



Optimizing Availability for Learning

NCDB Practice Guide

Children and youth are available to learn when they are ready to engage with people, absorb information, and pay attention to what is occurring around them. They are alert, attentive, and interested but not overstimulated. Optimizing availability for learning involves a systematic analysis and understanding of the internal and external factors that affect a child's biobehavioral state (e.g., asleep/awake, quiet alert/active alert, agitated). Note that availability for learning is different for every child, typically fluctuates throughout the day, and is influenced by a variety of factors.

NCDB Practice Guides outline the essential components of instructional practices commonly used with children who are deaf-blind. For more information on availability to learn, go to nationaldb.org.

Rationale

Strategies to support availability for learning are often essential for children who are deaf-blind, particularly those with additional disabilities or health challenges. Because many have limited control over their surroundings and may also have complex communication needs, they rely on others to be observant and responsive communication partners, as well as to adapt the environment and provide appropriate sensory input.

Essential Components

Each bolded item below is an essential component of optimizing availability for learning. The bullets are the skills a teacher or other adult working with a child who is deaf-blind would display if implementing the components correctly. The elements refer to a "child" but are applicable to individuals of all ages.

Assessment

The teacher or other practitioner

- Reviews prior assessment results for information about factors that influence the child's availability to learn (e.g., preferences and interests, preferred sensory learning channels, current levels of expressive communication, best environmental/ambient conditions)
- Identifies areas where additional assessment is needed
- Obtains information from the family about the child's physical needs and conditions (e.g., liquids, food, elimination, medications, sleep, seizure history)
- If the child is frequently not in a biobehavioral state that allows for learning or it's difficult to tell if they are available, conducts a biobehavioral state assessment (e.g., range of states, most common states, typical length of time in an alert state, ability to manage level of alertness)
- Identifies internal factors that affect the child's availability to learn (e.g., etiology of deaf-blindness, specific impact of sensory and physical conditions, impact of or side effects of medications, sleep amount and quality, food and liquid intake)
- Identifies external factors that affect the child's availability to learn (e.g., lighting, background noise, smells, visual and auditory clutter, physical supports and positioning, type and quality of interactions with others)

Plan for Individualized Intervention

The teacher or other practitioner

- Uses knowledge gained from assessment to develop an intervention plan that addresses the following:
 - Modification of internal factors that influence alertness (e.g., food, sleep, medication, elimination schedule), where feasible
 - Scheduling to minimize the child's fatigue (e.g., scheduled breaks after taxing activities, scheduling taxing activities for optimal times of day, considering the impact of multisensory complexity for children with CVI)
 - Best positions and adaptive equipment for specific learning activities
 - Environmental modifications and supports that promote alertness and minimize fatigue or overstimulation

- Ways of interacting with the child that align with their preferences for such things as types of touch, sensory channels, proximity of other people, group size, and communication modes
- Ways to adapt materials and how they are presented to increase alertness, minimize fatigue, and reduce overstimulation
- Collaborative teaming considerations for planning and implementing effective interventions across the day (home and school)

Ongoing Observation and Support

The teacher or other practitioner

- Uses the modifications and strategies outlined in the plan for individualized intervention
- Observes and collects data on the child's state (e.g., asleep/awake, alert, attending) and how it changes over time
- Identifies how internal and external factors are influencing the child's state
- Recognizes when the child is or is not alert and available to learn
- Is aware of how own behavior and interactions influence the child's availability to learn
- When the child is not alert or is overstimulated, modifies external factors known to increase alertness or calm the child, rather than postponing learning
- Collaborates effectively with the family and educational team to obtain holistic, comprehensive information to guide child-centered assessment and intervention

You'll know the practice is working if . . .

- Practitioners collaborate to optimize the child's environment and sensory inputs for learning
- The child spends more time in a quiet awake or active awake state throughout the day*
- The child is more responsive to and engaged in learning*
- The child is making progress on their learning goals*

* Note that observable changes are different for every child and may be subtle.

Learn More

To learn more about helping children with deaf-blindness become available to learn and biobehavioral states, see [Availability for Learning](https://www.nationaldb.org/info-center/educational-practices/availability-for-learning) on the NCDB website (<https://www.nationaldb.org/info-center/educational-practices/availability-for-learning>).

NCDB Practice Guides are created using a process adapted from the Practice Profile format developed by the National Implementation Research Network (Metz, 2016). Although NCDB Practice Guides do not provide information about how to plan or implement practices, they outline their essential components. This makes them a useful tool for state deaf-blind project personnel and practitioners to identify training and coaching needs related to specific practices for children with deaf-blindness. They also serve as quick reminders of the purpose and key elements of a practice..

References

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