industry proved slow to do so, especially when economic conditions in general were not good. In her 1949-1950 Annual Report's Vocational Rehabilitation section Mrs. Gay commented, "During the year [the cases of] 24 blind persons were

closed as employed — a real accomplishment in a year when Rhode Island was undergoing an industrial recession.”³⁷

The 1950s, like the 1930s before them, were a difficult period for vocational placements by the Agency. By the mid-1960s, however, the economic environment had begun to improve, and the occupational landscape was also changing. In his Annual Report for 1965-1966, Mr. D’Andrea noted that:

“During the fiscal year, 73 blind persons were rehabilitated into employment, which is an all time high for our agency. Jobs ranged from unskilled laborers through the professional categories.”³⁸

For the last thirty-five years vocational rehabilitation, with competitive employment as its objective, has remained the Agency’s top priority. Rehabilitation counselors joined Business-Labor Advisory Councils, promoted annual Employment Breakfasts, and made numerous presentations to prospective employers, all to enhance job prospects for their clients. In the late 1980s the Agency’s venerable Home Industries program gave way to the concept of supported employment, and a “rehabilitation engineering” consultant joined the Agency staff to train clients to compete successfully for evolving “high-tech” jobs.³⁹ Great progress has been made. But even now, in 2005, finding employment after completing “vocational rehabilitation” is still a challenge for many Agency clients.

EDUCATIONAL ALTERNATIVES

The work of the home teachers, discussed previously, was confined to instructing adults who had recently lost their sight how to read and write Braille and to manufacture useful household articles for sale, at a profit for the producers, to the general public. The education of blind children and young adults was a different matter altogether. Seventy-five years ago educational options for blind children and adolescents in Rhode Island were severely limited. Enrollment at Perkins School for the Blind or tutoring in their own homes were the only choices which their parents or guardians had. At that time, public schools lacked both the facilities and the inclination to instruct such children in their own communities at taxpayer expense. Over the intervening decades, thanks to sweeping changes in Federal and State education laws, this situation has improved drastically. But the pace of change has been slow, and the ultimate goal of complete, seamless integration of all blind or visually impaired Rhode Island students into the mainstream public education system universally available to everyone else within this state, remains far from fully achieved.

As has been seen, Rhode Island provided little more than custodial care for blind adults during the Nineteenth Century. By contrast, the State's attitude toward the education of young people was much more progressive. As early as 1845, the General Assembly passed "AN ACT to provide for the education of the indigent Blind, and indigent Deaf Mutes, in this State," with an accompanying annual appropriation of fifteen hundred dollars. Indigent Deaf Mutes were to be taught at the American Asylum, at Hartford, while the instruction of Rhode Island's "indigent blind" was to take place "at the institution for the education of the blind located at South Boston, in Massachusetts."⁴⁰

That "South Boston institution," known today as Perkins School for the Blind, in Watertown Massachusetts, has close historic ties to Rhode Island. The School's co-founders, Drs. John Dix Fisher and Samuel Gridley Howe, were Brown graduates and Harvard Medical School alumni. In 1829 they founded the New England Asylum for the Blind which after 1839, in recognition of a generous financial gift from a benefactor, became Perkins Institute for the blind.⁴¹ Several Rhode Islanders attended Perkins, as private students, even before the General Assembly's initial 1845 financial appropriation of public money for tuition purposes. The first of these was Hazard Champlin from South Kington (*sic*) Rhode Island who entered the School's adult workshop program in March, 1841 at age twenty-two. The first deafblind student was Oliver Caswell, from Jamestown, who enrolled in September, 1841 at age eleven.⁴²

From the 1840s to the 1970s, large numbers of Rhode Island students attended Perkins at public expense. Even after the establishment of the Bureau for the Blind in 1930, the Agency's role in their education was substantial but fairly indirect. In one Annual Report Mrs. Gay wrote:

The State Department of Education provides scholarships whereby blind children of average intelligence receive their education at Perkins Institution in Watertown, Massachusetts, from kindergarten through senior high school. In spite of its name this is a residential school, not an institution. Children spend all school vacations at home with their parents and often come home weekends.⁴³

Elsewhere she defined the Agency's limited role in the educational process by explaining, "The chief of rehabilitation visits Perkins, talks with the teachers and the social worker, and gets acquainted with the students several years before they graduate."⁴⁴

During much of the period covered by this publication, Perkins was the best educational option which the State of Rhode Island had to offer. Early on, the public schools were not a viable alternative to residential placements for blind students. Periodically, from the early 1930s until the mid-1960s, Rhode Island public school officials balked at the idea of having to educate totally blind children in their classrooms. On February 12, 1932, under the headline "Municipal Systems Unprepared to Take Blind Children", The Providence Journal reported that almost all the state's school Superintendents had met with Walter Ranger, the Commissioner of Education, and "Resolved" before him that they were "unprepared" to receive blind children.⁴⁵

But, even then, at least one person saw the educational future for blind students in Rhode Island clearly. In a 1933 interview, featuring the appointment of Mary Cherlin to his staff as a Home Teacher, Jarvis Worden, the Bureau's first Supervisor, foresaw the complete integration of blind young people into public schools and described the benefits which would flow from this policy. In part, under the sub-headline "BELIEVES NORMAL EDUCATION IS BEST", Worden said:

