

Illinois DeafBlind Project Intervener Training Program Candidate Application

The Illinois DeafBlind Project (ILDBP) (formerly Project Reach) provides free, comprehensive training to paraprofessionals assigned to students on the Illinois Deaf-Blind Child Count. The program is designed to train the paraprofessional in specific skills, techniques, and strategies to provide the student access to the environmental information that is usually gained through vision and hearing, but which is unavailable or incomplete to the child who is deafblind, support communication and social interaction, and develop the trusted relationship that is the foundation of these supports.

The program requires that the intervener candidate, district administration, and the student's family support and consent in writing to the training and photographs, video, and written artifacts necessary to document the candidate's knowledge and skills when working with the student and as part of an educational team. As appropriate, student consent will also be acquired. Once this two-page application is received, more information will be provided to the intervener candidate and their administrator/supervisor.

Intervener candidate's student's information

Name:

Intervener training candidate information

Name:

Email:

Phone:

My signature indicates my interest in the ILDBP Intervener Training Program and consent for photographs and videos of me to be used in the ILDBP Intervener Training Program:

Signature:

Intervener candidate's supervisor/administrator information

Name:

Email:

Phone:

My signature indicates my consent for the intervener candidate named above to participate in the ILDBP Intervener Training Program and confirms that, with parental and intervener candidate consent, photographs and videos of the intervener candidate and their assigned

student on the Deaf-Blind Child Count will be taken in the course of the intervener candidate's interactions with the student. I understand that these are specifically to be used as artifacts in the intervener candidate's training.

Signature:

Intervener candidate's student parent information

Name:

My child's name:

Email:

Phone:

My signature indicates my support for the intervener candidate named above to participate in the ILDBP Intervener Training Program and my consent that photographs and videos of the intervener candidate and my child will be taken in the course of the intervener candidate's interactions with my child.

Signature: