****Texas School for the Blind & Visually Impaired

Outreach Programs – Texas Deafblind Project

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An Assessment Procedure

for Students Who Are Deafblind

with Significant Additional Disabilities



Figure 1 A young boy sits in his dad’s lap.

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for Texas School for the Blind and Visually Impaired

**Note from the authors:** This document is designed to help educational teams working with children who are deafblind and have additional, significant disabilities. This would include children who are medically fragile or have other physical issues that greatly impede their ability to actively participate in learning activities for even short periods of time. This form is not intended for students who are already actively engaging in various learning environments and with a number of people throughout the day.

This procedure focuses on gathering information for program development for the individual student. It is not intended to replace any evaluation or assessment that is part of the child FIE (full and independent evaluation) required by IDEA.

This document can also be very useful for clarifying a positive educational approach for children who are less involved physically, but are difficult to engage. There are specific questions included in the interview portion of the document that apply to children who are medically fragile. We have the expectation that, at some point when appropriate programming is provided, these children will become able to maintain an alert state for longer and longer periods of time. For this reason, we have also included questions more applicable to children who are already able to achieve a quiet alert or active alert state for short periods of time throughout the day. These appear in the question boxes that are shaded gray.

These students may be experiencing extreme distress, especially in unfamiliar environments, within new activities, or with unfamiliar people --- which makes learning difficult. They may also have significant medical issues that make achieving an alert state impossible some days (or for some periods of the day). This can be a result of pain, side effects of medication, allergies, or frequent illnesses.

Educational teams should determine which portions of the interview are relevant for a particular student. They are encouraged, however, to consider all areas of this form when developing programming:

Medical Issues

Biobehavioral States

Orienting Reflex

Social Emotional Behaviors

Appetite and Aversion

This procedure is not intended to be completed in a single day or even a single week. It may take a month or more to gather all the information you need to develop a quality program for a specific learner. However, each bit that is learned about your child or student will be immediately helpful in developing trusting relationships, beginning to maintain a more alert state for learning, and helping the team to learn what motivates the student to engage. More importantly, this information will help the team develop better programming for the student.

We include some additional resources on the final pages of this document that you may find beneficial when working with these students. Please check these out.

Interview Tool for Families and Others Who Know the Child Best

This form is designed for the professional to use during or after the interview to compile the information gathered from the family or others that know the child best. Consider all the questions and information included under medical issues, biobehavioral states, orienting reflex, and appetite and aversion sections. Gather as much information as possible.

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| **Medical Issues** | | **Yes** | | **No** | | **Comments** | | |
| Does the child have a medical disorder that can impact his/her internal state? Describe. | |  | |  | |  | | |
| Does the child take medication to manage any medical disorder? What are these? What, if any, are the side effects? | |  | |  | |  | | |
| Does the child suffer from chronic pain? Describe. (gastrointestinal, joint/muscle, etc.) | |  | |  | |  | | |
| Is the child currently experiencing any health related conditions that are impacting his/her internal state? Describe. | |  | |  | |  | | |
| Is it known what caused the child’s disability? (e.g. syndrome, birth trauma, post-natal infection, prematurity) Describe. | |  | |  | |  | | |
| Does the cause of the disability have a known impact the child’s sensory nervous system or parasympathetic nervous system? Describe. (e.g. latency response, seizure) | |  | |  | |  | | |
| **Biobehavioral States** | | | | | | | | |
| What are the range of states the child exhibits across the day or week? What are the child’s most common states? Check all states the child exhibits across the day or week and circle the states that are most common. **Note: you may want to periodically revisit this information to note changes you see in the child to indicate progress or regression.** | | | | | | | | |
| Quiet Sleep | Active Sleep | Drowsy | | | Quiet Alert | | Active Alert | Crying |
| Is this child able to reach the quiet alert or active alert state? Can he/she maintain it? For how long on average? | | |  | | | | | |
| Does the child have problems in shifting and maintaining states? If yes, describe (e.g. can’t move from crying to active alert without support) | | |  | | | | | |
| What variables appear to effect state in the child (especially attending)? | | |  | | | | | |
| **Orienting Reflex** | | | | | | | | |
| What does the orienting reflex look like in this child? (e.g., turns head to sound, moves toward light) | |  | | | | | | |
| What elicits an orienting reflex in this child? | |  | | | | | | |
| What does the defensive startle look like in this child? | |  | | | | | | |
| What elicits a defensive startle in this child? (e.g., loud sounds, unexpected touch) | |  | | | | | | |

