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THE MODERN STATE OF TYPHLOPEDAGOGICAL SUPPORT FOR INFANTS WITH VISUAL IMPAIRMENTS

Abstract. The article presents the historical aspect of the formation of rehabilitation-pedagogical assistance to people with visual impairments both in Russia and in Europe, and also reveals the current state of tiflopedagogical support for infants with visual impairments in Russia. Analysis of the development of the system of education of children with visual impairments allowed determining the theoretical foundations and scientific approaches to the organization of early special psycho-pedagogical support for infants and their parents. Theoretical and methodological works of pedagogues, defectologists, psychologists, physicians and physiologists on the problem under research were opted for a detailed study. Currently, acts, legal documents and adapted general education programs have been developed in Russia at the legislative level for work with children with health problems, including ophthalmological diseases. However, the exact procedure of providing and the amount of rehabilitation-pedagogical support for young children are not specified in the existing documents, and no guidelines for the methods of its implementation in various social institutions have been created. So, today, professional training and retraining of tiflopedagogues and creation of a proper system of early medico-psycho-pedagogical support, based on the study of real health and educational needs of infants with visual impairments, including the development of differentiated content of individual programs for the education of children at an early age with visual disorders, occupy an exceptionally significant place.

Keywords: socialization of children; infants; preschool tiflopedagogy; visual impairments; children with visual impairments; tiflopedagogical support; complex rehabilitation; early age; psychological development; early intervention.

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Research urgency

Nowadays, the number of premature babies among all newborns has considerably grown. The incidence of low body mass newborns, very low body mass newborns, and extremely low body mass newborns is growing every year. This category of children constitutes the main group at-risk for perinatal and infant mortality, as well as potential disability in the future [3]. Diseases of the eye and *adnexa are widespread causes of the child's disability* [14].

The causes of visual disorders and, as a result, of disability consist in the effect of pathogenic factors on the fetus during intranatal and/or neonatal period [15].

According to the WHO data, the number of children with significant vision impairment in the world grows by 500,000 every year. The number of children with low vision totals to more than 5 million persons, with an annual increase of 0.08% from year to year [14; 16].

According to the data of the Ministry of Health of Russia, the spread and growth of vision pathology among children by 50% has been recorded over the last 5 years. The most common disorder is retinopathy of prematurity, which leads to acuity reduction or total blind-

ness [14]. We should also mention other ophthalmological diseases: cataracts, glaucoma, retinoblastoma, optic nerve atrophy, and others, emerging in infants up to 1 year of age and leading to partial or total loss of vision [16].

At present, eye diseases are more and more often accompanied by such developmental disorders as hearing impairment, limitation of motion, intellectual disability, and disorders of psychological development. In the majority of cases, multiple developmental disorders, including deaf-blindness, emerge as a result of simultaneous effect of various pathogenic factors (hypoxia, infection, intoxication, trauma, etc.) on the in utero development of the baby [3]. This leads to the structural change and functioning disorders both in the brain and analyzers. The children with perinatal pathology consequences need complex medical assistance for protection of their life, stabilization of their condition, and restoration of their health [15].

The effectiveness of rehabilitation activities realized at the early stages of the child's development is especially high. The design of the programs of early rehabilitation of children with developmental disor-

ders caused by multiple perinatal pathology is the priority task of the system of health protection [2, pp. 6-32; 15, pp. 54-55]. The significance is determined by the unique nature of infancy and early age for effective rehabilitation and prevention of secondary deviations in development (A. A. Katayeva, E. I. Leongard, E. F. Rau, L. M. Kobrina, E. V. Kozhevnikova, etc.). The creation of special developing conditions of the environment and the design of the rehabilitation-pedagogical support for such children become the main areas of the modern research in the field of special pedagogy [8].

In order to determine the efficient forms of organization and content of assistance to infants with ophthalmological diseases and perinatal pathology in the existing state institutions, it is necessary to analyze the formation of special education of children with visual impairment and to apply the existing scientific and methodological aids to practice.

Research aim — to analyze the areas of development of rehabilitation-educational assistance to children with visual impairments in order to determine the theoretical foundations and scientific approaches to the organization of early special psycho-pedagogical support for infants and their parents.

