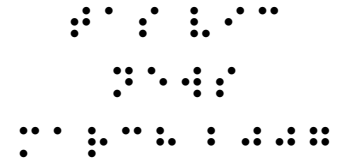




TAS VIC NEWS



Tasmanian Visually Impaired Children's Support Group Inc.



The new way to Braille is to **Jot a Dot** - a portable braille device for everyone!

Jot a Dot is the answer people who write Braille have been waiting for.

Until now, the choice has been either a slate and stylus or a standard Braille Writer (such as the Perkins Braille). Jot a Dot gives you the best of both worlds, combining **portability** with **functionality**.

So next time you need to "just braille it" remember - Jot a Dot!

Why Jot a Dot?

- Pocket-sized mechanical device means braille a note, on paper, anywhere!
- Direct six key Braille entry for fast & accurate Braille
- Read your Braille as you write simply turn Jot a Dot over

- Inbuilt reading stand keeps Jot a Dot stable when resting on hard surfaces

- Convenient neck strap wear Jot a Dot for Braille at your fingertips

- Know where you are - find the current cell and line of Braille with tactile indicators

- High contrast colours - identify key features easily and quickly

- Use lightweight paper - paper for Jot a dot can be found anywhere!

- Jot a Dot enables regular Braille writing from the left hand side of the page to the right, a major advance in simple manual Braille writing.

- It has both line and cell indicators. The cell indicator shows the position of the embossing head on the line. The line indicator gives instant feedback on which line you are writing.

- One-piece construction means there are no parts that can be lost.

- Weighing less than a pound - Jot a Dot is easily carried as a personal item by both children and adults.

Jot a Dot is the newest innovation in Braille writing, available for a fraction of the cost of a traditional Braille.



Specifications:

Dimensions 20.5 x 11 x 5.5 cm (8 " x 4.5 " x 2 ")

Weight 350g (less than 1 pound)

Paper Use normal photocopy paper (80 GSM Bond or 20lb)

Fits A5 and A6 paper sizes (1/2 and 1/4 Letter size paper)

Braille 20 cells of braille per line

Extras Includes neck strap for braille on the go

Want more information contact Quantum Technology by Phone 02 96844717

Families helping other Families with a child with Vision Impairment

MARCH 2007

Inside this issue:

Recommendation to joint national parent group	2
Braille literacy Scholarship Program	3
Expressions of interest being sought for Southern Cross Games 2007	5
Connecting the pieces of the puzzle together	5
What is Normal Tension Glaucoma	8
Stickier Syndrome	9
Visually impaired but physically a champion	10

DISCLAIMER

Tasmanian Visually Impaired Children's Support Group Inc. **TASVIC NEWS** does not take responsibility for the accuracy of the information contained in its Newsletter. Neither are the views and comments expressed by contributors necessarily endorsed by Tasmanian Visually Impaired Children's Support Group Inc

Recommendation to join national parent group

'Australian Association For Parents of Vision Impaired'

In January 2005, a group of parents responding to their own needs founded AAPVI in Melbourne, Australia. It's simple aim was to support each other in reference to their vision impaired children.

Though many TAS VIC parents have heard very little about the national body, two representatives from our group who attended SPEVI conference in Western

Australia in January are recommending that all parents of vision impaired and blind children in the State should become members of the national body. The more of us that join the stronger the voice of the group will become.

There is no cost to any family to become a member of AAPVI, just go to the Australian Association For Parents of Vision Impaired website at

<http://www.aapvi.org.au> and registry your details.

Remember it FREE



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Speaking Language Master Special Edition

Greater independence — faster learning — more accurate communication

- For anyone challenged by blindness, visual or speech impediments, learning disabilities or dyslexia
- Complete speaking reference. Speaks every key, letter, word, spelling, definition and game. Pronounces each letter as it is entered. E.g. Press 'READ' to hear sentences or 'SAY' to hear words
- **Communication Aid:** stores up to 26 text to speech messages for playback eg. "My address is....."
- Personal work list speaks and stores more than 50 words for delayed playback. Speech can be set to variable speed.
- Speaks and spells corrects over 110,000 words
- Speaking Merriam-Webster dictionary provides 300,000 definitions containing parts of speech hyphenation, inflections and related words and phrases
- Thesaurus contains 500,000 synonyms and 11,000 antonyms
- Confusables (commonly confused words) and classmates (words by topic) functions
- Context sensitive grammar guide covers more than 70 topics
- 3300 word SAT list for review and game practice
- Extra large display type to enhance screen readability and user customisation for a variety of special needs situations. 8 line and up to 647 characters per line screen (variable font)
- Plate tends speaking were games include Hangman, anagrams, keyboard wizard, flash cards, jumble, word builder, word train, Word blaster, memory challenge and deduction. Games can be played using elementary, advanced, expert or the user sown word list.
- Speaking help function with 26 clearly marked function keys. The help function reads out the print manual to eliminate the need for assistance from a sighted person
- Here the keys identify themselves and hear words spelled using international letter definitions
- Headphones are included for private listening
- Plus AC adapter, press any locator dots, a large print reference card, and structures to print and cassette