| **Social-Emotional Behaviors** | **Yes** | **No** | **Comments** |
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| Does the child display a range of emotions? What are they? How do you know what emotion is being expressed? |  |  |  |
| Can the child’s emotional state change as a result of an interaction with someone else? (e.g., consoled by another, happy to sad, angry to laughing, uninterested to excited) |  |  |  |
| Can the child self-soothe when distressed? How? |  |  |  |
| Does the child use an object(s) to self-soothe or for security (e.g., blanket, favorite toy)? What is that object? |  |  |  |
| Does the child indicate the difference between familiar and nonfamiliar people? How do you know? Describe. |  |  |  |
| Does the child know his/her own name? How do you know? |  |  |  |
| \*Does the child appear shy sometimes (e.g., when asked to do something in front of strangers, when meeting new people)? What does that look like? |  |  |  |
| \*Does the child show pride in his/her own accomplishments? How do you know (e.g. claps, gets excited)? |  |  |  |
| Does the child seem to know the when he/she is in an unfamiliar environment? How do you know? |  |  |  |
| Does the child appear secure in unfamiliar environments? How do you know? |  |  |  |
| Does the child like to look at his/herself in a mirror? If so, what does he/she do? |  |  |  |
| \*Does the child know the name of his/her body parts? Which ones? How do you know? (e.g., when adult signs, signals, says body part does the child relate it to his own body part) |  |  |  |
| \*Does the child like to look at faces / specific body parts or tactually explore faces / specific body parts of others? (e.g., puts hand on throat when hearing someone talk) |  |  |  |
| \*Does the child assert his/herself to achieve a desired outcome or object? How? (e.g. shakes head to reject, persist in reaching out a hand to get a desired object) |  |  |  |
| \*Does the child make choices? How? (e.g., pushes away what he doesn’t want, uses a choice board) |  |  |  |
| \*Does the child name family members/caregivers?  How do you know? |  |  |  |
| Does the child show a preference for specific people in general? Who? How do you know? |  |  |  |
| Does the child show affection without prompting? How? With whom? |  |  |  |
| \*Does the child make contact with key adults and or peers? How? (e.g., leans against them, reaches for their hand) |  |  |  |
| \*Does the child name or request specific people for interaction, help, attention?  Who and how does he/she name them? (e.g., sign’s name, reaches for dad) |  |  |  |
| \*Does the child try to gain the attention of unfamiliar people? How? (e.g., grabs their hand, vocalizes) |  |  |  |
| \*Does the child share toys, objects with others? If so, does he just show them the object or toy or does he let them keep the object or toy for a time? |  |  |  |
| \*Does the child independently name his/her emotions? If so, which ones? |  |  |  |
| \*Does the child understand rules and try to follow them? (e.g., have to trail the wall when traveling, hold adults hand) |  |  |  |

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| **Appetite and Aversion – Part 1**  **You may want to mark your responses to Part 1 and Part 2 in pencil and date them as they may change over time. Copy this blank form and review it periodically or as you note changes in the child’s responses and behaviors. This can also help document progress or regression in the child’s functioning.**  **Child:**  **Date:**  **Contributors:** | | | | | | | |
| What type of sensory information does the child alert or attend to when they encounter objects, people, pets, etc.?  Note whether they tend to alert only (A) or alert and attend (AA), or attend and explore (AE) using each of these senses. For example, a child might alert to auditory information but use touch to attend and explore. | Vision  A  AA  AE | | Hearing  A  AA  AE | Touch  A  AA  AE | Taste  A  AA  AE | Smell  A  AA  AE | Movement  A  AA  AE |
| Does the child request certain movements or make movements on their own (e.g., bouncing, rocking, swinging, banging)? What are these? What seems to motivate movement? Consider all movement: hands, arms, legs, feet, body, mouth. | |  | | | | | |
| What, if any, self-stimulation the child might exhibit, especially when distressed, frightened, bored or sleepy? (e.g., flicking hands in front of face, rocking) | |  | | | | | |

