



## CONNECTICUT DEAFBLIND PROJECT

175 North Beacon Street, Watertown, MA 02472

Providing Technical Assistance to Children, Youth, Families and Service Providers  
Collaborative partner of the New England Consortium of Deafblind Projects

Dear Parent/Guardian,

♥ *Don't have time to attend workshops?*

♥ *Want to understand how your child sees, hears and understands?*

You are invited to participate in Project SPARKLE! It's a learning program for parents who have children with combined vision and hearing loss. SPARKLE provides an opportunity to learn **from the comfort of YOUR own home, at YOUR convenience, on YOUR schedule.** It is centered around the SPARKLE website and DVDs using video footage of real kids!

CT Deafblind Project will provide your FREE SPARKLE Parent Guidebook, Training, DVD & conference calling.

**Janette Peracchio, parent of a daughter with Cornelia DeLang Syndrome,** is the state facilitator in Connecticut, and Family Specialist for the Connecticut Deafblind Project. She is available to answer your questions and will contact you at your request. ([janette.peracchio@perkins.org](mailto:janette.peracchio@perkins.org) or 860-742-8612)

### Comments from past SPARKLE families-

*"It was great! Easy to use...relevant... knowledgeable... affirming to us as parents!"*

*"I thought I knew a lot about deafness and blindness, but this was new information and I really learned a lot!"*

*"The use of video footage of deafblind children spoke to the viewers more than words alone could have been able to do."*

### What you need:

1. A computer, access to the Internet and DVD player

### What to expect during the 6-month period:

1. Watch the SPARKLE DVD (~10 – 20 minutes/unit)
2. Develop an individual "profile" for your child.

### Highly beneficial, but not required: On the SPARKLE website you can:

1. Connect with others via SPARKLE list serve!
2. Translate medical and educational reports with the Glossary of Terms
3. Read family stories in the "Family Room"
4. Watch and listen to more experts in the "Video Library"





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### Learning Units Overview

(to begin spring 2010 – 1 to 2 units per month)



**Deafblindness** – What is it? Does it really describe my child? How can we compensate for my child’s vision and hearing loss?



**Vision** – How vision works; vision problems; vision professionals; impact of combined vision & hearing loss; vision loss adaptations & devices



**Hearing** - How it works; hearing problems; hearing professionals; hearing testing; hearing loss adaptations and devices



**Touch** - The importance of touch; early experiences with touch; tactile sensitivity; using touch as the basis for communication



**Concept Development** – Concepts are the ideas that help us understand the “why” and “meaning” of things. How our kids learn.



**Intervention** - Describes the unique and vital role of an Intervener in the education of a child who is deafblind.



*If you’d like a sneak preview of the SPARKLE website, go to [www.sparkle.usu.edu](http://www.sparkle.usu.edu)  
It is password protected for family privacy, so you will not be able to see the entire site. You will receive your own password for full access if you decide to participate.*



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## *SPARKLE Interest Form*

My Name: \_\_\_\_\_

- ♥ I need more information!
- ♥ Maybe later, I have too much on my plate right now.  
A better time would be \_\_\_\_\_
- ♥ I would like to participate in Project SPARKLE.



If you have questions, please contact Janette Peracchio, CT SPAI  
Facilitator & Family Specialist with the CT Deafblind Project

[janette.peracchio@perkins.org](mailto:janette.peracchio@perkins.org)

860-742-8612



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**RELEASE OF INFORMATION**

I give my permission for the New England Consortium of Deafblind Projects (NEC) and the CT Deafblind Project to release the following information to Project SPARKLE, Utah State University for direct contact and enrollment.

Project SPARKLE  
SKI-HI Institute  
Utah State University  
6500 Old Main Hill  
Logan, UT 84322-6500

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Cause of Deafblindness (etiology) \*optional* \_\_\_\_\_

It is my understanding that all Project SPARKLE information will remain confidential and is requested in order to participate in the project described in the Project SPARKLE brochure, which I have read.

Parent signature: \_\_\_\_\_