We shouldn't take promising blind children out of the State and away from home nor am I thinking especially of spending money for their education in other States when it could be spent here. Every child who is unfortunate enough to be deprived of his eyesight should have still the advantage of a home environment. No institution in the world can

supply for him the care that can be given to the child in his own home. Furthermore, only this home influence and the constant contact with normal boys and girls can help to break down certain unfortunate traits of shyness which are bound to be developed in artificial atmospheres. He belongs in the atmosphere that is natural for the child, his own home ... Blind children who are able to stand on their own feet, who are capable of response to such training should be educated in the public schools under the supervision of trained teachers. They should be given liberalized courses as to fit them for a more normal life ...which should be the aim of education.⁴⁶

But it has taken a long time for Mr. Worden's vision to come close to being fully realized. In 1964, according to an article in the Providence Journal for example, there were only twelve blind students in Rhode Island's elementary and secondary schools. Most of the rest were at Perkins.⁴⁷

The 1975 passage of the Education of All Handicapped Children Act, now codified as IDEA, the Individuals with Disabilities Education Act, created a Federal mandate for the integration of blind students, as well as other children with disabilities, into public schools but financial resources and trained personnel were scarce, and the willingness to implement these reforms at the school district level was often lacking. Over the intervening years, advocacy organizations such as the Disability Law Center (formerly the Rhode Island Protection and Advocacy System) and ad hoc parents groups were established to address and redress the chronic problems of under-funding and school district

recalcitrance. Finally, in 2003, the General Assembly intervened by creating a "SPECIAL HOUSE COMMISSION TO PROMOTE AND DEVELOP A COMPREHENSIVE SYSTEM OF EDUCATION FOR VISUALLY IMPAIRED CHILDREN" and the Agency's Deputy Administrator, Gary Wier, and the Chair of the Governor's Advisory Council, Donald Deignan, were named as Members. They have played a leading role in its now nearly completed work.

On the Higher Education front progress for blind students assisted by the Agency has been significant. In her 1949-1950 Annual Report, for instance, Mrs. Gay was able to note proudly that, "This is the first year that the Bureau can report blind college graduates who received their entire college education through the vocational rehabilitation program in Rhode Island among the "closed employed."⁴⁸

A few years later, one legally blind student, paying tribute to the Agency for the help it provided to him and a colleague, declared, "We are very grateful for an opportunity to receive a higher education.....Without this financial help and the counsel of our advisors—as well as understanding from our professors—I guess we'd both still be working in a factory."⁴⁹ These words of gratitude ring as true for the present generation of blind or visually impaired college and graduate students as they did when they were first spoken over fifty years ago.

THE EVOLUTION OF SOCIAL SERVICES

Although the notion of Social Services as a separate program developed rather slowly, these services have now become one of the most diverse and dynamic components in the broad array of supports which the Agency currently offers to its clients.

Beyond the indirect provision of academic education and the direct support for practical training in preparation for work, the Bureau's leadership and staff soon realized that many of its clients needed additional, particular services often unrelated either to formal learning or to gainful employment. From its inception in 1930, the Bureau for the Blind had a social worker on the staff. In those early days the concept of "social service" was amorphous. The Agency staff was, apparently, expected to be able to respond effectively to a wide variety of requests made by clients. As Mr. Worden once cogently observed:

These requests cover the whole field of human necessity...

Capital to establish business, hospitalization, fuel, bill collected, domestic relations straightened out, services of an ophthalmologist, placement, materials for home industry work, admission to vocational school, higher education, vocational guidance, etc.⁵⁰

Three-quarters of a century ago, in the midst of the Great Depression, the Agency initially assumed at least partial responsibility for maintaining a financial "safety net" for many of its impoverished constituents. While the Bureau did not offer financial assistance to "the needy blind" it provided the screening mechanisms and personnel which could help them to obtain

supplementary funds from new Federal and State Government programs. The general concept enshrined in "Aid to the Blind", which dates from the mid 1930s, may be said to be the genesis of the modern Social Services program.

As early as 1935, Jarvis Worden suggested that blind Rhode Islanders over age 55 should be given pensions from the state. He also urged that blind homeowners should receive a \$5,000.00 property tax exemption.⁵¹ Although his pension idea, later revived by the Rhode Island Chapter of the National Federation of the Blind in the late 1940s, went nowhere, the Agency continued to press for the \$5,000.00 property tax exemption, which was finally enacted by the General Assembly in 1973.⁵²

Meanwhile, in 1936, in a statute entitled "AN ACT TO PROVIDE AID FOR THE BLIND," the General Assembly formally accepted the provisions of Title X of the Social Security Act of 1935 allowing "Grants to states for aid to the blind." The Bureau for the Blind, then located administratively within the Department of Education, was to administer the new Federal/State payments program.⁵³ Even though responsibility for the program was soon taken from the Bureau and vested in the Department of Public Welfare, the Agency continued to recruit and pay ophthalmologists whose job it was to screen applicants for benefits. Payments to individuals adjudged to be "needy blind" Rhode Islanders were by no means generous in this 1938 legislation. Financial assistance was to be, "sufficient, ... to provide him with a reasonable subsistence compatible with decency and health; but in no case shall it be an amount which, when added to the income of the applicant from all other sources shall exceed a total of thirty dollars per month; provided, however, that assistance in excess of this amount may be granted in exceptional cases with approval of the director of public

welfare.”⁵⁴ From this modest beginning in the 1930s Social Security programs have come to play a crucial role in the lives of thousands of blind or visually impaired Rhode Islanders of various ages and socio-economic conditions.

If “Aid to the Blind” was the first piece of legislation with a significant social service component within it, another soon followed. The 1940 legislation which placed the Agency once and for all within the state department responsible for social welfare services, also provided for payments to “readers” for blind students in institutions of higher learning.⁵⁵ Generations of college and graduate students have benefited greatly from this action taken by the legislature some sixty-five years ago.

Another early innovation in the realm of social services was the Talking Book program, begun in 1934 as a private philanthropic initiative, later overseen by the Agency starting in 1937. The Providence Journal then declared:

A new store of happiness has arrived in Providence for those who cannot see. A shipment of electronic machines constructed to play the talking books devised by the American Foundation for the Blind, has been received at the State Bureau for the Blind and will be distributed to needy sightless persons. The machines, constructed with government funds, are lent to blind persons by the Library of Congress, Washington, which also circulates over 100 separate titles of the talking books.⁵⁶

In 2005, the Regional Library’s “Talking Books Plus” program” has 78,000 titles available to its 2,202 current users.⁵⁷ “Talking Books Plus” brings the world to its users no matter how

severe their physical limitations may be.

Outreach and the provision of information and referral services have always been an important part of the Agency's social services work. Mrs. Gay recognized this reality explicitly when, in the early 1950s, she wrote:

The two senior social workers made sure that no one whose vision could be improved through treatment lacked that opportunity, informed the blind of services available through the Bureau and implemented suitable services; and acquainted blind persons with other community resources available to them. Students at Perkins and institutionalized blind received supplementary services as needed.⁵⁸

Not only did the Agency inform clients of services available to them from other organizations but it also cultivated relationships with those groups itself. A good example of such collaboration was the establishment in 1965, in cooperation with Rhode Island Lions Clubs, of a program which provided a bus to transport students to and from Perkins every week during the school year.⁵⁹

The Agency was also ready to borrow ideas and to build on successful programs which had originated elsewhere. The Association established its Orientation and Mobility program in 1964, and for several years thereafter the Agency referred clients to it until, in 1972, Jack Thompson joined the Division's staff as its full-time peripatologist.⁶⁰

The needs of blind or visually impaired children have long been a priority of the Agency's Social Services Unit. In 1965 the

Agency established a summer camping program which continues to the present day.⁶¹ For many years this popular program, which continues to grow even as its scope of activities expands, has received generous financial support from Lions Clubs throughout Rhode Island. Vision screening of young children has also been a long-standing concern, and a collaborative program to undertake this important diagnostic task has been established and is now thriving.⁶²

Since the mid-1980s an innovative Independent Living program for adults over age 55 has been in operation to serve that ever expanding segment of the blind or visually-impaired population of Rhode Island.⁶³

Perhaps no aspect of the Agency's work is more challenging than is the provision of particularized social services to large numbers of individual clients. Yet, as their discrete needs evolve, the Agency has shown an admirable ability to adapt to the changing personal circumstances of those whom it serves.

CONTINUITY AND CHANGE

Thus far the Agency's Administrative history and programmatic development in the areas of Vocational Rehabilitation, Education and Social Services have been examined. But the organization's life and character have been shaped by more than dry statistics and various program initiatives. During the last seventy-five years, colorful personalities, important issues and significant events have combined to make Rhode Island State Services for the Blind and Visually Impaired what it is today.

In 2005 we are able to celebrate the spirit of harmony and partnership which exists among all organizations and groups serving the interests of blind or visually impaired Rhode Islanders. This cooperative attitude, based on shared sense of purpose, has developed slowly but steadily over the past seventy-five years.

It may be recalled that the early links between the Bureau for the Blind, the Rhode Island Association for the Blind and the Advisory Council were all very strong. Between 1930 and 1937, in fact, there was a great deal of overlap between the Association's Board of Directors and the membership of the Advisory Council. All this began to change dramatically in January, 1938 when Jarvis Worden suddenly resigned his post as Bureau Supervisor to become Executive Secretary of the Association. Almost immediately tensions between the two organizations began to develop. It was not long before these growing differences became public. Mr. Worden told the Providence Journal, "It has proved a difficult situation as the director of the bureau has necessarily had to be responsible to two widely different groups, one the Association for the Blind, the other the Department of Education."⁶⁴