- Volume control, protective case
- Includes 4 X AA batteries



Size	14.3 x 14.9 x 2.6 cm
Weight	346 grams—with batteries
Barcode	0847937318 60
Vendor code	908472
Packaging	Gift Box (no window)
Pkg Dims	232 x 232 x 95 mm

Further information please contact;

HumanWare
 Suite 2, 7-11 Railway Street
 P O Box 944
 Baulkham Hills, NSW 2153
 Australia
 Phone +61 2 9686 2600
 Fax +61 2 9686 2855
 E-mail au.sales@humanware.com

**Pocket Quantum Technology
 Braille Literacy Scholarship Program**

Every parent wants the best of their child and braille literacy is fundamental to a blind child success. Starting Blind children on the road to literacy as early as they are able and choosing the right tools is key to their success.

By using modern and appropriate tools:

- Very young children can start scribbling with dots, having fun and beginning to learn through experimentation and play.
- Parents can become actively involved in the child's literacy development.
- Appropriate expectations for children can result from giving them independence to learn and explore.

of blind students in Australia and internationally.

A Mountbatten learning system and all associated software and accessories will be awarded to one child in both Australia and New Zealand.

The award is open to applications on behalf of children between the ages of three and eight years, who are learning Braille or are assessed as a



Virtual to self organisation and as a general aid to memory, blind students need good notetaking skills. Five students, from Australia and New Zealand will each receive a Jot a Dot Pocket Braille.

The award is open to applicants from students in primary, secondary or tertiary education who use Braille.

The Gillian Gale Award for Braille Literacy:

To this end Quantum Technology is proud to launch a Braille Literacy Scholarship Program that comprises two awards.

This award honours the remarkable contribution Gillian Gale has made to the education

future Braille learner.

The Norman Wilson Notetaking Award

This award recognises Norman Wilson, inventor of the Braille-n-Print printing, for his contribution to Braille education around the world.



Pocket Quantum Technology Braille Literacy Scholarship Program (continues)

The Gillian Gale Literacy Award

In one thousand words or less, tell us why you feel Braille literacy will be key to your child's success and describe the role you envisage the Mountbatten Learning System will play in their future.

The winners will receive a Mountbatten Learning System Educational pack containing: MB Learning System, Mimic display, a mini keyboard, Monty Braille Translator, Jot a Dot Pocket Braille, MCom PC to MB communication software.

Applications must be submitted with the signature of an Early Childhood or early intervention professional and/or a parent. Parents/professionals are welcome to provide any supporting material/documentation to their application. The winner must be willing to participate in promotional events and to attend a public award ceremony.

The Norman Wilson Notetaking Award

Using a maximum of 15 lines of 20 characters, students must describe in Braille why notetaking is an important skill



in their lives. Students can submit any number of entries and use various writing styles including poetry, verse and humour.

The winners will each receive a Jot a Dot Pocket Braille.

Applications can be sent directly from students or on their behalf by a teacher or parent. The winners must be willing to participate in promotional events and to attend a public award ceremony.

Have other questions about these or other programmes? Feel free to contact any of the

Quantum Technology offices listed should you require additional information. Quantum Technology also provides other scholarships for students who are blind or who have a Learning Disability. Call us for further information.

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Northern Office:

Tel: +61 7 3393 5776

Please find attached in this issue application forms for both the Gillian Gale Literacy Awards and the Norman Wilson Notetaking Award



**Are you a
Member of
Royal Guide Dogs
Tasmania
???**



**☎ Phone:
HOBART OFFICE
(03) 6232 1222**



*** Why not call today ***

Expressions of Interest Being Sought for Southern Cross Games 2007

Since the very early 1990's Tasmanian Visually Impaired Children's Support Group has taken on the responsibility of organising groups of Blind and Vision Impaired school age children to compete in the Southern Cross Games, (previously known as the Pan Pacific Games).

In 2008 the games will be held either in Western Australia or Victoria (Broken Hill), the date and place are yet to be decided.

It is with this in mind that we are contacting you. During this time, the TAS VIC group has assisted families with some of the costs associated with a child participating in the games including airfares, accommodation

and games fees.