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| **Appetite and Aversion – Part 2**  **Child:**  **Date:**  **Contributors:** | | |
| What properties do you think motivate or attract? What properties seems to startle or repel them?  **Mark A for attract**  **Mark R for repel**  **Mark N or leave blank for neutral** or no detectable response to property.  Add notes about properties.  Examples:  Color  A – bright red, yellow  R –  N – any other color  Movement  A – Bouncing slow, rocking  R – swaying side-to-side, spinning  N  Touch (passive/active)  A – Deep pressure, banging, grinding teeth  R – tickle, fuzzy, sticky  N | Color  A  R  N | Movement  A  R  N |
| Visual Quality  A  R  N | Shape  A  R  N |
| Sound  A  R  N | Smell  A  R  N |
| Texture  A  R  N | Taste  A  R  N |
| Temperature  A  R  N | Function  A  R  N |
| Weight  A  R  N | Shape change  A  R  N |
| Density – pliability  A  R  N | Touch  A  R  N |
| Vibration  A  R  N | Rhythm  A  R  N |

Appetite Aversion List

Start a list of objects, actions, people, and object properties that produce Appetite or Aversion responses to help shape you design of activities and learning environments. Note: this may change over time as the child habituates or learns to tolerate various stimuli. You may want to copy this blank form and revise it periodically. You may only have a few items at first, but this list should grow as you gather more information about the child.

Child:

Date:

Contributors:

| Item/Property, Action, Person | Aversion | Appetite | Alerts | Engages | Comments |
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Social and Emotional Development

## Resources

### Tools for Biobehavioral State Assessment

[Assessment of Biobehavioral States: Supporting Availability for Learning for Students with Multiple Disabilities including Deafblindness & Profound Intellectual & Multiple Disabilities](https://www.nationaldb.org/media/doc/ChrisRussell_Availability_BiobehavioralAssessmentNYDBC2020.pdf), 2020. Chris Russell, MS. Ed., TVI, Project Coordinator, New York Deaf-Blind Collaborative,

[Assessment of Biobehavioral States and Analysis of Related Influences](https://txdeafblindproject.org/wp-content/uploads/2022/09/Assessment-Biobehavioral-States-Smith-Shafer.pdf), 1997. Millie Smith and Stacy Shafer, Texas School for the Blind & Visually Impaired, Austin, TX.

### Tools for Sensory Assessment

[Informal Functional Hearing Evaluation](https://www.nationaldb.org/media/doc/IFHEFunctionalEvaluation_ae.pdf), 2017. Adam Graves and Chris Montgomery, Deafblind Consultants, Texas Deafblind Outreach, Texas School for the Blind & Visually Impaired, Austin, TX.

[Deafblind Fact Sheet: Functional Vision Assessment](https://www.cde.state.co.us/cdesped/sd-db_factsheetwp_functionalvisionassessment). Irene Toper, Colorado Services to Children and Youth with Combined Vision and Hearing Loss Project, Colorado Department of Education, Denver, CO.

[Essential Tools of the Trade for Students Who Are Deafblind: A “How To” Guide for Completing Evaluations](https://www.tsbvi.edu/store/essential-tools-of-the-trade-for-teachers-of-students-who-are-deafblind), 2023. Kaycee Bennett, Shanna Hamilton, Chris Montgomery, Matt Schultz, Debra Sewell, Susie Tiggs, Bernadette van den Tillaart, Texas School for the Blind & Visually Impaired, Austin, TX.

[Early Tactile Learning Profile](https://www.tsbvi.edu/wp-content/uploads/assets/documents/statewide-resources/early-tactile-learning-profile-combined-fillable.pdf), 2021. Ann Adkins, Scott Baltisberger, Sara Kitchen, Debra Sewell, Texas School for the Blind & Visually Impaired, Austin, TX.

[Functional Scheme](https://www.lilliworks.org/products/p/functional-scheme), Lilli Nielsen, 2000. Publisher, **SIKON, 2000.**

### Tools for Social-Emotional Assessment

[Active Learning Space - Assessment](https://activelearningspace.org/assessment/)

[Child-guided Assessment](https://www.perkins.org/resource/child-guided-assessment/), Jan van Dijk, Perkins School for the Blind.

[Functional Scheme](https://www.lilliworks.org/products/p/functional-scheme), Lilli Nielsen, 2000. Publisher, SIKON, 2000.

[Little Texans, Big Futures: your early learning guide for infants, toddlers, and three-year-olds](https://cliengage.org/clirep/CLI-website/Little-Texans/ITELG-English.pdf), 2013. Sonya Coffey, Cathy Guttentag, Ursula Johnson, Susan Landry, Tricia Zucker, Texas Early Learning Council, University of Texas Health Science Center at Houston, Children's Learning Institute, Houston, TX.