Research methods: detailed study of theoretical and methodo-

logical works of pedagogues, defectologists, psychologists, physicians and physiologists on the problem under research.

Our analysis of the material under study has shown that special attention to the development of the psyche of the blind children began to be paid only in the 19th century.

Still the history of the system of education of children with disabilities (including visual impairments) has a much longer tradition. Thus, the first scientific studies and notes on the given issue can be traced to the manuscripts of the great physicians of the past. We can mention the “*Slovo o pravil’nom vospitanii s mladenchestva v rassuzhdenii tela, sluzhashchem k razmnozheniyu v obshchestve naroda*” (A guide to correct education and physical development of the population) (S. G. Zybeline, 1775), “*Rukovodstvo po ukhodu, vospitaniyu, obrazovaniyu i sokhraneniyu zdorov’ya detey*” (A guide to provision of care, upbringing, education, and health protection of children) (K. I. Grum, 1846), etc. It was the physicians who were the first to describe the interrelationship between the mechanisms of formation of physical and psychological condition of the child [1].

After undertaking an analysis of the history of West European medicine in the socio-political aspect from the 8th century BC to the 12th century AD we can argue that the

attitude of the state and the society towards people with psychological and physical disabilities was at best indifferent, and at worst hostile and even aggressive. In Rome, in about 450 BC, the first legal document – “The Law of the Twelve Tables” – which recognizes people with severe physical and mental disabilities legally incompetent [9; 11, pp. 210-250].

It is common truth that the world of antiquity sincerely believed in the primacy of the healthy body; that was why babies born with severe physical disorders were killed in the majority of cases. Still it is worthy of note that the greater part of the population singled out adult blind persons from the group of disabled people and treated them with mercy, care and support [9, 10, pp. 7-10].

With the rise of Christianity, the attitude towards the people becomes more tolerant irrespective their origin or social position. As early as in the 4th century, some monasteries in Byzantium render help to the blind and the mentally disabled. The European court begins to consider killing children as manslaughter; and the right to life begins to be guaranteed by law [10; 13, pp. 28-39].

Nevertheless, in the following centuries (from the 11th to the 15th century) the state did not treat persons with disabilities as people in their own right regardless of the fact that infanticide was banned legisla-

tively, and all young children could receive care, upbringing and education at monasteries and children’s homes opened in Bavaria and France [9; 10, pp. 7-11].

After 1409, a growth of interest towards the issues of the blind and the deaf is observed; and later on, there comes the understanding of the possibility of their education and adaptation to the environment. Thus, in the subsequent 100 years, there appear psychiatric institutions in Spain, and their number gradually grows; schools and shelters for adult disabled people are also created (Bavarian and Paris shelters) at religious institutions. In addition, the practical work of the first pedagogues-innovators is summarized in the methodological treatises: “The Talking Deaf Man, or, a Method Proposed, whereby he who Is Born Deaf May Learn to Speak” (Holland, J. Amman, 1692); “Letter on the Blind for the Use of those who Can See” (France, D. Diderot, 1749). A special contribution was made to the education of the blind by the French pedagogue, Diderot’s colleague and follower Valentin Haüy (1745-1822). He developed a method of raised letters, which made it possible to publish the first book for the blind, as well as to teach not only reading and writing but also manual work: spinning, letterpress, music, and singing.

In the early 18th century, the European states raise the social status

of the persons with disabilities legislatively, and the majority of the countries recognize their right to education [11]. The acts introducing special education “Law on Education of the Mentally Retarded” (Norway, 1882), “Law on Compulsory Education of the Blind” (Sweden, 1896) and others entered into force.

Like many other countries of Europe, Russia realizes the possibility of teaching the deaf, blind and mentally retarded children quite early. In 988, Christianity becomes the official religious denomination, and soon after that church schools are opened in Novgorod and Kursk for the clergy and secular persons where persons with disabilities could get shelter and be trained in a craft [10].

It was in religious institutes that the foundations of teaching children with various developmental disorders, and specifically those with multiple pathologies (deaf, deaf-blind, etc.) were laid. In monasteries, education via manual labor began rather early, as preschool and junior school age children were accepted there. In Russia, as different from the West, there was no broad network of charitable institutions (hospitals, shelters and homes). For a long time to come, Russia remained to be an agrarian country, and properly formed city self-government, as well as opening of education institutions could be

seen only during the rule of Peter the Great [12].

