Meeting of the
EXECUTIVE BOARD
NEW YORK STATE COMMISSION
FOR THE
BLIND AND VISUALLY HANDICAPPED

December 2, 2008

In attendance were:

EXECUTIVE BOARD
Co-chairmen
Alan R. Morse, JD, PhD
Charles Richardson

Members
Carena Collura
Christina Curry
Maria Garcia
Karen Gourgey, EdD
Cantor, Dr. Mindy Jacobsen
Luis Mendez, Esq.
Julie Phillipson
Thomas A. Robertson
David Stayer, LCSW

Absent:
Tara Cortes, RN, PhD
The meeting was called to order at 9:00 AM. Alan told the Board that going forward, our meetings would be recorded and broadcast in audio only. He gave an overview of the agenda:

Committee Reports during the morning
Lunch/executive session at 12:30
Licensure/Certification of Orientation and Mobility and Rehabilitation specialists at 1:30 and
Discussion of the blank slate.

There were no additions.

The minutes of the previous meeting were approved.

Alan indicated that Tara Cortes and John Bartimole are unable to attend this meeting.

REPORTS

EDUCATION COMMITTEE, Maria Garcia reported.

Education Committee members are Maria Garcia, Carena Collura, John Bartimole, and Mindy Jacobsen.

Introduction: It is essential to incorporate a philosophy of blindness into the current service model of education. The committee feels that poor foundation and basic skills are responsible
for almost all of the difficulties experienced by the rehabilitation agencies across the state. They have observed large-scale failure in skill development in early childhood, especially among deaf-blind and blind children with other disabilities.

Recommendations:

1. Creation of a statewide database of visually impaired children. This would be a tracking system but the details have not been flushed out. We need a database because children fall through the cracks. Coordinating information would help to keep that from happening. It would also help to keep funding if we have larger numbers of children. Alan indicated that the New York City Department of Education claims it can do this.

2. Comprehensive annual vision screening for every child, birth through high school. The committee is not sure what that would entail. Even before a child reaches age three, it is possible to tell if he/she is not tracking visually. Luis asked if this would be a routine or a functional assessment. Carena said that if a child is found to have a problem with vision, he/she would then be referred to a specialist. The functional visual evaluation would come later. The committee needs to decide who would be responsible for this. It could be the school nurse or another agency.

Alan indicated that there is a difference in the positions taken by between the American Academy of Family Physicians, the American Academy of Optometry and the American Academy of Ophthalmology regarding the frequency and/or need for visual screening or examinations and he asked that the committee incorporate information about this in their report.

3. Children with cortical or cerebral damage, should be referred to a neuro-ophthalmologist who can determine how they could be presented with visual material to engage their visual systems.

4. Mandated reporting by physicians who diagnose visual impairment. The reporting could be to the Department Of Health (DOH) or to CBVH. Alan said that DOH tracks all kinds of medical problems of children, but would need funding in order to add vision problems. They would need to coordinate with county TVI's, etc but might not be able to share information with CBVH. The recommendation will need to be flushed out with several points kept in mind. The database has to be able to generate statistical reports, with specific information that would allow policy makers to evaluate conditions of the population being served and make recommendations. Early Intervention (EI), from DOH, goes up to age 3. Then the child is referred to the Committee for Pre-school Special Education, then to the Committee on Special Education. Karen asked if DOH has information on children with other disabilities, and if so, whether they have a mechanism on which we could piggy-back, for alerting school districts.

5. Education: all students classified as visually impaired (VI) receive instruction in braille, compensatory skills, mobility, recreation, leisure, etc. The committee obtained this model from the Texas School for the Blind where the curriculum is a matrix system. Blindness skills, such as O and M are taught in conjunction with academic lessons and other daily activities, making sure the children are given the necessary supports in the natural course of events. Carena has information at home, and will email it to us. The point was made that, given the system we have
around New York State, the students need some pull-out time in order to work with a blindness professional. Para-professionals can be helpful, but they can also create dependency in the children they work with.