The chart that follows shows milestones and indicators from these two different documents. One, *Functional Scheme*, was developed by Dr. Lilli Nielsen and focuses social and emotional developmental milestones in children with visual impairment. The other is a document (*Texas Infant, Toddler, and Three-Year-Old Early Learning Guideline***)** developed by the Children’s Learning Institute (CLI) at McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth) focuses on social-emotional development in children who do not exhibit disabilities. Included below each age group are some notes about possible impact in development for children who are congenitally deafblind with additional disabilities and suggestions about addressing these differences.

This chart is meant to serve as a guideline to help you think about where your child is functioning in the areas of social and emotional development. When you are considering how you interact with any individual learner, recognize that no matter what their chronological age, they may be functioning socially and emotionally in the age range of 48 months or less. This means that they may not be able to handle demands or challenges during activities. This calls for us to adjust our ways of interacting with them that builds their self-identity and self-confidence.

| **Functional Scheme Social and Emotional Milestones** | **Texas Infant, Toddler, and Three-Year-Old Early Learning Guideline** |
| --- | --- |
| **0-3 Months**   * Smiles and waves arms when seeing or hearing familiar people * Withdraws when he wants an entertainment to stop * Contacts or responds to contact by clutching fingers or adult's clothing or hair * Contacts or responds to contact by nodding, sucking, and grunting * Can be calmed by being taken in the arms and cuddled * Transfer of clutching/grasping to biting, pinching may be seen in older children * Responds to language by listening intensively   **3-6 months**   * Babbling or crying consciously to get adult’s attention or when nothing is wrong * May scream or cry most of the day - possible that the screaming is a child's attempt at babbling * May respond to contact by babbling * Shows anxiety to unfamiliar rooms, persons, toys * Enjoys having an adult play with him, e.g. Peek-a-boo * Cries when adult is out of sight   1. **months** * Contacts or responds to contact by molding his/her body into the shape of adults, snuggles close to the adult * Touches adult’s face or puts finger in eyes, mouth * Likes to be moved from the arms of one familiar person to another * Imitates the adult’s movements, e.g., reaches hand toward light switch after adult turns on light * Seeing Mom or Dad after return causes joy * Shows joy when recognizing familiar voices * Tries to catch the adult’s attention * Contacts adults * Stretches hands towards the adult to be picked up | **0-8 months Trust and Emotional Security**   * Show interest in familiar faces by staring at them * Imitate familiar adults’ body language and sounds * Respond with smiles and cooing when picked up by a familiar caregiver * Follow movement of caregiver around the room with their eyes * Prefer sight, smell, and sound of primary caregiver * Show social interaction with a smile and mutual eye gaze * Stop crying and calm down when comforted by a familiar caregiver   **0-8 months Self-Awareness**   * Cry when hungry, uncomfortable, tired, or unhappy * Turn head, frown, and/or arch back when over-stimulated * Begin to express several clearly different emotions, such as happiness, excitement, and anger * Turn and look at caregiver when their name is called * Look at and/or smile at themselves in the mirror * Explore own hands and feet * Push away bottle, breast, or food, or turn head away when full   **0-8 months Self-Regulation**   * Turn their head, frown, and/or arch back when over-stimulated * Seek and respond to comfort from familiar caregivers when frightened or upset * Calm when held or gently rocked * Start sleep/wake cycles * Show some routine behaviors, such as babbling themselves to sleep and thumb-sucking |
| **Notes for 0-8/9 months:**   * May not be physically able to initiate cuddling or may respond by stiffening if there are issues like cerebral palsy, sensory integration disorder, or when contacted by an unfamiliar person. * Chronologically older children may transfer clutching and grasping to pinching and biting * Consider if continuous crying is a way to get attention or “babble”, especially if there is no apparent reason of a physical nature. Respond as much as possible and offer the child something to engage in or with such as an interesting object, toy, or you! * Consider offering your hands for the child to explore and using hand-under-hand to share items, your activity. * May not reach out to visual or auditory cues – bring items close enough to allow the child’s natural movement to make contact. * May identify caregivers and others by smell, touch, or even taste. Allow this type of exploration as much as possible. If the child is older, you may need to impose some restrictions or teach the child to ask permission before coming too close, touching, or invading personal body space, especially with strangers. * The child may not be aware of various emotions they seem to be exhibiting. Name emotions (speech, signals, tactual signs) when the child exhibits them. * Child may be very passive and seem uninterested in the world around him/her. Encourage exploration of space and objects in any way the child attempts independently – with mouth, hands, feet, body, etc. Place interesting objects near or on the body. * May respond to tactual movement of adult when held in close proximity or when the adult responds to the child’s own movements - what van Dijk referred to as resonance. * May experience problems with night-day sleep cycle as a result of visual impairment. Do all you can to keep the child engaged and active during his/her day so sleep comes more naturally in the evening or night. | |

