

## **Deafblind Advisor Training Project**

### *Parent/Caregiver Information Letter*

Dear Parent/Caregiver:

We are writing to describe the ***Deafblind Advisor Training Project***. If after reading this letter you are comfortable having your child participate, please sign the enclosed Consent Form. The **New England Center Consortium of Deafblind Projects (NEC)** has developed a training project to increase the number of classroom personnel and service providers who are knowledgeable in effective teaching approaches for infants, children and youth who are deafblind. Our training project has been developed in collaboration with state agencies, educational consultants, and professionals in Connecticut (Karen Olson and Kathy Morgan - Bureau of Educational Services for the Blind), Maine (Jean Small - Catholic Charities Maine), Massachusetts (Susan DeCaluwe - Perkins School for the Blind), and New Hampshire (Kim Conlon, Kathy Thonis) – ATECH; Jan Halley – M.I.C.E). **Deafblindness** is a unique disability requiring that team members have knowledge and skills about the impact of dual sensory losses on learning. Combined vision and hearing losses influence all areas of learning . Combined vision and hearing losses influence all areas of learning particularly language/communication, motor development, orientation and mobility, and access to the general education curriculum. The Deafblind Advisor Training Project will provide participants with indepth knowledge and skills in the fields of deafblindness and multiple disabilities particularly language/communication, motor development, orientation and mobility, and access to the general education curriculum.

### **The key goals of this project are:**

- (1) To** facilitate a “community of practice” in the field of deafblindness in the states of CT, ME, MA, NH and VT that facilitates the sharing of information about best practices in deafblind education
- (2) To** provide collegial support to staff working with children and youth who are deafblind
- (3) To** increase the number of personnel trained in the field of deafblindness within the New England region
- (4) To** support team consultation and instate training to team members and state agencies, and
- (5) To** develop state action plans and conduct

state activities to address the technical assistance needs of children and youth who are deafblind, their families and service providers

**Project Requirements:** DB Advisors must commit to the two year training project by attending 3, 2-day training modules at Perkins School for the Blind, interim phone/videoconferences and a final portfolio. Also, DB Advisors will submit data regarding:

- (1) pre and post self-rating report
- (2) vision, hearing, communication and classroom, environmental assessments
- (3) family interview and needs assessment

All DB Advisors will be required to have direct access to a child who has combined vision and hearing losses for direct observation, assessment and program development.

The **Deafblind Advisor Training Project** requires that professionals involved in the training conduct observational assessment procedures that highlight the child's responses to a variety of materials and under various conditions. The assessment process is very helpful in instructing professionals how best to assess and teach children who have combined vision and hearing losses.

We want to make sure that we have provided a clear description of this project. Should you have any questions about this process at any time, please contact \_\_\_\_\_. Please note that your informed consent also includes the right to withdraw your child from the Deafblind Training Project at any time. Thank you for your consideration.

Sincerely,

Tracy Evans Luiselli  
NEC Project Coordinator

Susan Edelman  
Vermont Deafblind Project

Karen Olson  
CT State Liaison and Consultant

Kathy Morgan  
Educational Consultant

Jean Small  
Catholic Charities Maine

Susan DeCaluwe  
MA State Liaison and Consultant

Kathy Thonis  
NH State Liaison/ATECH

**Informed Consent**

**Deafblind Advisor Training Project**

*Permission for your child's participation*

I have read the Information Letter and I, \_\_\_\_\_ (please print) give permission for my child, \_\_\_\_\_ to participate in the collaborative efforts of the New England Center Consortium of Deafblind Projects and \_\_\_\_\_.

I realize that these efforts will include direct observation of my child. Also, I understand that the results may be shared with other professionals in the field at local, national and international conferences. It is my understanding that my child's name will remain confidential at all times. I also understand that I am free to ask questions, before, during, and after the project and that it is my right to withdraw my child from this project at any time.

Your Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate your reply by checking the appropriate box below:

I grant my permission for my child to be observed by \_\_\_\_\_ for broader educational purposes and conferences/trainings.

I would like a copy of my child's assessment portfolio.

I do not want my child to be observed as part of the deafblind Advisor Training Project.