6. Classification: every educational program should classify visually impaired children with multiple disabilities as visually impaired (VI) first. They are currently classify as just children with multiple disabilities, and the children do not get any VI services at all. Maria suggested another class, specifically, VI/MULTIPLE.

7. A system of assessment that actively determines appropriate learning media. Educators currently use a vision-centered track that automatically places legally blind children on the large-print track. The result is a failure to provide necessary skills that prepare children for all eventualities -- as required reading increases, the print gets smaller; and many children's vision does decrease. Karen would like the recommendation to emphasize strongly teaching children with usable vision to maximize it. With incidental learning, children who can function visually will not be pushed to do so. She urges the use of appropriate magnification and low-vision intervention.

Maria asserts that the education system is so focused on teaching functional vision skills that non-visual skills are being ignored. We are seeing that in adults applying for services and children who are holding pages extremely close to their eyes. Mindy said that people with residual vision will try to use it where they can so she doesn't think it necessary to worry about them being taught to do so. But when a child is reading very slowly (e.g. ten to fifteen words a minute) in the sixth grade or later, (which is all too often the case), we have an unacceptable situation. David noted that some children lose vision, and the need to change the reading medium is not recognized. Karen would like the committee to edit the language of the recommendation to stress the importance of vision training for those who need it. Maria asserts that we are failing our children by assessing them on their least reliable sense. Alan says that each child needs to be assessed on an ongoing basis. Mindy could accept Karen's concern as a separate recommendation because a child should certainly have every possible tool available, -- the appropriate use of residual vision as well as non-visual techniques. Luis said that, because of the perceived expense, the license to make recommendations has been misused in favor of making an investment in multiple media technologies. The committee agreed to add a recommendation that addresses the needs of children with residual vision. Maria explained that her daughter, Elora, has 20/1600 in one eye and 20/600 in the other. Maria was told she did not need Braille. The inclination of professionals was to teach her to use print -- they are trying to teach Elora to see!

8. Assessment of proficiency. There is a three-year assessment that is done by a larger team than the one that does the IEP, but the committee would like to see it done by a larger body, perhaps the CBVH.

9. The role of the children's counselor should be expanded to include the development of the individual education plans (IEP's) so they could attend tri-annual reviews. Alan pointed out that in New York City there are two children's counselors for 1,300 children and Brian clarified that, in New York City, there is one children's counselor and three transition counselors, as well as one transition counselor on Long Island. Upstate, there are about 800 children, thirteen or
younger. This recommendation includes children up to 21 years of age. The committee is recommending a cap of 50 children per counselor. Children's consultants would have about 280 children each. Carena pointed out that the nearest CBVH office is 60 miles from her. Mindy suggested we invite the State Education Department to talk to a future meeting, possibly even before submission of the report. She would also like to see, in perhaps next year's report, a recommendation that would create a cradle to grave agency funded by other agencies dealing peripherally with blind people. Luis suggests that the CBVH develop a training program for personnel within the schools, for case management, and disability student advocates.

10. Creating accredited course of training in skills of blindness, separate from the Core Curriculum. This would include all skills, and would be taught, in large part, under sleep shades. It would be required for all specialists, and for recertifications. Karen said it needs to have a low vision aspect and the committee agreed.

11. Individuals with Disabilities Education Act (IDEA) the requirement of continuum of placement options must be honored. Options are being discontinued downstate. Maria clarified the state of the collaborative team teaching model: General education and special education in one classroom. Teachers share the environment. Students learn together where they can, and where separate learning is needed, it is still in the same social environment. The committee recommends that resource rooms (which are now almost non-existent) be incorporated into the regular classroom. Maria said New York City is putting children into mainstream settings without appropriate supports -- TVI's, O and M instructors etc. Luis advised against the use of the term "alternative placement," because that's what you'll get. Integration is generally preferable. The committee agreed and will attempt to change the wording.