As you can well imagine the task of fundraising the substantial amounts of money is no small task. The main contributing factor that we do ask is if your child completes in the games, we would also like that family to assist with the fundraising effort and participate as part of the group.

We are at present ascertaining the number of school age students that have no sight, a vision impairment 6/60 or less, or a field loss of greater than 20% that currently meets the entry criteria.

If you have a child that may be interested in competing in the

2008 games and fits the requirements, please fill out the form below and return it ASAP to the Secretary, Tasmanian Visually Impaired Children's Support Group Inc, C/- 1 Brent St, Glenorchy 7010, Tasmania.

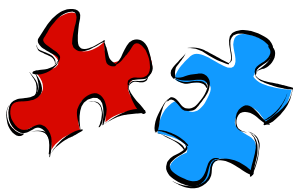
All information is completely confidential and is used only for the purpose of the SCG organising committee. Any further information regarding the games please contact the secretary on the above numbers

Respectfully yours,

David Gordon

State Secretary

TAS V.I.C. INC.



Connecting the Pieces of the Puzzle Together The National Unified Lifeskills Model

At SPEVI 2005, Stephanie Kain from Vision Australia and Errol Ingram from Royal Guide Dogs Association of Tasmania, presented an overview of the Australian Blindness Forum's (ABF) resolution in 2003 to develop a National Unified Lifeskills Model for children who are blind or vision impaired and their families. Also presented at SPEVI 2005, were the findings of ABF Parent Focus Groups conducted during July – Sept 2004 and recommendations from the ABF National Parent Forum held in October 2004. The presentation will provide an update on the SPEVI 2005 presentation by outlining progress with the development of a conceptual framework for a National Unified Lifeskills Model.

The Australian Blindness Forum (ABF) is an unincorporated body funded by its members, which has been in operation since 1992. One of the main purposes of the ABF is to discuss and take action on issues of national importance that effect policy and service delivery to people who are blind or vision impaired.

ABF's proposal to develop a National Unified Lifeskills Model was in direct response to concerns expressed by families, blindness agencies and tertiary institutions, about the level of competency of many adolescents and young adults who are blind and vision impaired in fundamental independent lifeskill areas such as Orientation and Mobility, Independent Living Skills and Social Skills. When people who

are blind or vision impaired do not develop competencies in fundamental lifeskills and social literacy at key developmental stages of childhood and adolescence, the outcome is often significantly compromised independent lifestyle choices as an adult, particularly in terms of options for further study, employment, relationships, recreation and accommodation.

Co-Chair of the National Agenda Advisory Board Dr Phil Hatlen (1996), also observed the high incidence of young people who are congenitally blind or vision impaired, reaching adulthood without the necessary functional competencies and social literacy to be able to live productive, rewarding and connected lives as adults:

What is known about

congenitally blind and visually impaired students is that, unless skills such as orientation and mobility, social interaction, and independent living are learned, these students are at high risk for lonely, isolated, unproductive lives. (Hatlen 1996:6)

The outcome has become a modern tragedy, with too many products of our educational efforts living isolated, troubled lives." (Hatlen 1996:7)

Dr Hatlen's proposed solution to this serious situation was to call for an increased focus on the eight areas of the Expanded Core Curriculum for students who are blind or vision impaired. That is, compensatory or Functional Academic Skills, Including Communication Modes, Orientation and Mobility, Social Interaction Skills, Independent Living Skills, Recreation and Leisure Skills, Career Education, Technology, and Visual Efficiency' (Hatlen 1996:1)

In 2003, member agencies of ABF recognised the seriousness of the issue and met to discuss the situation. A proposal to explore the development of a National Unified Lifeskills Model was unanimously adopted. The catalyst for the initial

development of a National Unified Lifeskills Model was the following challenge set by Dr Hatlen (1996:6) regarding the development of a 'single, simple method' to access elements of the expanded core curriculum:

At this time, no single, simple method has been developed that assures visually impaired students of accessing both traditional and expanded core curricula within the same time frame as their sighted peers. This remains a significant, but attainable challenge.

To determine the level of support for the development of a National Unified Lifeskills Model, ABF conducted Parent Focus Groups around Australia during July – September 2004 and a subsequent National Parent Forum in October, 2004. Young adults who are blind or vision impaired also attended the ABF Parent Focus Groups. The findings from the ABF Parent Focus Groups reflected many of the research findings from a series of focus groups conducted in New Zealand by Gwen Nagel and Karen Stobbs (2004) during 2003. The findings of the ABF Parent Focus Groups included the following issues:

- Communication between

service providers and with families varies considerably in terms of quality, quantity and consistency.