In contrast to the West, Russia did not have specialists who could render medical or pedagogical assistance to persons with disabilities. It was the visit of the famous typhlopedagogue V. Haüy to Moscow (1806) that was the stepping stone for the organization of the system of special education in the country [9; 12, pp. 45-76].

Thus, in the 19th century, several institutions for children and adults with visual impairments were opened in some Russian cities. The first institution was opened at the Smolny convent in Saint Petersburg. At first, teaching was organized for adult blind persons, later it included children.

Swift development of the system of education of the blind in Russia in the late 19th century allowed our country to occupy the leading positions in this field, and in some areas of special education – to outpace some European countries in which, in their turn, national systems of special education had been created. They presupposed the education of three categories of children: with disorders of hearing, vision and intellect. The social demand for education grew high, and the Russian government adopted a law on compulsory general primary education embracing children with hearing, visual and intellectual disorders. The authorities worked out and implemented normative-legal

documentation regulating the functioning of special education (curriculum, principles of enrollment in the institutions of the three types, etc.), and determined the sources of finance. Associations and charitable foundations stimulating and controlling official decisions and initiating the development of the network of special institutions were opened [1, pp. 103-145; 11, pp. 380-400].

After World War II, the attitudes of the people of Russia and other European countries to the values of freedom and human rights, and the understanding of equality and inequality of people radically changed. The West European countries realized the need to educate not only children with hearing, visual and intellectual disorders but also with other developmental deviations. Thus, the system of differentiated education became more clear-cut and regular, for example, groups for teaching children with severe intellectual disability, who used to be considered unteachable, began to be opened. The UN adopted "The *Declaration on the Rights of Mentally Retarded Persons*" (1971) and "The *Declaration on the Rights of Disabled Persons*" (1975).

In the Soviet period, Russia also works out a differentiated system of education and upbringing. After the October revolution of 1917, schools for children with visual impairments became part of the system of people's education. In 1928, first

Soviet school programs for the blind were adopted. Teaching was carried out on uniform curricula. The next ten years enriched their content. Such subjects as physics, mathematics, natural studies, and others were included in them. In the 30s, there appeared first groups of vision promotion for children with low vision in the structure of mass general education schools. In the early 40s, first schools for pupils with low vision were also opened. At the same time, preschool education institutions for children with visual disorders: blind and partially sighted ones (including children with strabismus and amblyopia) between the ages of 2 and 7 were added to the state system of public education [5, pp. 3-25; 17].

The pedagogical orientation of such institutions came from the programs of education and upbringing of children at general education kindergartens and was aimed at harmonization of the psychological development of the child with visual impairment. The process of education included a special system of teaching, new methods of rehabilitation and development of the organ of vision in children, and paid attention not only to the quality of acquisition of the usual learning program but also to the formation of compensatory skills, activization of the work of safe analyzers, and prepared the pupils for schooling [15, pp. 54-55; 19, pp. 150-190].

At the turn of the 21st century, an important place in the pedagogical process was occupied by the interrelationship between rehabilitation-educational and medico-restoration activity towards development of vision, its protection, and health promotion in general. The decree “On Education of Persons with Disabilities (Special Education)” was issued under the Federal Law of July 2, 1999. Article 10 of Chapter III of the given decree designates the forms of receiving special education. Now, children with disabilities can get education not only at special education institutions but also at institutions of integrated learning, at home, or while staying at an in-patient medical establishment [19].

The new decree made it possible to define the types of special education *schools* on the basis of the level and orientation of the educational programs realized, kinds of activity towards rehabilitation, and the age of the pupils [4, pp. 80-92; 9].

The content of the programs included the treatment tasks and the requirements and recommendations of the doctors. The development of visual perception and spatial orientation was conducted by a teacher-defectologist (typhlopedagogue) at rehabilitation and general education classes, and, in addition, in all kinds of children’s activity, in the process of playing, and in everyday life. Other specialists of the pedagogical

profile held special classes in physiotherapy, rhythmic, formation of general hygiene habits, and overcoming speech defects [17].