12. Increased role of parents/care givers and of CBVH counselors. There is a lack of continuity. There is too much emphasis on short-term goals while long-term goals still need to be assessed. There is a need for a comprehensive parent education program. The committee recommends a change in the service model that would allow the CBVH counselor to stay involved in the life of the child longer than other professionals and to treat the parents/care givers as clients so that, while their children are learning them, parents/care givers may be educated in blindness skills. In this way, they could be directed to appropriate toys and games; learn to become excellent observers; learn a hands-off approach that allows the children to freely explore their environments; receive instruction in accessing available resources and other information; learn advocacy skills, with emphasis on clearly articulating goals and dealing with IEPS; and be introduced to blind mentors and role models to help develop age-appropriate expectations. The committee points out that blind/visually impaired is used throughout its report.

13. Development of a paid mentorship program: designed to place a blind adult into the life of every blind child. This includes encouraging age-appropriate mentor matching and a Three-tiered (early childhood, elementary, and high school/college program. This would also increase employment opportunities for blind adults.
14. The Committee recommends that the current transition program be expanded to include SAT preparation, note-taking skills, and self-advocacy skills, for children on an academic track. They are not yet sure how they will address the needs of children who are not strictly on an academic track but it is difficult to know what the potential of a younger child is. They feel that it is important to maximize expectations as to each child's potential when designing a program for that child.

15. The role of CBVH children's and transition counselors should be redesigned to meet the above recommendations. There should be a cap of fifty cases per counselor, counselors should be involved in the IEP process, etc, and the service model needs to be carefully logged in order to assess its effectiveness. Provisions for accountability to an oversight system needs to be established, including, but not necessarily limited to this Executive Board.

16. All of the above recommendations should apply to home schooled children who are included under the current regulation.

Christina asked about deaf-blind children. Would they go to CBVH or to the hearing loss community? What about cases in which the child's hearing and vision are progressively decreasing. Alan said children are screened for hearing loss at birth, but not for vision loss. So they would be tracked for hearing loss/multiple disability. The committee would like to see them included in our numbers, and referred to CBVH. Christina offered to help to create more specific recommendations for deaf-blind children. Carina believes that deaf-blind is often a separate category in the reports they receive. Multiple disabilities categories are not as succinct. Alan said that we need to be sure that vision primacy does not result in other needs not being met.

VOCATIONAL REHABILITATION

Luis Mendez reported.

Members are: Luis Mendez, Tara Cortes, Charlie Richardson, Tom Robertson, and Julie Phillipson.

The committee's recommendations were:

1. Parents, teachers, and the rehabilitation team should have similar expectations for blind and sighted children. Karen asked how the Committee would implement this? Luis indicated that they would use periodic functional assessments that would apply to newly blinded adults as well.
They would assess whether or not the desired rehab goals are being reached and also discern whether academic performance and achievement is on the same level as their sighted peers. The issue is to make certain that professionals, particularly TVIs have these expectations of performance and provide services accordingly.

2. Eye care professionals refer people to CBVH, and have awareness of available services. Alan asked about integrating that with the registry discussed earlier and suggested that the interface with the DOH would seem to be a natural progression.

3. Eye care professionals promote more positive attitudes concerning vision loss. It is a challenge, but one that can be overcome. Alan said that physicians have attended some training sessions but, to a man, were unwilling to wear sleep shades. He does not want to push this recommendation too far, lest we alienate them. The consensus of the board was that attitude training about vision loss could be incorporated into a continuing education course where wearing sleep shades, or some appropriate means of raising expectations would be a requirement for the completion of the course.

4. There is a need for more public relations to let people know not only the scope of services available to the blind and visually impaired but to begin to alert employers and the public at large to the possibility of peer to peer communications and experiences with blind and visually impaired people. This could include radio spots, publications, etc. Also, the recommendation should mention funding. This report could outline a basic public relations program.