- Significant gaps exist in relation to the availability and teaching of key life skills such as orientation and mobility, independent living skills, social skills, Braille, and leisure and recreation.
- Service quality, range and availability varies considerably within and across states.
- Limited emotional support options for children and their families are available when and where they are needed.

Accessing information about services, support, resources and training is often ad hoc.

Two statements seemed to encapsulate the experience of parents/carers who attended the focus groups:

"We don't know, what we don't know!"

"If you ask the right person, the right question, in the right way, at the right time... you might get the right answer!"



If you are blind or have a vision impairment, Telstra may be able to help you access the phone.

For further information please contact

The Telstra Disability Enquiry Hotline

1800 068 424 (Voice) 1800 808 981 (TTY)

disabilityenquiryhotline@team.telstra.com

www.telstra.com.au/disability



Tasmanian Blind & Vision Impaired Children's Support Group Inc. Membership Application			
Family Information			
➤ Membership to the TAS VIC Inc Support Group is FREE			
Name: Mr/Mrs/Ms			
Phone:	Fax	Mobile	
Current Address:			
Town:	State:	Post Code:	
Southern Cross Games 2008 Entrants Information			
Your child will need to be 9 years of age as of the 1 st June 2008 and not above the age of 18. They also need to be a full time school student at the time of the games to also be eligible to compete.			
Your Childs Name in full:			
Age:	Date of Birth: / /	Sex:	
Address			
Town:	State:	Post Code:	
Emergency Contact			
Name of a relative not residing with you:			
Address:			
Town:	State:	Post Code:	Phone:
Relationship:			
Signatures of Applicants			
I understand that this information that I have provided will be kept in the strictest of confidence and will be only use for the purpose that it is intended for by Tasmanian Visually Impaired Children's Support Group Inc.			
Signature of Applicant:			Date:
Signature of Spouse			Date:
Mailing Information			
<ul style="list-style-type: none"> • Please return this form via mail to: <p>The State Secretary TAS VIC Inc. C/- 1 Brent Street Glenorchy 7101 TAS</p>			

What is Normal Tension Glaucoma?

How does normal tension glaucoma differ from “regular” glaucoma? Glaucoma is a group of eye diseases that usually share common traits, such as high intraocular pressure (IOP or eye pressure), damage to the optic nerve and gradual sight loss. Most kinds of glaucoma involve elevated eye pressure. However, glaucoma can sometimes strike without any increase in eye pressure.

Normal tension glaucoma (NTG), also known as low tension or normal pressure glaucoma, is a form of glaucoma in which damage occurs to the optic nerve without eye pressure exceeding the normal range. In general, a “normal” pressure range is between 10-20 mm Hg.

What causes normal tension glaucoma?

The causes of NTG are still unknown. For some reason, the optic nerve is susceptible to damage from even the normal amount of eye pressure. Researchers continue to examine why some optic nerves are damaged by these relatively low eye pressure levels.

How is normal tension glaucoma diagnosed?

NTG is diagnosed by observing the optic nerve



for signs of damage. This can be done in one of two ways. In one procedure, an instrument called an ophthalmoscope is held close to the eye. In a darkened room, the light from the ophthalmoscope allows the doctor to look through the pupil and examine the shape and color of the optic nerve. A nerve that is cupped or is not a healthy pink color is a cause for concern.

A second procedure is the visual field test. This test produces a map of the patient’s complete field of vision. Using this test, the doctor can check for any areas of sight loss that may be caused by damage to the optic nerve. This would appear as slight changes in the person’s vision occurring anywhere from near the center to the edge of the field of vision. These changes are not necessarily noticeable to the patient.

What are the risk factors for NTG?

Some risk factors for NTG include:

- Family history of any kind of glaucoma-it doesn’t have to be normal tension glaucoma
- Japanese ancestry
- Cardiovascular disease

In North America, normal tension glaucoma is more prevalent in women than in men.

How is NTG treated?

Since so little is known about why normal eye pressure damages some eyes, most doctors treat normal tension glaucoma by reducing the eye pressure as low as possible using medications, laser treatments and filtering surgery. Over the last decade, a Glaucoma Research Foundation study has shed some light as to the benefits and drawbacks of lowering eye pressure to the low normal range, instead of the mid or high normal range.

Thanks to Douglas R. Anderson, MD, Professor of Ophthalmology, Bascom Palmer Eye Institute, University of Miami School of Medicine, Miami, Florida, for contributing to this article.

Stickler Syndrome

(a summary by Bill Houchin)

Stickler syndrome is a connective tissue disorder, a genetic malfunction in the tissue that connects bones, heart, eyes, and ears. This disorder is associated with problems of vision, hearing, bone and joint, facial and cleft palate, and heart.

