



## OPEN HANDS, OPEN ACCESS: DEAF-BLIND INTERVENER LEARNING MODULES REGISTRATION FORM

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

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

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

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

### School District Information:

School/Program Name: \_\_\_\_\_

School/Program Address: \_\_\_\_\_

\_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and age of the student with deafblindness served: \_\_\_\_\_

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 Mandy Clayton, Mandy.Clayton@msb.dese.mo.gov or (314) 633-1553

Administrator's approval signature and date: \_\_\_\_\_

Signature of participant and date: \_\_\_\_\_

By completing and returning this form, you are agreeing to all requirements of the Open Hands, Open Access: Deaf-Blind Intervener Learning Modules.

### The course requirements are:

Full completion of modules as indicated in progress logs

Successful completion of quizzes with a grade of 80% or greater

Monthly mentoring sessions with project staff

Monthly invoice submission

For MoDBTAP Staff:

Release of Information received: \_\_\_\_\_

NCDB access: \_\_\_\_\_

Reimbursement Packet completed: \_\_\_\_\_

HIH referral: \_\_\_\_\_

Materials Received: \_\_\_\_\_