5. Better lines of communication among eye care professionals, CBVH, and other service providers.

6. Children must achieve blind competency skills before entering the VR program.

7. Social and cultural skills should be cultivated in blind and visually impaired children through after school and weekend activities. This needs to include social skills, e.g., feeling comfortable conversing with others about the day's events at the water cooler, taking out the garbage and performing other household chores.

8. Blind individuals should be encouraged to develop good time management and organizational skills. Alan asked when that should take place. Members felt that children should come to VR with those skills in place. But since VR includes so many people who are newly blind. The idea should be teaching these skills at whatever age it is necessary. Christina commented that time management and cultural competency varied with different cultures.

9. Encourage development of good advocacy and problem-solving skills. Alan asked if the Texas curriculum covers these things and suggested that if they will be covered in another part of our report, these might be dropped in the end. Karen suggested cross-referencing it because
adults will also confront these issues. Charlie asked whose goals these are, CBVH or private agency. Alan said CBVH should expect this from the private agencies. You don't put someone to work if he/she does not have vocational ability. Brian said this does not currently apply to "job saves." Karen said that some of the agencies downstate are addressing soft skills which are designed to teach these skills, and wondered if there are evaluations in place. How are they evaluating what's going on now? Luis said CBVH needs to assess that. Mindy said the SRC has developed needs assessment tools that are being administered by a consultant outside CBVH. These consist of surveys designed to measure outcomes. Maria felt that if the recommendation emphasized prioritizing the mentorship program, social skills, and parents having age appropriate expectations, many of the issues included here would be automatically addressed.

10. Need of blind individuals to develop writing and reading proficiency, including Braille, large print, and/or appropriate technologies in order to function as effectively as a sighted peer. Alan asked if this belongs in education. Luis responded that, since it covers all ages, including newly blind adults, it does fall within the scope of voc rehab.

11. O and M should include training in basic geometric and geographic concepts, the ability to use a cane if appropriate, cross streets with or without auditory pedestrian signals. Use available public transportation independently, do grocery shopping independently, and manage currency.

12. Instruction time should be based on the individual's level of achievement, not on set numbers of hours per week or per service.

13. Blind individuals should participate in appropriate physical education and other activities throughout high school and college. They should be able to, comfortably, take advantage of those activities in the end, in their local communities if desired.

14. Blind students should take all appropriate science courses, biology, astronomy, physics, etc.

15. The same standards should apply to other areas, including shop, woodworking, small engine repair, and home economics.

16. Pre-vocational skills acquisition should be strengthened.

17. Children's consultants should be more involved in developing the IEP during transitional periods. It should reflect vocational goals and services geared to those objectives. Carena said that at age sixteen, goals and transition plans have to be on the IEP. It's a legally binding document, and if the school district is not doing it's job parents do have some recourse. Maria said children, by this age, should be attending IEP meetings.
18. Make appropriate modifications to the job description and qualifications of children's consultants in order to bring them into line with the professionals employed by school districts. The recommendation would put them on an equal footing with special education teachers, etc. The committee is suggesting forming a bridge between the two systems. They would like children's consultants to have stronger grounding in special education. Since general special education teachers don't have much knowledge of blindness, well-trained children's consultants could play an integral part in the voc rehab process.

20 Develop guidance counseling that supports the blind students' aptitudes and interests. Work with them to investigate and define what would be entailed in the occupations in which they have expressed an interest. Alan pointed out that one of the themes pervasive throughout many of our reports is the fact that if you work with blind people, you need to have an understanding of blindness so he suggested that the preface of this section reflect that.