| **Functional Scheme Social and Emotional Milestones** | **Texas Infant, Toddler, and Three-Year-Old Early Learning Guideline** |
| --- | --- |
| **9-12 months**   * Contacts or responds to contact by pointing to the adult using a toy, as if showing it * Wants to share his interests with the adult * Refuses contact with persons he does not feel attached to * Puts his arms around the adults to whom he feels attached * Wants to drink from the adult’s cup * Tries to get the adult to play with him * Can become anxious if the trusted provider is not present * Comprehends several of the parents’ facial expressions * Comprehends several of the ways in which the parent uses his/her voice   **12-15 months**   * Shows some interest in other learners * Imitates the adult’s activity * Waves to say good-bye * Wants to share his experiences * Establishes brief contact with the adult to confirm that their relationship exists independently of other activities * Wants to feed the adult * Laughs and babbles in interaction with the adult * Shows that he considers himself as the center of the family * Enjoys adult-learner games such as clapping of hands and playing with lips * Understands that familiar people are the same irrespective of their state of mind   **15-18 months**   * Moves close to another learner, observes intensively * Becomes worried when another learner cries * Approaches an adult with a welcoming attitude * Invites the adult to participate in give-and-take-games * Enjoys participating in games such as ride a rocking horse and see-saw * Tests activities that are allowed and disallowed * Demonstrates a strong attachment to one or a few objects * Often has a need for physical contact, wants to be carried or to sit on lap | **8-18 months Trust and Emotional Security**   * Try to get help from familiar adults with sounds and body language (says “mama” or cries) * Clap and smile back and forth with familiar adult * Cry or show fear when separated from their primary caregiver * Show affection, such as hugs and kisses, leaning in, or reaching out * Look for familiar adults to comfort them when hungry or tired   **8-18 months Self-Awareness**   * Express a variety of emotions, like happiness, sadness, surprise, and discomfort * Begin pointing to and naming body parts on themselves and others * Enjoy making faces at themselves in mirror * Make choices by shaking head “no” and/ or nodding head “yes” * Enjoy pointing to or naming pictures of family members * Choose culturally familiar foods over other foods * Enjoy praise and clapping to celebrate their accomplishments   **8-18 months Self-Regulation**   * Use a comfort object for security, such as blanket or toy, when feeling stressed or upset * Look toward familiar caregivers for help when becoming upset * Crawl to familiar caregivers who are holding another child * Express own needs by gesturing or moving toward bottles, toys, or other objects they want * Use emotional expressions (pouting, whining, and crying) to obtain things they want * Anticipate and participate in transitions, such as getting a blanket for naptime * Try different ways to calm themselves when they are upset, such as singing themselves to sleep * Understand what “no” means |
| **Notes: 8-18 months**   * May not be aware of your coming and going; use a greeting-goodbye ritual when first engaging or when leaving the child. * May be easily distracted by multiple sensory information; limit distractions for the child and for yourself when interacting. For example, turn off the television or radio, reduce visual clutter or things the child might perseverate on if nearby. Discourage others from talking to you when you are engaging with your child. If you are interrupted, let the child know you are still near him/her and signal to “wait”. * A child may only interact with a few people. Use a trusted partner to help “bless” the interaction with unfamiliar or non-preferred others by having them take part in your interaction at first and stay nearby if necessary at least initially. * The child may need to use tactile information to confirm what he is taking in through limited other senses. For example, let the child tactually explore your face while you eat, drink or make faces, touch your throat or face to confirm you are talking, ride your hands while you manipulate an object. * The child may have a very poor awareness of his/her own body. Play games that focus on child’s body parts (Tom Tinker, This Little Piggy, Pat-a-Cake, Give Me Five). * Chronologically older children may want to sit in adult’s lap, but should be guided to more age appropriate behavior for their own safety. Sit side-by-side, knee-to-knee to maintain physical contact. * Recognize that the child may want to own specific objects. Use duplicate items and introduce terms mine/yours. * Children need to know their own name and the names of key people in their lives. Make sure to use child’s name and names of key individuals (sign, tactual symbols should be used to support auditory information). * The child may need object or tactile symbols to represent choice options. Offer choices and respect child’s rejection of objects, people, and activities as much as possible. If a child rejects something or an activity, you can offer it again at a later time. * Introduce the concepts “now” and “finished”. * Continue to introduce concepts for emotions as the child exhibits them. * Be careful about overly praising the child (“good girl”), but instead comment briefly on what the child did (when they pause in their activity). For example, “you knocked the blocks down”, “I see you walking”. Use tactual signals for celebration such as clapping, high fives, etc. * Times of transition may be difficult for the child. Use object symbols to indicate upcoming activities. Offer them before transitioning to each activity and use a finish basket to indicate the end of a current activity. * Accept that the child may have an object that helps them feel secure and allow it to go with them. Find a place where the child can place the item for safe keeping during the activity. * The child’s expressive communications may be very subtle. Closely observe the child’s movements-actions and assume they are using many of these to tell you something. Your response can encourage them to continue engaging with you until you can figure out what they are trying to tell you. * The child may not be aware of the various materials used in an activity unless he/she touches them. He may not know where various materials are typically stored if he/she doesn’t help collect them and put them away. Encourage the child’s participation in the collection of materials used in an activity and putting them away when finished. This may mean simply modelling these actions tactually with the child using hand-under-hand. * The child may want to continue an activity longer than planned. If possible, give the child some addition time; let them know they may repeat their activity one or two more “times” before ending a preferred or required activity. Using tactile markers to designate the number of times an activity can or will continue helps the child to cope in both preferred non-preferred activities. * The child does not handle demands well at this stage. Follow the child’s lead to see what they are interested in or what they find engaging. Imitate their actions with the objects or within the activity and try introducing new actions they might imitate. * The child doesn’t handle disappoint well at this stage. Limit the use of “no” unless the child’s activity places them in danger. Introduce the concepts of now, finished, wait. * Self-identity begins with knowing your own name. Use child’s name and names of important people/pets. | |

