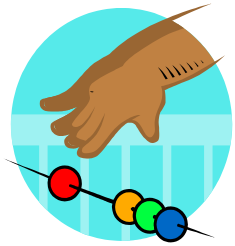
WHAT DOES YOUR CHILD SEE?

RISK FACTORS FOR VISION LOSS

- Family member concerned about child's vision.
- Baby was exposed to alcohol or drugs before birth.
- Baby was premature and given oxygen in the hospital.
- Baby had birth weight of less than 3.3 pounds.
- Child had meningitis or encephalitis.
- Mother had infection (toxoplasmosis, rubella, CMV, syphilis, herpes) during pregnancy.
- Family history of vision loss (retinitis pigmentosa).
- Child has neurological problems, such as seizures.
- Child has other medical concerns (hearing loss, cerebral palsy).



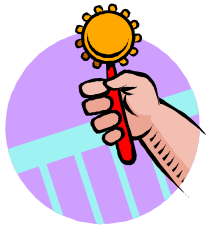
TYPICAL VISION DEVELOPMENT

0–1 month	Looks at mother's or caregiver's face. Responds to lights.
2-4 months	Begins to smile at others. Follows a moving person with his/her eyes. Fascinated by lights and bright colors. Begins to look at own hands.
5-8 months	Watches things happening across the room. Reaches for nearby toys. Looks at small objects, such as raisins or small cereal.
9-12 months	Reacts to facial expressions of others (smiles, frowns, funny faces, etc.). Looks for fallen toys, even around corners. Is interested in picking up tiny objects, such as lint on carpet.
12-18 months *1-1½ years*	Marks and scribbles with a crayon. Interested in picture books. Can reach in and pull out objects easily. Builds a short tower with blocks.
18-36 months *1½ -3 years*	Sees detail in familiar pictures. Copies a circle with a pencil or crayon. Looks for familiar things in the distance. Can imitate movements of others. Matches objects to pictures.

WHAT DOES YOUR CHILD HEAR?

RISK FACTORS FOR HEARING LOSS

- Family member concerned about child's hearing, speech, language and/or development delay.
- Baby was in nursery intensive care unit for 3 days or more, or was given oxygen for 10 days or more.
- Baby had unusual ear, head or neck formation (cleft lip or palate, Down syndrome).
- Baby had birth weight of less than 3.3 pounds.
- Baby had severe jaundice and an exchange blood transfusion was recommended.
- Mother had infection (toxoplasmosis, rubella, CMV, syphilis, herpes) during pregnancy.
- Child has had an injury or trauma to the head.
- Child had childhood infectious disease, such as meningitis or chicken pox.
- Family history of hearing loss.



TYPICAL LISTENING, SPEECH AND LANGUAGE DEVELOPMENT

0–4 month	Startles to loud sounds. Quiets to the sound of a familiar voice.
4-6 months	Turns toward or looks for a familiar or new sound. Likes rattles and objects that make sound.
6-12 months	Turns or looks up when called by name. Imitates sounds and pitches. Understands the meaning of simple words and phrases, such as "no" and bye bye." Uses voice to get attention.
12-18 months	Uses 4-5 words by 18 months. Points to at least one body part when asked. Understands one-step instructions, such as "Get me your diaper," or "Close the door."
18-24 months *1½-2 years*	Uses 10-15 words and puts 2 words together by age 2 years. Likes music. Points to familiar objects when you name them.
24-36 months *2 -3 years*	Uses 200 words by age 3 years. Listens to radio or TV at the same loudness as other people. Hears when called from another room. Uses 2-3 word sentences. Strangers can understand most of your child's speech.

If you suspect a child has a vision or hearing loss, contact 1-800-642-8541. (V/TDD)

Provided by the WV Early Childhood Transition Steering Committee with permission from the Colorado Services for Children with Deafblindness Task Force.

MAKING READING ENJOYABLE AND ACCESSIBLE FOR ALL CHILDREN

Tips and strategies for reading to children with vision and hearing impairments

Vision Loss

Remember: Most vision impairments affect distance viewing. It can affect the acuity, field of vision, ability to see relative contrast or understanding what is seen. The details in pictures may not be seen clearly even when only a short distance away. Often the "visual clutter" in pictures, engaging for most, may be too busy for a child with a vision impairment. The younger the reader, the more information is relayed through pictures. The quantity, type, direction, and position of illumination are critical to a child's visual performance. Eighty percent (80%) of our learning is through vision.

Tips and Strategies:

- Rely on the teacher for information concerning the best lighting environment for the child.
- Encourage the child to sit up front and close to you to enable him/her to see the book. Avoid moving around the classroom.
- Bring an extra book for the child to hold.
- Allow a few extra seconds for the child to visually explore the book.
- Provide verbal descriptions of the pictures.
- Consider bringing objects to represent the book you are reading. For example in the "Three Little Bears", bring three stuffed bears.

Hearing Loss

Remember: Hearing Loss often affects the clarity of sound not only the loudness. Although the hearing aid may make your voice loud enough, it may not be clear for the child. Only thirty percent (30%) of the English Language is visible on the lips. A child with a significant hearing loss relies heavily on visual information and will watch your face for cues or the sign language interpreter.

Tips and Strategies:

- Encourage the child to sit up front and close to you to enable him/her to see your face for lip reading and other cues. Avoid moving around the classroom.
- Ask the teacher if there is an assistive listening device. If yes, offer to wear the microphone.
- Read slowly, naturally and clearly. You do not need to speak louder or to exaggerate the words.
- For books with pictures, consider showing the picture before and after you read the page.
- Allow more time before you turn the page to enable the child to shift his/her attention from your face or the interpreter to the picture.