REQUEST FOR TECHNICAL ASSISTANCE FOR SCHOOLS

If you would like to receive **free** technical assistance for a student who is on the Illinois DeafBlind Project census, please complete and return this form to the Illinois DeafBlind Project. Once this form is received, you will be contacted for further information and to determine the next steps.

Please return this form to:
Illinois DeafBlind Project Coordinator
Philip J. Rock Center & School
818 DuPage Blvd., Glen Ellyn, IL 60137
FAX: (630)790-4893Email: mclyne@philiprockcenter.org PHONE: (630)790-2474

Types of Technical Assistance

Targeted technical assistance
Targeted TA is intended for those with a direct connection to a child with DeafBlindness or who are likely to have in the future. Examples of activities include:
- trainings and conferences (in person or virtual)
- articles
- fact sheets
- websites

Intensive technical assistance

Student-focused intensive technical assistance is available for teams whose students are on the Illinois DeafBlind Child Count and requires commitment to an ongoing relationship with multiple activities over a span of several months. Activities may include:
- Initial team consultation
- Provision of resources and information
- Review of videos showing student and educational staff engaged in relevant activities
- Follow up meetings (in person or virtual)
- Coaching

For intensive, student specific technical assistance, please provide the following information:

Child Name:

Date of Birth:

Gender:

Parent Name (s):

Parent Address:

City/State/Zip:

Phone:

Parent Email:

<u>For targeted or intensive technical assistance, please provide the following information:</u>

School:

Program (if applicable):

Address:

City/State/Zip:

Contact Person:

Email:

Phone:

Who is making the referral?

Name:

Address:

City/State/Zip:

Phone:

Email:

Referral Date:

Topics of Technical Assistance Requested

TARGETED AND INTENSIVE

EDUCATIONAL TEAM: What do adults want to learn to support students?
(Please check up to ***three (3) areas***):

- ❑ DeafBlindness (vision/hearing/dual sensory)
- ❑ Active Engagement
- ❑ Communication/Language Skills
- ❑ Literacy (Emergent to Advanced)
- ❑ Concept Development
- ❑ Social Connections
- ❑ Behavior

- ❑ Instructional Strategies
- ❑ Assessment Strategies
- ❑ Assistive Technology
- ❑ Access to Instruction/Educational Environment

❑ Expanded Core (Recreation, Daily Living Skills, Community, O&M)

❑ Transition Planning - Early Intervention to Early Childhood

❑ Transition - Post-secondary (Transition to Adulthood/Employment)

INTENSIVE ONLY

STUDENT: Is there an area of focus for the student?

❑ Active Engagement

❑ Receptive Communication

❑ Expressive Communication

❑ Concept Development

❑ Peer Relationships

❑ Behavior

❑ Accessing Instruction/Educational Environment

❑ Developing Literacy (Emergent to Advanced)

❑ Using Assistive Technology

Is there a topic you do not see listed (either Targeted or Intensive)?

❑ Other:

How did you find out about Illinois DeafBlind Project services?

_____

NOTE: A parent signature confirming permission is required before Illinois DeafBlind Project can collect information about and work on behalf of a student.

I hereby give permission to Illinois DeafBlind Project to provide the requested services to the named child on this referral. I acknowledge and understand that I may revoke this consent at any time, by submitting to Illinois DeafBlind Project a written, signed, and dated notice stating that the consent is revoked.

DATE: Signature of parent/legal guardian: