

MISSOURI DEAF-BLIND TECHNICAL ASSISTANCE PROJECT

Professional Training Course: HAND IN HAND *UNDERSTANDING DEAFBLINDNESS FOR EDUCATION TEAMS SERVING STUDENTS WHO ARE DEAFBLIND*

TEAM REGISTRATION FORM

Please complete this registration form - one per team - and forward it to:

Megan Burgess, Missouri School for the Blind 3815 Magnolia Ave St Louis, Missouri 63110, (314) 633-1587

Fax: (314) 773-3762, Megan.Burgess@msb.dese.mo.gov

Registration is due by: **October 25, 2019**

We understand that participation requires a great deal of effort from each individual team member. We are also convinced that your team sees this training as a great benefit to your student and your school. To help ensure that your team's participation is supported by your administrator, please have the administrator sign this form and list all of your team's participants.

By completing and returning this form, your team is agreeing to complete all the requirements of the Hand In Hand course. The course requirements are:

1. Reading all assigned chapters in the course text: *Understanding Deafblindness*.
2. Attending *all three* on-site sessions at: **Location to be determined, Saint Louis, MO** on the following dates: **November, 2019, January, 2020 and April, 2020**
3. Developing and implementing action plans.
4. Meeting with the Hand In Hand mentor assigned to your team to assist in the implementation of action plans and the application of the knowledge acquired in this course to the student you serve.
NOTE: Mentoring format will be flexible to meet the needs of the team such as: observing team members working with student and providing feedback, reviewing with team members after school – in person, by phone and/or video conference – the progress in the implementation of action plan activities, and so on.

Please arrange your schedules to be free from interruption while attending the three onsite sessions.

IMPORTANT REMINDERS:

The team's Team Registration forms along with a signed Release of Information form for the team's student must accompany this form in order for your team's registration to be processed. Please complete all forms.

OVER (This form continues on other side)

TEAM REGISTRATION FORM

Name and age of the student with deafblindness served by this team: _____

Is this student reported on the Federal Deaf-Blind Census through the Missouri Deaf-Blind Technical Assistance Project? YES NO

If "NO" or if you are unsure, please contact Megan Burgess, Megan.Burgess@msb.dese.mo.gov or (314) 633-1587

Administrator's approval signature and date: _____

Name of School/Program & Location: _____

Team members' printed names, role on the team and email address:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

School/Program Name: _____

School/Program Address: _____

Daytime phone number: _____ Fax: _____ Email: _____

Does anyone on the team need access accommodations or have food allergies? YES NO

If "YES", please indicate needed accommodations:

_____ Interpreter, *please circle type needed:*

ASL Haptic Tactile Oral FM System: _____ Other: _____

_____ Braille materials

_____ Large Print

_____ Food Allergies & Other, *please describe:* _____