Thus, over a period of three centuries, a differentiated system of education of children with various developmental pathologies, including visual disorders, was formed in West Europe and in Russia. There appeared syllabi, normative-legal documentation, acts and declarations, and the number of scholars in the field of special pedagogy and psychology has considerably grown. The specialists of several branches have identified and implemented in practical activity a complex medico-pedagogical system of education, the content and organization of which were defined proceeding from the etiology and level of severity of the primary developmental disorder, as well as its social consequences, secondary in their origin. The development of the system of special education was determined by the current change in the political life and worldview of the modern society, by the due understanding of the value of freedom and human rights, and the equality of all people [19].

In the early 21st century, Russia has passed on to a new level of economic development, which created the conditions for implementation of various models and forms of integrated learning in education institutions. This became possible also

due to the elaboration of the normative-legal basis which is made up of various international, federal, governmental, departmental and regional documents. Here is a list of some of them: "The Declaration on the Rights of Disabled Persons" (1975); The Constitution of the Russian Federation (Article 43) proclaiming the right of every person to education; the document of the government of the Russian Federation "On Adoption of the Typical Provision about the Special (Rehabilitation) Educational Institution for Students and Pupils with Developmental Disorders" (1997); the State program of the RF "Accessible Environment" (2011-2015), etc. The fruitful work of the scholars-practicians of the 20th century (A. L. Venger, A. G. Litvak, V. P. Ermakov, G. A. Yakunin, M. I. Zemtsova, L. I. Fil'chikova, L. I. Solntseva and others) was continued by the researchers-defectologists N. N. Malofeyev, V. Z. Kantor, M. E. Bernadskaya, T. A. Basilova, O. I. Kukshkina, E. L. Goncharova, L. G. Plastunova, G. A. Proglyadova, A. A. Lyubimov, T. P. Kudrina, and others.

A network of special preschool institutions of a mixed type with a certain rehabilitation bias has begun to function in the country. Thus, the group for partially sighted and blind children was organized in a special preschool institution of type III or IV. The main bias of such institutions, apart from the teaching (ped-

agogical) activity, is towards provision of medical treatment and restoration of vision and prevention from its going worse [6, pp. 45-54; 13, pp. 28-39].

Apart from special preschool education institutions, the government created a unified system of early pedagogical and medico-socio-pedagogical support. Early support services, lecotecs, game-bases support centers, counseling centers begin to function. After 15 years of activity, the system of early assistance to families caring for a child with disabilities has become a separate area of educational and social policy of the state.

At present, training or improvement of pedagogical competence of the parents, application of special pedagogical technologies in the process of family education, and realization of the content of a special individual learning program with the help of these technologies constitute the most effective form of organization of rehabilitation work with infants and children at an early age.

The existing domestic pedagogical experience includes the results of long-term scientific-research and practical activity of scholars and pedagogues-psychologists of various institutes and preschool institutions: Institute of Special Pedagogy of the Russian Academy of Sciences, Saint Petersburg Institute of Early Intervention, G. E. Sukhareva

Scientific-Practical Center for Psychological Health of Children and Teenagers, state budgetary institution of health protection “Center of Speech Pathology and Neurorehabilitation”. The suggested concept of early diagnostics and rehabilitation of various developmental disorders in children of the first years of life belongs to such scholars-practicians as N. M. Aksarina, M. I. Lisina, G. M. Lyamina, A. A. Katayeva, E. F. Rau, N. D. Shmatko, E. A. Strebeleva, E. R. Bayenskaya, N. N. Malofeyev, YU. A. Razenkova, O. G. Prikhod’ko, L. I. Solntseva, and others. Their studies show that timely diagnostics, creation of special developing conditions, application of rehabilitation-educational technologies in the process of the child’s education from the moment of discovery of a developmental disorder make it possible either to prevent or to mitigate the manifestation of secondary developmental disorders and to achieve the maximum level of psychological development and the degree of social integration for each child.

Currently, the content of the ABGEP (adapted basic general education program) for preschool and school age children with disabilities has been adopted – see the letter of the Ministry of Education and Science of the Russian Federation of March 11, 2016 No BK-452/07 “On Introduction of the FSES for pupils with disabilities”.

