

Voices from the Field: Rashida Banerjee



Q1. Interactions with children who have low-incidence disabilities can look different from interactions with typically developing children. What are some examples of how children with low-incidence disabilities may try to engage with others?

Before we talk about interactions to support young children with low incidence disabilities, let us first understand what low incidence disabilities mean. Low incidence disabilities include visual impairments, hearing impairments, deaf-blindness, orthopedic impairments, multiple disabilities, and traumatic brain injuries which account for 2 percent or less of those served under Individuals with Disabilities Education Act.

Children with low incidence disabilities learn and develop at varying rates and appear to follow different developmental sequence than their typical peers.

When working with or teaching young children with low incidence disabilities, it is important to note that their sensory inputs are altered--especially for children with visual impairments, hearing impairments, and deaf-blindness. Their sensory inputs may be:

- discrete –that is they happen once
- fragmented –that is not connected to each other, and/or
- intermittent—that is they happen without being predictable

Children with low incidence disabilities often rely on Inductive learning. For example, children with visual impairment rely on tactual input, which means you can only feel so much as your little hands will allow at one time. Then they have to somehow put all these little pieces into a whole. This is the opposite of how other children learn – they see the entire object before breaking it down into pieces. It's a higher level skill to reason inductively.

Q2. How can practitioners support learning of young children with low incidence disabilities?

In order to support learning of young children with low incidence disabilities professionals may provide concrete objects to teach a child different concepts. For example, in order to promote cognitive development, the visual impairment specialist may use a real dog to teach the child what a dog is by helping them touch its face, legs, nose, body, paws, etc. while making comparisons and talking about relationships. Then, she may use a stuff dog to tell the child about a whole dog.

Another challenge is that incidental learning is limited and cannot be relied upon for children with visual impairments or deaf blindness as they may be unable to copy or imitate others' visual gestures because they cannot see it. Similar difficulties arise for children with hearing impairments when imitating verbal sounds or with children with multiple disabilities when imitating motor movements.

To review another example, a speech language pathologist working with a child with multiple disabilities may use a communication device to assess a child's preferences and interests and use this knowledge to increase the child's engagement and promote interaction with peers during meal time.