

**MISSOURI SCHOOL FOR THE BLIND**  
**Project VIISA**  
**Course I**

**APPLICATION**

If you are interested in applying for the Project VIISA course, complete this application and **submit by October 27, 2017**. The course is limited to 15 participants. You will be notified by October 30, 2017, if you are selected to participate.

Name: [Click here to enter text.](#)

Home Phone: [Click here to enter text.](#)

Work Phone: [Click here to enter text.](#)

Cell Phone: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Name of Graduated College or University: [Click here to enter text.](#)

Degrees Received and Areas of Specialization: [Click here to enter text.](#)

Certification: [Click here to enter text.](#)

Other Training: [Click here to enter text.](#)

Have you completed other vision coursework in Missouri? [Click here to enter text.](#)

Which courses? [Click here to enter text.](#)

Current Position: [Click here to enter text.](#)

Agency/Program/School District: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Current Work Responsibilities: [Click here to enter text.](#)

Are you currently serving a child with a visual impairment? [Click here to enter text.](#)

If so, how many? [Click here to enter text.](#)

In what type of setting? [Click here to enter text.](#) What ages? [Click here to enter text.](#)

Why are you interested in this course? [Click here to enter text.](#)

Can you attend the course, which will be offered by the Missouri School for the Blind in St. Louis on November 11-13 and March 16-18 (total of 4 whole and 2 half days)?

[Click here to enter text.](#)

Will you complete the five home study assignment packets and readings as scheduled?

[Click here to enter text.](#)

Please identify any needed access accommodations (e.g., interpreter, Braille, large print):

[Click here to enter text.](#)

Do you feel you have enough information to commit to the VIISA courses?

[Click here to enter text.](#)

I understand that if I do not complete the course and/or assignments, it is my responsibility to return all materials given during the course to Outreach Services at MSB. [Click here to enter text.](#)

If you have any questions, please enter them here: [Click here to enter text.](#)

Do you have the support of your Agency/Program/School District administrator? [Click here to enter text.](#)

Administrator's Signature: \_\_\_\_\_

Administrator's Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

**Fax** application to: 314-773-3762

**Email** application to: [annette.miller@msb.dese.mo.gov](mailto:annette.miller@msb.dese.mo.gov)

**Mail** application to: Annette Miller  
Outreach Services  
Missouri School for the Blind  
3815 Magnolia Avenue  
St. Louis, MO 63110-4099  
314-633-1589

Lunch (working lunch) is provided on Thursday and Friday of each session. Transportation, lodging, and other meals are the responsibility of the applicant.