| **Functional Scheme Social and Emotional Milestones** | **Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines** |
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| **18-24 month**   * lends adult most cherished toy * engages in building games as a contact game * can react intensely to changes in daily routine * throws a tantrum when crossed * presents strong feelings of ownership: my mother, my toy * plays language games with adults – jingles and rhymes   **2-3 years (24-36 months)**   * contacts by hiding and then revealing himself with a shocked attitude * involves adult in hiding games and games of searching for each other * Involves adult in rough and tumble games * wants to interfere in activities of an adult * demonstrates his will in the presence of other children by claiming ownership of his toy * appreciates help with things like dressing and undressing * has a strong need for physical contact, holding hands while walking * is able to engage in contact with only one adult at a time * uses language more often in contacting others * has difficulty accepting criticism * has difficulty choosing between yes/no, coming/going, milk/juice, etc. * can be quite rigid and will change results by demonstrating anger, passivity or withdrawal | **18-36 months Trust and Emotional Security**   * Express affection for familiar caregivers, such as telling a caregiver “love you” or greeting a caregiver excitedly * Check back with caregiver often when playing or exploring * Reach for familiar caregivers when unfamiliar adults approach * Look for familiar caregivers after falling down or getting hurt * Take a familiar toy or blanket along on a trip or a visit to a new place   **18-36 months Self-Awareness**   * Recognize and name their own * In front of the mirror, point to and name many body parts * Begin to describe themselves in words (“I run fast!”, “I strong”, “I got brown hair”) * Show pride in own accomplishments by smiling, clapping, cheering for themselves, or saying, “I did it!” * Say first and last name when asked * Use words and actions to assert themselves (“No!”, “Mine!”, while pushing another child away) * Choose areas to play in or activities they prefer * Place their own items in their own cubby or area * Begin to show comfort in a greater variety of familiar settings important to family, such as church, local library, or neighborhood park * Name things related to family’s culture (“menorah”, “Christmas tree”, “sari”) |
| **18-24 month**   * Observes other learner’s play intensely * Reacts spontaneously to own name * Helps the adult with tidying up or toys * Protests if his activity is disrupted * Demonstrates his own will in the presence of the adult * Suggests that the adult may borrow his most precious toy * Can react intensely to changes in the daily routine * Throws a tantrum when his will is crossed * Presents strong feelings of ownership: “my mother”, “my toy”, “my seat” * Plays language games with the adult: rhymes and jingles   **24-30 months**   * Steals the toy another learner is playing with * Tries to have his will while playing with another learner * Presents his abilities to the adult * Helps with simple chores such as wiping the table * Contacts by hiding and then revealing himself with a shocked attitude * Invites the adult to fight for fun * Demonstrates his will in the presence of other children by claiming ownership of his toy * Is ready to await his turn while playing turn-taking with an adult * Appreciates help with tasks (e.g., dressing and undressing) * Has a strong need for physical contact, wants to hold hands while taking a walk * Is able to engage in contact with only one adult at a time   **30-36 months**   * Plays parallel to other learners * Becomes easily annoyed with other learners * Is protective and caring towards babies * Demonstrates politeness: Says “thank you” * Uses language more often in contacting others * Has difficulty accepting criticism * Has difficulty choosing between yes and no, coming and going, milk and juice, etc. * Can be quite rigid. Changes result in a demonstration of anger, passivity or withdrawal | **18-36 months Trust and Emotional Security**   * Express affection for familiar caregivers, such as