21. All tests must be given to blind students in a way that best suits their potential. There are currently barriers that do not allow blind students to use screen readers to take tests on the grounds of security. There needs to be a way to address legitimate security concerns, while allowing students and/or adults taking civil service and other exams to use screen reading technology if appropriate. Carena said there are ways in which technology can be used. But some tests are not available in a nonvisual format, especially psychological tests. Maria said children do not have the foundation skills to pass some of the tests, and the low scores affect measures of success. So they are changing promotional criteria, and removing requirements to pass standardized tests. Luis said we should encourage that tests be available in a variety of formats, even if that means having testing services provide screen readers. Maria said we do not want to have children rely on sighted readers because the test-taker's understanding of the questions is subject to the sighted reader's interpretation of them. Luis said that requiring blind test-takers to dictate essays results in their not being tested under the same conditions as their sighted peers. Alan asked if they are tested in the same way as they learn in the classroom and Luis's answer was not with standardized testing. Maria said there is work being done to require that standardized tests be available and accessible to blind students. It was determined that asking the designers of standardized and psychological tests to develop questions that do not require vision would be beyond the scope of this Board, but that we could certainly recommend that these general tests be offered in many media in New York State.

20. Exposure to competent blind role models and mentors. Alan asked if just being blind would be enough to be a mentor. The consensus was hopefully not.

21. CBVH should encourage consumer organization involvement. Maria said CBVH has been helpful with getting information out about POBCNY events. She asked if counselors could contact parents and encourage them to attend particular activities. Brian said we need a larger discussion with all interested parties. Philosophically, it's a possibility. If CBVH is not even-handed they will be called on it, and even if they think they are, they will be called on it. Brian
said they need to have standards for time frames. Stuffing envelopes is costly both on the stamps and on personnel time. The use of the Web site could be an effective means of communication, but a lot of people do not have technology access.

22. Blind individuals should be encouraged to attend seminars and conferences relating to adjustment to blindness and vocational interests, and these could be made part of their rehab plan and paid for by CBVH. Alan agreed with Brian's comment about even-handedness and thought it appropriate for this recommendation as well as the last one. He hopes counselors are providing this information.

23. Blind individuals should be encouraged to develop the necessary organizational skills and to seek the resources they will need. Julie said that this is part of a continuum of the development of life skills.

24. College students might need assistance in gathering textbook information, but should be encouraged to deal with resources such as RFB and D. The goal should be to transfer responsibility to the student and away from DSS offices. This includes training students to take responsibility for speaking to professors about their blindness and the accommodations -- the means by which tests will need to be administered, etc -- in a timely fashion. At present, publishers will deal with DSS offices only because they are concerned about maintaining copyright integrity. Students, then, are not able to order their own electronic books, but Julie pointed out that this recommendation is a good long-term goal. Alan said that the JGB is doing some follow up research on their scholarship recipients which he hopes will shed some light on competency levels and, therefore, this recommendation. They will publish the analysis, hopefully within the next year.

25. Graduate work programs need to offer blindness specific courses to those who will be working with the blind, either in the given program or as continuing education. This would include the role of Braille, technology, etc.

26. The VR counselor should function as the case manager or coordinator of all services and should evaluate whether the services rendered achieve the goals set forth by the student and counselor at the outset.

27. Blind individuals should have access to appropriate equipment to manage everyday tasks. Rehab goals are hampered by equipment not being available to them in the home or in educational settings. There needs to be elimination or reduction in delays in receiving equipment. Alan asked if there are specific instances as he hasn't been witness to this kind of delay. Luis said that it usually relates to larger equipment, computers, CCTV's.
In summing up, Alan said we need to parse out the recommendations that belong in the VR section of the report, as opposed to those that belong in the Education section, or make it clear why the recommendation is being referenced more than once.

Afternoon Session:

The session began at 1:40 PM. The first order was setting dates for future meetings. The next meetings will be: January 28, March 26, and May 21, 2009.

