

Background:

(My Child) has Aniridia. Aniridia is a partial or complete absence of the iris (the 'color' portion of the eye) and an underdevelopment of the other parts of the anatomy of the eye. The iris regulates the amount of light the back of the eye receives. (If you have ever had your eyes dilated at the optometrist then you know that this can be uncomfortable, causing issues with glare and light). Aniridia is also associated with glaucoma, cataracts, foveal hypoplasia, and corneal surface abnormalities which all lead to decreased vision. (My Child) has foveal hypoplasia (underdevelopment of the portion of the retina responsible for detailed vision) and nystagmus (back and forth involuntary movement of the eyes). His lack of iris, foveal hypoplasia, and nystagmus all contribute to his low vision. (My Child) currently has an acuity of about 20/200, which means that what a normally-sighted person can see at 200 feet, (My Child) must be at 20 feet to see the same thing. (To put it into perspective, he can only read the first line, 'E', on the eye chart). Children who have a measured visual acuity of 20/200 or less in the better corrected eye or who have a visual field of no greater than 20 degrees are classified as legally blind. (My Child) is classified as legally blind.

It's important to note that visually impaired children differ in their ability to use their vision. Two children may have the same measured acuity, but one may rely on his other senses to perform the same tasks that the other child does by sight. We are finding that (My Child) does rely much more on his other senses, particularly his hearing, to complete tasks and learn about the world around him. You may also notice that (My Child)'s vision fluctuates throughout the day, depending on factors such as lighting, fatigue, and emotions. As the teachers get to know (My Child), you will soon become sensitive to these fluctuations. (My Child) sees quite well at a close distance (you will see him put things very close to his face to examine them). He does NOT see well at distances. For example, he will not be able to make out a face on the playground or if the teacher is demonstrating something across the room from him.

(My Child) wears glasses at all times but they do not 'correct' his vision. Rather, he uses them as a way to protect his eyes and it is imperative that he wear them *at all times* because if his eyes get injured, they do not heal like a normal eye which can lead to complete blindness from glaucoma or corneal complications. (My Child) has a pair of clear glasses for inside and a pair of sunglasses for outside. He also wears a hat outdoors to minimize glare. If there is overhead florescent lighting, he also likes to wear his hat indoors.

Suggestions for teachers:

In the classroom:

The most important thing that I would like the teachers to come away with that (My Child) should *not* be limited. He is a very bright little boy with a long attention span to tasks. Most tasks (especially at the pre-school level) do not need to be modified for him but here are some suggestions to make (My Child) more comfortable:

1. Encourage (My Child) to move around the classroom to obtain his materials or visual information. For the first few weeks, he needs to be physically taken around so that he knows 'where' things are.
2. (My Child) may not be aware of and therefore may not be interested in events occurring at a distance from him. He may not notice, for example, a facial expression, nod, and arm or hand movements suggesting that he come over to you, respond to a question, or get an

- item. Verbal cues will be necessary. Address him by name. For example, "(My Child), on top of the computer in the back of the room, there is a green folder. Can you get it for me." These directions are REALLY important to helping him become an independent person.
3. As the children get to know him, they may become interested in his visual impairment. I find it wonderful that children ask why he wears sunglasses or why his eyes move. Please encourage (My Child) to answer these questions for himself but if he's uncomfortable, please just answer them instead of ignoring them. They are valid questions and we never want him to feel like his eyes are something he should be ashamed of.
 4. There are visual aids that we may find that (My Child) needs to make himself more comfortable (for example a lap desk, magnifier). He doesn't have any of these yet because we would like to see how he does without them and because we are currently searching for a 'Teacher of the Visually Impaired' to give us all the options. Please just be sensitive and bring up any concerns with us if you find he needs other materials.
 5. (My Child) will learn to navigate around the classroom. Please be sensitive to open cupboards or new obstacles on the floor (he may not see them).
 6. When you are demonstrating something in class or circle time, please have (My Child) sit next to the 'demonstrator' so that he can see.
 7. When you are demonstrating something in class it's best not to stand with your back to the window (glare and light will cause him just to see a silhouette and will be very uncomfortable for him).
 8. If you're going to be showing a movie, please let me know beforehand. I can make a copy of it so he can watch the same movie on the iPad that day (he cannot see the TV very well from a distance).
 9. If you're going to be doing an art project with glitter or other small particles, please let me know beforehand so that I can bring in an alternative for (My Child).
 10. When you are leaving the classroom (to go outside), please give (My Child) his sunglasses and hat. He MUST wear his sunglasses at all times outside. He can choose whether or not to wear his hat.

On the playground:

A frequent concern of all teachers is the safety of the student with a visual disability. It is definitely important to take precautions but please keep in mind not to project your own fears onto (My Child) (I'm guilty of this all the time!) (My Child)'s need for independence and exploration should be balanced with sound safety practices. When I've spoken to other parents of children with Aniridia, they generally have a 'teacher shadow' with the child during playground time. (My Child) does have issues with depth perception (such as unmarked steps or dips in the playground) and is slower to respond to something coming towards him (like a ball).