

**New England Consortium  
Deafblind Project  
MONTHLY STATE DATA**

Month of: \_\_\_\_\_  
Name: \_\_\_\_\_

<b>LEVEL 1: AWARENESS OF: PROJECT RESOURCES, REFERRAL PROCEDURES</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>COUNT</b>
	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	
NCDB Teacher Packets/Info	/	/	/	/	/	
Newsletters	/	/	/	/	/	
Parent Road Map	/	/	/	/	/	
Family Materials	/	/	/	/	/	
# to Parents	/	/	/	/	/	
# to Meetings	/	/	/	/	/	
#I Wish I Had	/	/	/	/	/	
Welcome Packets	/	/	/	/	/	
# New Parents	/	/	/	/	/	
# to New SP's	/	/	/	/	/	
Training or Info to Family Organizations	/	/	/	/	/	
Deafblind Intro Training	/	/	/	/	/	
Participation on State Strategic Group	/	/	/	/	/	
	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>COUNT</b>
<b>LEVEL 2: KNOWLEDGE OF: DEAFBLINDNESS</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	
Discover Conference	/	/	/	/	/	
Envision Conference	/	/	/	/	/	
Focus Conference	/	/	/	/	/	
Next Steps Conference	/	/	/	/	/	
NE/AER Conference	/	/	/	/	/	
Family Networking Activity (Take Care, Apples, Fish)	/	/	/	/	/	
Intervener Training	/	/	/	/	/	
Usher Training	/	/	/	/	/	
Assistive Technology Training	/	/	/	/	/	

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	DATE	DATE	DATE	DATE	DATE	COUNT
<b>LEVEL 2: KNOWLEDGE OF: DEAFBLINDNESS</b>	#	#	#	#	#	
Instate Planning Meetings	/	/	/	/	/	
MS Meeting	/	/	/	/	/	
Family Specialist Meeting	/	/	/	/	/	
Family Phone Network	/	/	/	/	/	
MS Conference Call	/	/	/	/	/	
SPARKLE Conference Call	/	/	/	/	/	
Area IV:	/	/	/	/	/	
Topical	/	/	/	/	/	
NCDB Collaborative Activity	/	/	/	/	/	
<b>LEVEL 3: TEAM/FAMILY CONSULTATION</b>	DATE	DATE	DATE	DATE	DATE	COUNT
	#	#	#	#	#	
<i>Example: ID# 2345 3/15, 3/25, 3/31</i>	2345 3/25	2345 3/26	2175 3/26	2345 3/26		3
Deafblind Multi-handicapped Training Series	/	/	/	/	/	
Project SPARKLE	/	/	/	/	/	
INSITE Training	/	/	/	/	/	
CVI Advisor Training	/	/	/	/	/	

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<b>LEVEL 4: CHILD CONSULTATION</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>COUNT</b>
Example: ID# 2345 3/15, 3/24	#	#	#	#	#	
	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>COUNT</b>
	#	#	#	#	#	
Deafblind Advisor – Child Change						
CVI Advisor						
INSITE						