Credentialing: Luis prepared a draft resolution which Alan read aloud. Alan took issue with the words "refined into distinct bodies," from the third whereas clause because he finds it extraneous and possibly politically charged. He thinks it could bring into question exactly what constitutes mobility instruction, for example, which could limit the instructor's ability to respond to a given individual's needs. The training is more experiential than academic. The mention of a shortage after the certification clause is a non sequitur. Luis is willing to take it out. It calls for funding of one or more programs. Alan said that, although Hunter is free and offers a new tele-teaching component to its program, the department cannot get enough students. Luis suggested we focus on the funding and recruitment piece, but feels that people from other parts of the state who could not go to Hunter might be willing to go to newer programs.

Carena asked if the field is ever promoted to students at job fairs. We need to identify target audiences. Many people go to other states to do their O and M or their RT, we don't know why. There is a grandfather or grandparent provision subject to any training, continuing education, or supervision that the state requires. Although there is some concern that some practitioners don't currently have sufficient credentials, the Board does not believe that they should be kicked out, but rather, required to get the needed education. Mindy asked if we want a continuing certification process. She suggested that these people be grandparented just for the first cycle, five years or so, then required to get certified. Alan said that could, in fact, force them out of the field because they would be unable to get a degree, in the event that is what is to be required. Luis was contemplating continuing education. Alan suggested taking out "supervision" requirements, just use "continuing education." Maria asked if certification is connected to the licensure discussion from the previous meeting. Alan said that we decided to use certification as an alternative to licensure since the Board felt more comfortable with it. Karen asked if crediting relevant courses of study, or past experience, refers to the program or to the practitioner's background. Luis said there are people practicing or wishing to practice who have relevant training. We don't want them to have to go through redundant training. Alan suggested adding language stating that we are not supporting practicing without any qualification. He asked if there is a legal distinction between teacher and instructor. Luis was using the terms that the respective professions use, rehabilitation teachers and mobility instructors. We will call them teachers. In response to Julie's question, Luis said he will not use Vision Rehabilitation Therapist. Alan raised a question as to how we assure competency. Luis said the State Education Department, or whichever agency regulates this, will write the standards. Alan suggested we say that State Ed. is required to develop the criteria. David does not want to leave it to State Ed. Luis suggested making it subject to consultation with CBVH.
Karen suggested circulating a revised version of this resolution and bringing it back in January. Mindy said we need to act on it now, assuming we are clear on it. Alan suggested we could circulate it and vote electronically. If we pass it we will send it to the legislature and to the State Education Department. Luis and Alan are going to revise it, then send it to us. If the majority passes it via email, he will circulate it as stated above. Mindy asked whether this Board should set out how this will be regulated or implemented. Alan suggested they ask State Ed. to submit their proposed legislation to the Board. [subsequent to this meeting, a revised draft was circulated to the board members, each of whom indicated that they approved and voted in the affirmative. The resolution was passed, without objection The resolution, as approved by electronic vote appears below]

RESOLUTION SUPPORTING CERTIFICATION OF REHABILITATION AND ORIENTATION & MOBILITY TEACHERS

WHEREAS, with provision of appropriate rehabilitation Teaching (“RT”) and Orientation and Mobility (“O&M”), New Yorkers who are legally blind, can maximize personal independence, and;
   WHEREAS, important goals in providing RT and O&M instruction include MAXIMIZING INDEPENDENCE, personal self confidence and personal safety; and
   WHEREAS, over the past seventy-five years methodologies, techniques and approaches to RT and O&M have been developed; and
   WHEREAS, the knowledge, skills and abilities required to safely and effectively impart techniques and information and to assess and adapt environments to maximize independence, personal safety and self-confidence require specialized training; and
   WHEREAS, a system of certification would assure that individuals providing RT or O&M to legally blind New Yorkers have demonstrated the knowledge, skills and abilities to do so; NOW BE IT:

RESOLVED, that this Executive Board does hereby signify its support for the development and implementation, By the New York State Department of Education, of a process for certifying individuals seeking to provide RT or O&M to legally blind New Yorkers that assures that such persons possess the requisite knowledge, skills and abilities to do so; and,