Under the law, the child with a disability, beginning with the age of 2 months, should have access to special educational programs and special developing conditions harmoniously supplementing the individual rehabilitation program. However, the exact procedure of providing and the amount of rehabilitation-pedagogical support for young children are not specified in the existing documents, and no guidelines for the methods of its implementation in various social institutions have been created. And the number of institutions which could realize early rehabilitation-pedagogical support is not sufficient in different regions of the country.

At present, even in the case of possession of a significant scientific-practical basis and work experience, specialists come across various professional barriers, which result in the loss of time and inability to provide timely high-quality psycho-pedagogical help for a “special” child and their parents. In the first place, the psycho-pedagogical specialists – teachers-defectologists (typhlopedagogues, surdopedagogues, oligophrenopedagogues, and logopedists), children’s and clinical psychologists – need to be acquainted with the modern potential of early complex medical rehabilitation of children with developmental disorders, to master the modern scientific clinical component of defectology and methodological

foundations of early rehabilitation-pedagogical support for the child, and to know the technologies of training and providing information for the parents.

The typhlopedagogues rendering rehabilitation-pedagogical support for children with visual impairments have no special diagnostic procedures for examination of infants with visual impairments, and for assessment of perception and skills of practical orientation in the surrounding reality, methods of psychological interaction with the social environment and the close adults. Only several guides for the methods of rehabilitation-pedagogical support by well-known typhlopedagogues can be recommended for practical application:

- “Development of visual perception in children with visual impairments in the process of object-based drawing” (L. I. Plaksina, 1991);
- “Special rehabilitation programs for preschoolers with severe visual disorders” (V. A. Feoktistova, 1995);
- “Kindergarten programs. Rehabilitation work in kindergarten (Type III-IV) (L. I. Plaksina, 1997);
- “Advice for parents how to bring up blind children at an early age” (L. I. Solntseva, S. M. Khorosh, 1983).

These guides have been written for the children at an early and preschool age and cannot be used with reference to rehabilitation work

(diagnostics and training) with infants. Practical teachers have to use the methods designed for other categories of children, for example, for children with speech disorders or for children with intellectual disability.

These difficulties are caused by the fact that theory and practice do not provide the schemes and algorithms of differentiated rehabilitation-pedagogical support for infants with various etiology and degree of manifestation of primary developmental disorders, and specifically multiple deviations, that there are no mechanisms of interdepartmental interaction between medical and psycho-pedagogical services, that there is no definition of the terminology and the boundaries between the professional activity of each specialist working on physical and psychological rehabilitation of the infants' health and the problems of development as such.

The current situation needs a complex study of special educational needs and the dynamics and specificity of psychological development of infants with visual pathologies of various etiology and severity. To this end, it is necessary to work out psycho-pedagogical diagnostic procedures and to specify the equipment of the procedures of psycho-pedagogical examination. Summing up clinical data about the etiology, course and prediction of visual impairments in children may

allow the specialists to predict possible variants of psychological development, to differentiate the content of individual educational programs, to create developing teaching aids and playing tools, and to figure out efficient forms, methods and techniques of teaching children at the early stages of ontogenesis.

The solution to these urgent issues of typhlopedagogy should be found in the course of realization of modern scientific studies.

Conclusions

1. The development of differentiated content of individual educational programs in the state system of preschool education becomes a new area in the development of the system of special education and state support for children with disabilities.

2. We can make the system of early medico-psycho-pedagogical support for children with visual disorders accessible and more flexible via studying real health and educational needs of infants and designing modern diagnostic and methodological guides for variable pedagogical practices.

3. So, today, professional training and retraining of typhlopedagogues for the work with children at an early age, readiness to become a member of an interdisciplinary team in various social institutes realizing complex rehabilitation and restoration of the health of infants occupy an exceptionally significant place. Typhlopedagogues and other spe-

cialists of the psycho-pedagogical profile should have a good command of the modern scientific and methodological foundations of special pedagogy and psychology, as well as adjacent fields of science (pediatrics, ophthalmology, neurology), which would allow realizing the comprehensive and differentiated approach in the organization of special psycho-pedagogical support for the families of the blind and partially sighted children.

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