telling a caregiver “love you” or greeting a caregiver excitedly * Check back with caregiver often when playing or exploring * Reach for familiar caregivers when unfamiliar adults approach * Look for familiar caregivers after falling down or getting hurt * Take a familiar toy or blanket along on a trip or a visit to a new place   **18-36 months Self-Awareness**   * Recognize and name their own * In front of the mirror, point to and name many body parts * Begin to describe themselves in words (“I run fast!”, “I strong”, “I got brown hair”) * Show pride in own accomplishments by smiling, clapping, cheering for themselves, or saying, “I did it!” * Say first and last name when asked * Use words and actions to assert themselves (“No!”, “Mine!”, while pushing another child away) * Choose areas to play in or activities they prefer * Place their own items in their own cubby or area * Begin to show comfort in a greater variety of familiar settings important to family, such as church, local library, or neighborhood park * Name things related to family’s culture (“menorah”, “Christmas tree”, “sari”)   **18-36 months Self-Regulation**   * Recover from emotional outbursts (tantrums, biting, or hitting) in a few minutes with adult support * Use words to obtain things they want * Begin to use various emotion words, such as “I’m mad.” * Listen to and begin to follow rules * Change to new or different activities with adult support * Show beginnings of self-control, such as walking around rain puddles * Say “no” or shake head when they don’t want to do something or don’t like something |
| **Notes:**   * The learner is ready to share some of the work in completing simple, familiar activities and turn-taking games. It is important to give wait time for the child to attempt a step, but don’t make demands. Offer to have them help you to complete the step. * If the child has “object permanence” and “cause and effect”; continue to encourage tactual exploration and searching within activities and learning environments. * The child may not have many strategies for playing games with others. Play construction games such as stacking plate & cups, building towers and knocking them down, picking up objects and putting them in or taking them out of containers, completing simple puzzles. * The child may have some difficulty in making choices and accepting the consequences of his/her choices. Continue to limit demands and offer to share the work if the child does not want do what his choice demands. (e.g., ask them to pour the milk and if they won’t ask them to help you do it) * The learner needs help completing specific actions or obtaining specific materials/objects. Become familiar with how the child communicates this request, honor it, and name it, (e.g., help pour, help pull, help up, etc.) using tactile signals/signs to support communication. * A change of plans may cause distress. Introduce the concept of problem-solving together. For example, an activity or event may need to occur later, one object might be substituted for another, help may be needed from another source. Acknowledge and empathize with the child’s disappointment or distress. * Learning that there is a progression to events throughout the day is important. Introduce the concepts of “first”, “next”, “later”, “then”, “today”, “tomorrow”, and “yesterday”. * Continue to identify and refine concepts related to emotions. * Introduce the concepts of friend and family roles (mom, dad, brother, sister, friend, teacher, etc.) * The child may continue to be passive if we do not encourage expressive communication. Look for and recognize comments from child and respond in a way that will lead to another comment from him/her. Sometimes repeating what the child has signed, signaled, or said lets him/her know you see his attempt to communicate. Elaborate on the child’s effort; don’t assume every communication is a request. * Model and teach the child social rules such as saying please and thank you, greeting people, asking permission before touching, tasting, smelling other people or their possessions, not stealing others things. * Model and teach empathy with others, for example, saying you are sorry if you hurt someone or have bad behavior. | |