RESOLVED; that any individual currently providing RT or O&M continue to be allowed to do so, subject to such continuing education requirements as the State may deem appropriate; and

RESOLVED, that in developing certification, and continuing education requirements for current and future practitioners, due consideration be given to recognizing and crediting any relevant course of study and relevant past experience; and

Resolved that nothing contained herein shall be construed as precluding other duly licensed or certified individuals from providing services or rendering treatment to New Yorkers who are blind, within the scope of their license.
ORIENTATION AND MOBILITY

Julie reported, having previously submitted her report to the board. Karen has concerns about some of the recommendations. She believes there is too much emphasis on teaching non-visual techniques, with not enough emphasis on those used to teach students with low vision. If you train them with sleep shades, what do they do with all that visual information, and how do they know how and when their vision is effective and when it is not. She also points out that competency requirements no longer exclude blind instructors. There used to be a requirement that an instructor had to be able to observe a student at 300 feet. But there is nothing in the current procedures specifying distance from which, or manner by which, the instructor observes the student. They had some blind instructors at an ACVREP conference describe how they do it. One of the highly respected O and M instructors, has done a good deal of work to bring the two sides together, NFB and ACVREP certification. She has had discussions with instructors about teaching people with low vision -- when to use it and when not to. Julie's experience using vision while learning cane travel lead to more accidents as she is able to locate landmarks visually, but the depth of steps alludes her. Mindy noted that many people need to learn when to rely on their vision, particularly when it is in flux. Karen asked if we want to get into telling mobility instructors how to teach. Alan said the instructor could ask the student whether he/she can see the step, but that in any event, he and Julie are going to go back and rework this. Alan wants John to rewrite some of it. David clarified that the NFB does not oppose people using their vision. Julie pointed out that we are writing this for the legislature, who knows nothing about rehab. Maria complemented Julie for the thoroughness of her report.

Miscellaneous

Alan reported that it has come to the attention of the Board that students are not allowed to add software to computers furnished by CBVH without its approval until after their case is closed. Brian explained that there have been numerous instances of corrupt software being added, and this is costing CBVH a lot of money. Alan indicated that JGB adds software to clients' computers when necessary for their courses of study or professional needs and asked if something like this could be worked out with CBVH. In addition, according to Larry Gardner, who supervises New York City's Department Of Education (DOE), District 75, CBVH replaces children's computers even when there is no need to do so. Alan, on behalf of the Board, wondered whether or not CBVH could either defer giving the computer to the student, or pay the depreciated value to DOE when a substantial upgrade is required, or at the time that student would be entitled to a new computer? Brian agreed to discuss this recommendation with Dr. Gardner and will look into modifying CBVH policy in collaboration with the technology committee.
The Board has decided to put off discussion of the Blank Slate. (designing a system from scratch, then fitting that into the existing structures) in favor of completing this year's report. It might become a part of the one we submit next year. Mindy asked what is to be done with the drafts that have been submitted. Alan says they have all been submitted to John. The committees should submit any modifications to Alan.

Transportation issues will be integrated into the Systems Integration report and when the sections of our current report are better defined, we will ask to begin a dialogue with the Department Of Transportation.

PUBLIC COMMENT

Carl Jacobsen spoke about the frustration he and some of the members of the Board have been feeling about the time it is taking to take action and/or make recommendations. He implored us to come to some conclusion and submit something to the legislature as early in the current session as possible. He said that, although he is aware of the difficulty of our task, thousands of blind New Yorkers have waited a year and hopes they won't have to wait for yet another one.

Alan asked Carl and Karen to submit the NFB and ACB legislative agendas to the Board as soon as possible so that they, along with those of any other group, who desires it, can be addressed at our January meeting.

The meeting was adjourned at 3:00 PM.

Respectfully Submitted,

Mindy Jacobsen

Secretary