Severely Multiply Impaired (SXI)

General Description of Population

Severely Multiply Impaired means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired), the combination of which causes such severe educational problems that the student cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children. § 121a.5 (b) (5)

Common Characteristics

• development at a rate of 2 to 3 standard deviations below the mean and 2 or more of the following conditions:
  - a hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills;
  - a visual impairment so severe that the visual channel is not sufficient to guide independent mobility;
  - a physical impairment so severe that activities of daily living cannot be achieved without assistance;
  - a health impairment so severe that the student is medically at risk.

• development at a rate of 3 or more standard deviations below the means of students for whom evaluation instruments do not provide a valid measure of cognitive ability and 1 or more of the conditions listed above: (Michigan special Education Rules P.A. 451, R 340.1714)

• often significantly dependent on adults for self-care
• wide range of abilities ranging from one month to six years mental age
• significant difficulties with communication
• difficulties in the areas of attention, memory and/or reasoning
**Instructional Strategies**

- provide direct, concrete instruction
- focus instruction on enhancing communication, self-care, socialization, recreation, pre-vocational and vocational training
- teach the student through various communication methods based on their abilities, i.e., verbalization, sign language, augmented communication
- provide repetition
- encourage independence wherever possible, i.e., roll, walk, blink, use wheelchair, swallow, eat, toileting, and so on
- breakdown subtasks of a skill and teach them sequentially as needed
- utilize positive reinforcement wherever possible
- maintain excellent records to document progress
- utilize a variety of materials and/or equipment to facilitate learning
- use daily life items when teaching so that the student can apply learning to their environment
- adapt instructional materials or items if the student is not initially able to use them, i.e., larger print, bigger buttons and button holes and so on
- maintain communication link with all individuals involved with the student—parent(s), doctors, instructional assistant, therapists, special and general education teachers—to assure appropriate and coordinated instruction
- agree on a schedule for support staff services that infringes minimally on basic instruction time
- make appropriate arrangements to accommodate the student's physical needs — catheterization, availability of instructional assistant or nurse, and toileting with dignity, i.e., private and as independent as possible
- have a clear understanding of the medication needs of the student; type of medication, when it is administered, who administers it, its effect on the student, etc.

**Behavioral Strategies**

- clearly state and demonstrate expected behaviors
- share expected behaviors through various methods, i.e., verbal, visual, demonstration
- facilitate positive practice of expected behaviors
- use positive reinforcement and rewards
- continuously monitor student growth in learning behaviors
- provide time-out opportunities
- some behavior modification may be needed
Support Staff

- Audiologist
- Occupational Therapist
- Orientation and Mobility Specialist
- Physical Therapist
- School Nurse
- School Psychologist
- School Social Worker
- Teacher of Adaptive Physical Education
- Teacher Assistants
- Teacher of Mentally Impaired
- Teacher of Speech and Language Impaired
- Teacher Consultant for Mentally Impaired
- Teacher Consultant for Visually Impaired