



MAINE 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!

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

Susan Hollis, parent of a son with CHARGE Syndrome, is the state facilitator in Maine, and Family Specialist for the Maine Deafblind Project. She is available to answer your questions and leads regular conference calls with 4-5 parents (day & time to be determined by your calling group).

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. Join the monthly parent conference call with Susan Hollis (~1 hr)

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"
5. Create your child's online "Profile"





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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.usn.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.

My availability for 1 – 2 time/month conference call:

| | | | |
|-----------|----------|----------|-----------|
| Monday | AM _____ | PM _____ | Eve _____ |
| Tuesday | AM _____ | PM _____ | Eve _____ |
| Wednesday | AM _____ | PM _____ | Eve _____ |
| Thursday | AM _____ | PM _____ | Eve _____ |
| Friday | AM _____ | PM _____ | Eve _____ |

If you have questions, please contact Susan Hollis, ME SPARK
Facilitator & Family Specialist with the ME Deafblind Project

snbhollis@yahoo.com

617-972-7515





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RELEASE OF INFORMATION

I give my permission for the New England Consortium of Deafblind Projects (NEC) and the ME 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: _____