Mr. Worden announced that the Association would assume responsibility for all sales to the public of articles produced by blind workers, while the Bureau would continue with its "home teaching" function. Dr. James F. Rockett, then Commissioner of Education, charged that the Association's plan would lead to "duplication of services". Mr. Worden replied that the Association's purpose "was not to cause a conflict but was merely to permit the Association to carry on under its own auspices a work for which the State has been glad to take credit." Dr. Rockett angrily responded, "I cannot sit idly by and allow anyone to destroy the efforts of this State in behalf of the blind."⁶⁵

The dispute, thus begun, was to last for more than a decade. The Bureau and the Association each established rival salesrooms from which to offer to the public articles produced by blind workers. What is more, frequent squabbles over annual sale dates and "territories" ensued and made the papers periodically. Eventually, the National Federation of the Blind's newly formed Rhode Island Chapter joined the fight on the side of the Association.⁶⁶ This bitter quarrel over "sales work" persisted until 1950 and ultimately required the personal intervention of Governor John O. Pastore to resolve it.⁶⁷ Hostilities finally ended with an "Agreement" concluded in an atmosphere not unlike that surrounding the signing of a peace treaty between great, warring powers.⁶⁸

As a consequence of the erstwhile conflict between the Bureau and the Association, the status of the Advisory Council altered, too. After 1940, the Association lost its ability to influence selection of Council members, and the Governor, henceforth, appointed them.⁶⁹

Changes in the administrative placement of the Agency itself during its first ten years of operation have already been

noted. The physical location of the organization has been no less nomadic. It has been housed at various times in the State House, on Exchange Place, on Washington Avenue, at 46 Aborne Street, at 275 Westminster Street and twice at 40 Fountain Street, where it remains in 2005.

The contributions of the Agency's seven successive Administrators have already been noted. No less noteworthy, however, is the tradition of long and excellent service established by the Agency's staff from the start. Mary E. French served as a home teacher for forty two years. Along the way, Mrs. Gay and Judge William E. Powers paid glowing tributes to her.⁷⁰ Mary F. Cherlin, Miss French's colleague, served nearly as long as she did and with equal distinction.⁷¹

Three outstanding consulting ophthalmologists have also cumulatively provided vital services to thousands of Agency clients almost from the Bureau's inception in 1930 to the present day. They have done everything from conducting eye examinations to performing surgery on Agency clients. They have also provided ongoing invaluable technical assistance and expertise to Agency staff.

Dr. Raymond F. Hacking first became affiliated with the Bureau in the 1930s and retired from his post in 1964. In the meantime, he served as an active member of the Governor's Advisory Council from 1940 to 1964. He died in 1966.⁷² Dr. Robert S. L. Kinder became associated with the Agency in 1965. Dr. Robert L. Bahr followed Dr. Kinder. During the Agency's "Golden Anniversary" celebration in 1980, Drs. Kinder and Bahr served as conference panelists and were interviewed by the Evening Bulletin. The article began, "Two leading eye specialists today outlined the progression of ophthalmology from a rare and risky specialty of 50 and 100 years ago to the current day practice

in which surgeons seem to magically complete operations using stitches one third as small as the breadth of a hair.”⁷³

Volunteers, serving as members of the Governor’s Advisory Council, have also played a vital role in the life of the Agency from its beginning. Mrs. Rush Sturges, for example, helped to found the Association in 1923 and went on to serve multiple terms as Advisory Council chairperson from 1930 until 1943.⁷⁴

Justice William E. Powers was by far the most distinguished blind Rhode Islander to have yet been associated with the Agency.⁷⁵ He served for ten years on the Governor’s Advisory Council. In lasting tribute to him, the Agency and the Governor’s Advisory Council worked together closely with the General Assembly to have the new Department of Administration Building at One Capitol Hill named for Justice Powers in 1991.

Despite some past differences, cooperation among entities serving Rhode Island’s blind and visually impaired individuals has continually grown, a circumstance foreseen by Judge Powers, himself, as early as forty-five years ago. Speaking at the Annual Dinner of the Rhode Island Chapter of the National Federation of the Blind in 1960, he described “a growing tendency towards coordination of the activities of the several agencies for the blind.”⁷⁶ In 1966, the Rhode Island Optometric Association’s writings displayed the same cooperative spirit, observing that, “Over the years the Welfare Administration and the Rhode Island Optometric Association have learned to work together.”⁷⁷ In 1968, a document of the Association for the Blind stated that, as organizational policy, “the Rhode Island Association for the Blind ... does not provide services for blind persons which duplicate those provided for them by other Rhode Island agencies.”⁷⁸

Another striking example of cooperation between the Agency and its various constituents lies in the resolution of concerns expressed over the Agency's affiliation with the National Accreditation Council.⁷⁹ The National Federation of the Blind and its Rhode Island Chapter strenuously opposed the Agency's continued affiliation with the accreditation organization because they regarded it as paternalistic and unrepresentative of the blind people it allegedly served. In the mid-1980s, during his tenure as Administrator, hearing the Federation's concerns and being sensitive to them, John Bamford disaffiliated the Agency from the Council. In addition to displaying a responsiveness to the Federation., this action also freed up time for the development of other Agency priorities.⁸⁰

Space limitations necessitate omission of many other examples of open communication and good cooperation among the Agency, its constituents and collaborating service organizations; suffice it to say that a spirit of goodwill and a sense of common purpose now generally exist among all the Rhode Island groups working to improve the lives of people who are blind or visually impaired.

WHAT THE FUTURE MAY HOLD

"Change is the only constant," or so the saying goes. If the times through which we are living have taught us anything, it must surely be that the future, whether immediate or long term, is difficult if not altogether impossible to predict with any degree of certainty. Nonetheless, it is safe to say that the world will almost certainly have changed greatly by the time that our successors in this field gather together twenty-five years from now to celebrate the centenary of Services for the Blind and Visually Impaired. If the first seventy-five years of the Agency's history are any guide, its future promises to be equally as complex, exciting and challenging as the past three-quarters of a century have been.

One well-informed commentator has recently predicted that, given the aging of our population and striking advances in neonatology enabling more and more newborn infants with serious disabilities to survive, the number of blind people in the United States will probably double within the next twenty years.⁸² On the basis of these statistical projections it is clear that there will be a continuing need for the programs and personnel of State Services for the Blind and Visually Impaired well into Rhode Island's future.

As has been established elsewhere, medical advances in the treatment of eye diseases and conditions of all kinds have been remarkable during the last fifty years. Ophthalmologists now routinely treat cataracts by using intra-ocular implants instead of old-fashioned glasses. "Low-vision," as a separate field of practice in optometry, was in its relative infancy when the Association (now In-Sight) established a clinic to provide such specialized services to Rhode Islanders in 1959.⁸³ It is reasonable to suppose that such progress in ophthalmology and optometry will continue

apace over the next twenty five years. If, as is quite likely, during this time a cure can be found for diabetes, a current leading cause of blindness will be eliminated.

But for all the undeniable progress that has been made in medical treatment it is still likely that blindness and visual impairment will continue to be, as they historically have been, low-incidence and high-cost disabilities. Despite these facts, however, for at least the last one hundred and sixty years the people of Rhode Island have made an ongoing moral and financial commitment—through their elected representatives in the General Assembly—to provide their blind or visually impaired neighbors with the best possible support services available at any given time. Long historical experience would tend to indicate that this commitment across the generations will remain undiminished in the future.

For all the goodwill that clearly exists toward blind or visually impaired Rhode Islanders in 2005, significant challenges remain for us and for the Agency that will continue to address our varied needs. Great progress has undoubtedly been made since 1930 in the areas of vocational rehabilitation, educational integration and the provision of social services. Nonetheless, much work still needs to be done in the years ahead.

In a recent history of Perkins School, Kimberly French wrote of its first director, Dr. Samuel Gridley Howe, and his aspirations for its blind students: "Howe dreamed that, through education, people who were blind would readily find acceptance in the work force". She then added, "That dream is still a challenge today."⁸⁴

Generations of Rhode Island legislators and Agency Administrators have shared Dr. Howe's hope but all too often they

have been compelled to admit the painful truth of Ms. French's verdict. We have seen that vocational expectations for blind or visually impaired Rhode Islanders have risen tremendously since 1930, when the Bureau was established. But at present the rehabilitation system, for all the compassion and commitment of its workers, has shown itself to be better at turning out college graduates who can't find jobs than it has been in placing large numbers of work ready clients into full-time employment. It would seem that Dr. Howe never appreciated the depth of attitudinal prejudice faced by blind people in his time, nor have many other educational or rehabilitation professionals down the generations since then. When the Americans with Disabilities Act (A.D.A.) became law in 1990, the unemployment rate among work willing blind people stood at about 70%. It remains there essentially at the same level today. This statistical unemployment or under-employment rate is far higher than that in even the most impoverished "developing country" in 2005. Until American employers as a whole can be brought to the pragmatic realization that educated people with disabilities are a collective economic resource which business people in their own interest can no longer afford to waste, the unemployment rate among blind or visually impaired clients will remain unconscionably high. It is devoutly to be hoped that this essential paradigm shift within the American business psyche will have taken place long before the next twenty-five years have passed.

In contrast to the dire employment situation prevailing at present, progress on the educational front has been much greater, and the outlook is far more encouraging. The "Interim" and "Final Report(s)" of the Special House Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children (presented to the General Assembly in March, 2004, and summer, 2005, respectively), have presented detailed and workable plans for the complete integration of blind or

visually impaired elementary and secondary school students into the mainstream educational system in Rhode Island. The Commission's Recommendations have won wide acceptance, and the "Rhode Island Vision Education and Services Program" is well on its way to full implementation. When this program is fully-fledged and "institutionalized," far sooner than twenty-five years from now, all Rhode Island students will benefit. Students of all abilities will have learned and grown up together in a completely integrated educational environment. This circumstance can itself be expected to pay dividends when these students, as adults, seek and demand work in an integrated, barrier-free, competitive environment.

All this, of course, supposes that the Agency and the State Department of Education with which it collaborates resist pressure from some parents and misguided advocates for a return to residential placements for blind or visually impaired Rhode Island children in the years ahead.⁸⁵ Some years ago, the Providence Journal reported that "[Governor Almond's] administration has decided it will no longer pay to send Rhode Island students to Perkins."⁸⁶ This decision was made for purely financial reasons but, until the Rhode Island Vision Education and Services Program finds its feet, this fiscal determination must rise to the level of a philosophical principle on the parts of both the State Department of Education and the Agency.

The provision of individualized social services will undoubtedly be as challenging in the quarter-century ahead as it has been during the last seventy-five years. Adaptive technologies, which have made great advances even since 1980, will probably play an even more important part in the lives of Agency clients in the future. By 2030 technological developments in the realm of Artificial Intelligence, undreamed of today, may very well be commonplace and taken almost for granted. By then, the "face of

America" will also have begun to change radically, too. New, non-English-speaking immigrant groups, requiring services, will necessarily transform the Agency and all its governmental peers into multilingual, multicultural organizations.

But one thing will remain unchanged. In 2030, as much as in 1930, the core mission of the Agency will continue to be, "to provide eligible individuals with visual impairments the opportunities and support that will enable them to become independent, active, self-sustaining members of their community."⁸⁷

May it ever be so!

NOTES

1. Quoted in Three Centuries of Poor Law Administration: A Study of Legislation in Rhode Island by Margaret Creech, p.8.
2. Creech, pp. 8-9.
3. A Report on the Poor and Insane in Rhode Island by Thomas R. Hazard, pp. 10, 13, 26 and 25.
4. "Will Form Association to Aid Rhode Island's Blind," Providence Journal, April 29, 1923.
5. "Articles of Incorporation of the Rhode Island Association for the Blind," November 17, 1925, Article Three.
6. "Teachers of Blind Plead for Survey," Providence Journal, December 13, 1928, p.15.
7. "Burt Urges State Survey of Blind," Providence Journal, December 16, 1928, p.8.
8. "Blind Association Hits Robinson Bill," Providence Journal, February 21, 1929, p.5.
9. "Survey Discloses 501 Blind in R.I.," Providence Journal, April 2, 1930, p.5.
10. For details of the lives of Representative Hazard and Governor Case, see, respectively, the "Brown Alumni Monthly", (Vols. 63 and 67.) Neither man's obituary mentions his role in creating the Bureau for the Blind.
11. For the full text of the legislation see Rhode Island General Laws, Chapter 1590, 1930.
12. "Advisory Council Named for Bureau of Blind," Providence Journal, April 22, 1930, p.15.
13. Providence Journal, July 1, 1930, p.1.
14. For these various legislative changes see, respectively, "ACTS AND RESOLVES PASSED BY THE GENERAL ASSEMBLY, CHAPTER 2188, (1935 Session), CHAPTER 660, (1939, Special July Session) and CHAPTER 802 (1940 Session).
15. "Jarvis C. Worden Dies in 53rd Year," Providence Journal, September 1, 1949.

16. "History of the Rhode Island Association for the Blind", In-Sight Archives.
17. "Mrs. Leonora Gay, Social Worker, Dies," Providence Journal, February 11, 1961, p.1.
18. GENERAL LAWS OF RHODE ISLAND (1956), CHAPTER 11, "AID TO THE BLIND".
19. "Vacancy Filled", Providence Journal, April 25, 1958, p.4.
20. ACTS AND RESOLVES PASSED AT THE GENERAL ASSEMBLY, (1962), Chapter 6.
21. In preparation for the Agency's Fiftieth Anniversary in 1980, Mr. D'Andrea wrote an undated Memo for his staff entitled "FACT SHEET—History of R.I. Blind Agency." This document, now in the Agency's Archives, gives a comprehensive summary of the organization's development and early programs as well as an excellent overview of his own work as its head.
22. Information derived from a telephone interview conducted with Mr. Bamford April 14, 2005.
23. These figures are derived from the Agency's "Annual Reports" produced between 1931 and 1989. Since the 1991 merger of the General Rehabilitation Agency and S.B.V.I. into the Office of Rehabilitative Services, distinct S.B.V.I. "Reports" have not been published. This has made the acquisition of reliable facts and figures specific to the Agency for the last decade and a half difficult to obtain and impossible to interpret meaningfully. In the Table, the designation "Clients Served" refers to the actual number of people who received one or more services from the Agency in a given year. The numbers on "The Register", representing the total of blind people in the State known to the Agency, are much higher.
24. Information derived from detailed correspondence, received electronically, from Mr. Thompson, April 27, 2005.
25. "RESOLUTION making provision for the instruction of adult

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26. "Self Help for the Blind," Providence Journal, May 13, 1906, p.16; and "School Activities in City and State," Providence Journal, May 9, 1920, p.8.
27. "Blind Receive Aid for Self-Support," Providence Journal, April 15, 1924, p.9.
28. Bureau for the Blind "ANNUAL REPORT 1930 to 1931," (first page of text.)
29. Bureau for the Blind "ANNUAL REPORT 1930 to 1931," PLACEMENT.
30. Bureau for the Blind "ANNUAL REPORT 1934 to 1935," p.2.
31. Bureau for the Blind "ANNUAL REPORT 1930 to 1931", PLACEMENT.
32. Bureau for the Blind "ANNUAL REPORT 1939 to 1940", p.15.
33. "Periodical Stand Opened: Establishment for Blind Person Dedicated in Federal Building," Providence Journal, November 28, 1940, p.26.
34. In 2005 the Agency supervises the operation of 21 vending facilities.
35. "Defense Creates Places for Blind," Providence Journal, August 8, 1941, p. 4.
36. "Three Programs to Assist Blind," Providence Journal, June 3, 1945, p. 9.
37. Bureau for the Blind ANNUAL REPORT 1949-1950," p 8.
38. Bureau for the Blind ANNUAL REPORT 1965-1966", p. 3.
39. Bureau for the Blind ANNUAL REPORT 1985-1986," p.8.
40. "AN ACT to provide for the education of the indigent Blind,

and indigent Deaf Mutes, in this State”, ACTS AND RESOLVES PASSED AT THE GENERAL ASSEMBLY, 1845 Session.

41. Perkins School for the Blind, By Kimberly French, pp. 9, 12.

42. I am deeply grateful to Jan Seymour-Ford, Perkins Research Librarian, for this information as well as much additional archival material about Rhode Island alumni of the School.

43. Bureau for the Blind “ANNUAL REPORT, 1949-1950,” p.8.

44. Bureau for the Blind “ANNUAL REPORT, 1949-1950,” p.9.

45. “R.I. School Heads Meet with Ranger,” Providence Journal, February 12, 1932, p. 2.

46. “Newport Girl, State Appointee, Faces Unusual Opportunity to Aid Those Sightless As She,” Providence Journal, September 10, 1933, p.E.1.

47. “A Blind Student Goes To ‘Seeing School’,” Providence Journal, October 10, 1964, p. N-60. But these figures for the number of blind students in public schools at this time are contradicted dramatically. On page thirteen of his “ANNUAL REPORT” for 1964-1965, Mr. D’Andrea wrote that “There are 118 Rhode Island blind students....78 attend schools in their local communities.”

48. Bureau for the Blind “ANNUAL REPORT 1949-1950,” p. 7.

49. “Two Partially Blind U.R.I. Seniors Slated to Graduate Next June,” Evening Bulletin, November 16, 1952, p. 25.

50. Bureau for the Blind “ANNUAL REPORT 1935 to 1936”, p. 3.

51. Bureau for the Blind “ANNUAL REPORT 1935 to 1936,” RECOMMENDATIONS.

52. D’Andrea, “FACT SHEET—History of R.I. Blind Agency,” p.9.

53. “AN ACT TO PROVIDE AID FOR THE BLIND,” ACTS AND RESOLVES PASSED BY THE GENERAL ASSEMBLY, 1936 Session.

54. “AN ACT TO PROVIDE AID FOR THE BLIND”, ACTS AND RESOLVES PASSED BY THE GENERAL ASSEMBLY,

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56. "Devices to Play Talking Books Ready for Use of Blind in State," Providence Journal, March 7, 1937, p. 9, and see also, "Talking Books Anniversary Noted This Week," Providence Journal, April 12, 1959, p. N. 28.

57. I am grateful to Beth Perry and Andy Egan of the Regional Library for providing these statistics.

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59. Division of Services for the Blind "ANNUAL REPORT 1965-1966," p. 12.

60. "History", p. 2, In-sight Archives; and Rhode Island Services for the Blind "ANNUAL REPORT 1972-1973," p. 10.

61. Division of Services for the Blind "ANNUAL REPORT, 1965-1966," p. 6. See also "State Slated to Expand Blind Children's Camp," Evening Bulletin, July 17, 1968, p. B. 56, and "In Narragansett, an Elite Group is At the Town's Service," Providence Journal, May 6, 2005, (online edition).

62. On page four of his "ANNUAL REPORT" for 1964-1965, Mr. D'Andrea wrote, "Much more needs to be done in the area of early detection of blindness." Vision screening remained an important concern. In the fall of 1979, the Agency and the Rhode Island Society to Prevent Blindness conducted free glaucoma screenings throughout the state. See "Gov. Garrahy to Proclaim Sept. "Sight-Saving Month," Providence Journal, September 8, 1979, p. 10. See also CHAPTER 2132000-H 7838A am. Enacted 7/13/2000 for the text of the Vision Screening Legislation.

63. Services for the Blind and Visually Impaired "ANNUAL

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65. "Rockett Regrets Worden's Action," Providence Journal, January 29, 1938, p. 18.

66. "Friction Plagues Blind Aid Groups," Providence Journal, August 16, 1947, p. 1.; "Bureau for Blind Competes With Other Social Agencies," Providence Journal, December 12, 1947, p. 22.; and "Economies in Division for Blind," Providence Journal, December 15, 1947, p. 11.

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**Department of Human Services
Office of Rehabilitation Services
Services for the Blind and Visually Impaired
40 Fountain Street ~ Providence, RI 02903
(401) 222-2300 (V) ~ (401) 421-7016 (TDD)**

**Second Printing
Revised October 15, 2005**

APPENDIX X

Special House Commission To Promote and Develop a Comprehensive System of Education for Visually Impaired Children

Commission Members

Appointing Authority:

Speaker, RI House of Representatives -

- Member, RI House of Representatives
- Vision Educator Specialist
- Representative, Public School System
- Two Parents of Visually Impaired Children

RI Department of Education -

- Commissioner or Designee

RI Department of Human Services -

- Director or Designee

RI Department of Health -

- Director or Designee

Paul V. Sherlock Center on Disabilities -

- Director or Designee

Governor's Advisory Council for the Blind -

- Representative

IN-SIGHT -

- Representative

Rhode Island Optometrist Association -

- Optometrist

Rhode Island Medical Society -

- Ophthalmologist

Designated Member:

Honorable Eileen S. Naughton,
Commission Chair

Ms. Clare Irwin, Vision Teacher, RIVESP
Dr. Robert Shapiro, Superintendent,
Warwick Schools

Elizabeth Frampton, President, RI Parents of
Blind and Visually Impaired Students
Paul G. Loberti, Jr., MPH, Commission Vice-
Chair and Vice-Pres. of RI Parents of
Blind and Visually Impaired Students

Jennifer Wood, Esq., Designee of
Commissioner Peter McWalters
Thomas DiPaolo, Ph.D., Former Commission
Member and Former Designee

Gary B. Wier, Deputy Administrator, RISBVI
and Designee of Director Jane Hayward

Deborah Garneau, Chief, Office of Raising
Children with Special Health Care
Needs and Designee of Director
David R. Gifford, MD, MPH

Dr. A. Anthony Antosh, Center Director

Donald D. Deignan, Ph.D., Commission
Secretary and Council Chairman

Seat vacant as of this writing
Ms. Judith Smith, Former President and
Former Commission Member

Paul Zerbinopoulos, OD, FAAO

Dr. Frances X. Figueroa

Group Participants

Ms. Denise Ahern
Ms. Fredericka D. Athanas
Mr. Ken Barthelemy
Ms. Kerry Birchall
Mr. Henry Boeniger
Ms. Alice Brady
Ms. Elizabeth Burke Bryant
Ms. Judi Hammerlind Carlson, M.S., CCC-SLP
Kim Carson, M.Ed.
Mr. Gary Ciminero
William Connell, Esq.
Ms. Erica Deis
Dr. David DeRuosi
Mr. Timothy C. Duffy
Ms. Nancy Ehrlich
Mrs. Themmi Evangelatos
Ms. Deborah J. Florio
Ms. Mary Jane Frye
Mrs. Catherine Gaffney
Mr. Richard Gaffney
David E. Hamel, MPA
Ms. Heidi Henshaw
Ms. Cynthia J. Holmes
Ms. Linda Hughes
Mr. Barry Humphries
Ms. Almas Kalafian
Mr. Jeffrey Kos
Ms. Beatrice Machado
Mr. William McDevitt
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Mr. James Parisi
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Ms. Kate Ray
Ms. Lorna C. Ricci
Mr. Gary Sasse
Ms. Lezlee Shaffer
Mr. Michael Spoerri
Ms. Gloria Stuart
Ms. Angelina Teixeira
Ms. Katrena Traut-Savino
Ms. Donna Vigeant
Mr. Robert Wall
Mr. A. Alfred Williams

APPENDIX XI

LIST OF ACRONYMS AND TERMS USED IN THIS REPORT

Term/Acronym	Definition/Complete Term
AT	Assistive Technology
ATAP	Assistive Technology Access Partnership
BTC	RI Braille Transcription Center
CBOs	Community-Based Organizations
Core Curriculum	Defined by educators as "the knowledge and skills, generally those related to academic subjects, a student should have learned by high school graduation."
DHS	Rhode Island Department of Human Services
EI	Early Intervention
Expanded Core Curriculum (ECC)	Those educational and related service areas that are required by students with visual impairments in addition to the Core Curriculum and/or to make the Core Curriculum accessible.
FTE	Full Time Equivalent
FVE	Functional Visual Evaluation
GAC	Governor's Advisory Council for the Blind
IDEA	Individuals with Disability Education Act
IEP	Individual Education Program
IFSP	Individual Family Service Plan
IMAA	Instructional Materials Accessibility Act
IPE	Individual Plan of Employment
LEA	Local Educational Agency (Local School District)
MDT	Multi-Disciplinary Team
National Agenda	"The National Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple Disabilities"
NCLB	No Child Left Behind
NIMAS	National Instructional Materials Accessibility Standard
NIMAC	National Instructional Materials Access Center
O&M	Orientation and Mobility
ORS	Office of Rehabilitation Services
RIDE	Rhode Island Department of Education
RIBVIC	Rhode Island Parents of Blind and Visually Impaired Children
RIPIN	Rhode Island Parent Information Network
RISBVI	Rhode Island Services for the Blind and Visually Impaired
RIVESP	Rhode Island Vision Education and Services Program
SBVI	Services for the Blind and Visually Impaired
TVI	Teacher of Children who are Blind or Visually Impaired
UMASS	University of Massachusetts-Boston
VRL	Vision Resources Library