Stickler syndrome received its name from Dr. G. B. Stickler, who first studied and documented the syndrome. The term "syndrome" is derived from the Greek work "syn" meaning "together with" and the Greek word "drome" meaning "to run". A syndrome is a collection of specific symptoms, all with one cause.

Dr. Stickler first studied this syndrome at Mayo Clinic in 1965. His paper titled "Hereditary Progressive Arthro Ophthalmopathy" associated the severe sight deterioration with joint changes. Other doctors continued the study and have redefined Stickler syndrome to how we know it today.

There are several sight problems that may occur to Stickler patients. Common problems include near sightedness, astigmatism, and cataracts, which can be treated with glasses or surgery. More serious

problems include the gel which fills the eye deteriorating, the retina deteriorating, eyes moving independent of each other, and glaucoma. Any of these serious problems can lead to blindness.

The hearing loss suffered by those who are affected will affect either the middle or inner ear. Deafness can result in the extreme cases.

Bone and joint problems consist of arthritis, abnormality to ends of long bones, vertebrae abnormality, curvature of the spine, hunchback, joint pain, knock knee, and double jointed. These will tend to worsen with age.

Several facial features are common with Sticklers syndrome. Flat cheeks, flat nasal bridge, small upper jaw, pronounced upper lip groove, small lower jaw, and palate abnormalities are possible, all in varying degrees. 30-40% of patients with Pierre Robin sequence have Stickler syndrome.

The heart problem known to be associated with Stickler syndrome is Mitral Valve Prolapse. This occurs when a valve in the heart shuts and then protrudes into the next chamber.

Patients usually do not have all symptoms that can be attributed to Stickler syndrome. As an example, a patient may only have joint problems, another person will have sight and arthritis problems, and members of the same family may have different symptoms. Some patients may have multiple symptoms, but only one problem is severe enough to be diagnosed.

Stickler is believed to be the most common syndrome in the United States and Europe, but one of the rarest to be diagnosed. Most sufferers have such minor symptoms that they do not seek a diagnoses. Those who become patients are generally not correctly diagnosed. One study found a 53% error in original diagnosis of patients found in retrospect to have Stickler. A lot of patients are only diagnosed with one symptom and called, for example, arthritic or near-sighted. It is estimated that 1 in 10,000 people have Stickler Syndrome and only a fraction of them know it.

Visually Impaired but Physically a Champion.

Article from the winter edition of (Awareness)

The National Association of Parents of Children with Vision Payment USA.

By Ron C. Peck, MBA - Co founder

The Blind Judo Federation

As a parent or loved one of a Blind or visually impaired child, protecting your child from harm while wanting the best is, always on the mind. Protection from bullying, being excluded from certain events, lack of true and long lasting friends, ability to participate in school events and even sports as one goes through the school system and on into adulthood.

Have you ever considered introducing your child to the sport of judo? Judo is an Olympic sport. It is a system of self defence, the physical and mental discipline that was first introduced in the Olympic Games at the Tokyo Olympic Games in 1964.

In 1988 judo was introduced as a Paralympic sport (not to be confused with "Special Olympics") and is one of the best sports for boys and girls that a Blind and vision impairment. Not only to develop self confidence but as a sport that teaches skills that are transformable to all other sports. Judo is also about building character, confidence, citizenship, goal setting, overcoming adversity and independence in life. The Paralympics is the second-largest sporting event in the world outside of the regular Olympics. Paralympic games are held at the same venue as the Olympics and begins two weeks after the close of the Olympic Games.

In 1999 Willy Cahill, a world-renowned Olympic judo coach was asked to coach the US Paralympic judo team preparing them for the 2000 games in Sydney, Australia. Under his coaching leadership

the US Paralympic judo team consisting of Blind and visually impaired athletes won 2 gold 1 silver and 1 bronze medal.

Being introduced to judo does not necessarily lead to the Olympics but does provide physical activities, confidence building, camaraderie and skills for life and how to compete. Below is a picture of Scott Moore a visually impaired individual who won the first gold medal for America at 2000 games in Sydney.



Lori Pierce was born premature giving too much oxygen and became Blind. At age 16 she was introduced to the sport of judo. At 17 she won gold for America at the world judo championships in Rome, Italy. Today Lori is preparing for the world of judo championships this July in Brazil in preparation for the 2008 games in Beijing.

As a parent and loved one of a Blind and visually impaired child, consider introducing judo into their lives if you are looking to create a level playing field as a journey to adulthood and on into life.