| **Functional Scheme Social and Emotional Milestones** | **Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines** |
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| **36-42 months**   * Interacts with other learners * Demonstrates shyness in the company of strangers (adults) * Is able to play with another learner for approximately half an hour * Invites the adult to play rough-and-tumble games * Wants to help the adult with familiar activities (e.g., preparing of food or washing the car) * Has a favorite playmate * Contacts by standing next to adult and leaning against him * Shows great independence, often thinks he can do more than he actually can * Can become very despaired when he has to receive help from the adult * Direct physical contact is most often replaced by conversation   **42-48 months**   * Uses the adult as a living dictionary. Asks “What is this?” * Plays role plays with other learners * Helps with tasks such as setting the table * Behaves as the one who is responsible for chores, e.g. cooking the meal * Can separate from the parents without crying * Visits the neighbor * Finds objects when requested * Wants to help with serving food * Wants to participate in preparing meals and domestic chores such as cleaning the table, washing up, etc. * Is eager to help an adult with domestic activities * Can give away one of his toys to another learner * Is ready to wait his turn in a group of learners * Strives to be independent of the adult * Is unwilling to accept the adult’s interference in any of his activities * Can use language to express both dissatisfaction and joy * Repeats activities that cause the adult to laugh * Is able to choose between not more than two choices or suggestions | **36-48 months Trust and Emotional Security**   * Consistently seek out a trusted adult for comfort when they are upset * Show interest and comfort in playing with and meeting new adults * Show comfort in new situations   **36-48 months Self-Awareness**   * Refer to themselves as “I” when speaking (“I can do it.”, “I go with Mommy.”) * Express more emotions through words, actions, gestures, and body language * Show more familiarity with personal space (sit on own carpet square during Circle Time, keep their hands to themselves) * Make choices, such as clothing or art materials * Enjoy being a helper with a special job to do * Speak about family members and friends who are not present * Begin to notice how people’s skin color, hair color, and abilities are different or the same * Be able to speak about familiar community places and activities, such as going to church, post office, or grocery store * Enjoy joining others in cultural celebrations   **36-48 months Self-Regulation**   * Express strong emotions constructively with assistance, such as going to quiet area or asking for a favorite book to be read when upset * Stick with difficult tasks without becoming overly frustrated * Tell a story that shows their feelings (“I was so happy…”) * Know what will happen next in their day, such as knowing that naptime comes after lunch * Gently handle materials and living things, such as a plant or pet animal * Follow schedules with few reminders, such as cleaning up toys and joining group activities * Change behavior for different surroundings, such as running outside and walking inside |
| **Notes:**   * Encourage participation in familiar activities. At this stage the learner is ready for completing familiar activities more independently. Don’t interfere unless help is asked for in some way. The learner will take pride in his/her accomplishments. * Becoming prompt dependent is an issue for children who are deafblind. If the child asks for help, model the action/step or use limited prompt to help the individual continue on his/her own. * Independence and distance from the adult in completing activities or as appropriate in travel to and from locations, takes on new importance at this stage. Step back a bit and provide only the support absolutely necessary. * Provide support, structure, and rules to help the child regain composure after an outburst. For example, go rock in their favorite rocking chair when upset, use a breathing exercise when frustrated, etc. Let the child decide what will help by choosing what to do as much as possible. * Discuss feelings and continue to expand concepts related to emotions. * The child who is deafblind may not be aware of others feelings. Point out when peers and others are expressing emotions. * Expand concepts of emotion and discuss his/her feelings and those of others. * Model showing concern for the feelings of others, e.g. saying “sorry”, patting their backs, high five in celebration, etc. * When the child is ready to play with a peer, set up situations where the children or learners can play or complete and activity together. For example, make a snack together. * Utilize daily calendar system and expand concepts of time. For example, introduce days of the week, months of the year, times of the day (morning, lunchtime, evening, nap time), seasons, and holidays. * Utilize calendar times between activities to have a conversation about what has just happened and what is coming up next. You may also want to start and end the day reviewing the entire calendar. * Introduce a weekly calendar and make note of events/activities that hold emotion for the child. For example, favorite outings, trip to the doctor, start of a school holiday, etc. * The child may not be able to easily note similarities and differences in things and people because of sensory losses, especially at a distance. Point out features (e.g. people’s hair, height, clothing, etc.) and take time to explore and discover similarities and differences. * Help the child understand that he/she has possessions and others do as well. Use possessive pronouns (e.g. yours, mine, ours) and introduce pronouns in general: I, you, he/she, etc. * The child may not be aware of social rules or safety rules. Introduce rules for specific activities or locations. For example, stop before crossing a street, travel on sidewalks, carry a lunch tray, wash hands after toileting, don’t hug and kiss strangers, etc. | |

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