

Leadership Activities and State Action Plan

Period Covered: September 09 to June 2010

Name:

Date:

Enter a Check Mark (✓) and Target Date in Appropriate Box Below. If you feel you will address this time throughout your work – indicate “ongoing”:

LEADERSHIP ACTIVITIES:	-----TOPICS-----					
	Vision and Hearing – Supports and Modifications	Communication: Forms & Functions	Use of Systematic Instruction to Develop Communication and Learning	Assessment Tools and/or Strategies	Tactile Strategies	Resources and Support to Families
Continuing To Teach and Improve Your Skills Through Direct Instruction with Children and Implementation of New Strategies and Tools (classroom, natural environments, work, home or community settings)						
Providing Curriculum Development Knowledge to Peers/School/Agency Staff: inservices, trainings on deafblind related topics (i.e., communication, assessment, impact of vision and hearing loss on learning).						
Participating in TEAM or Program Decision- Making: Assisting administrative personnel with decisions regarding child programming, placement, and support needs. Acting as a resource to administrative personnel.						

LEADERSHIP ACTIVITIES:	TOPICS					
	Vision and Hearing – Supports and Modifications	Communication: Forms & Functions	Use of Systematic Instruction to Develop Communication and Learning	Assessment Tools and/or Strategies	Tactile Strategies	Resources and Support to Families
Organizing and Leading Peer Reviews of School/Program/Agency Practice						
Leading In-Service Education and Assisting Other Teachers (DB Training within you state/region)						
Participate on State Regional Network Team to Train Others						

List any of the above activities that you have already completed:
