



Missouri Deaf-Blind Technical Assistance Project (MoDBTAP)

Request for Technical Assistance

MoDBTAP provides two types of technical assistance: focused and comprehensive. A description of each is provided below.

Focused Technical Assistance

Focused technical assistance TA is delivered at a targeted/specific level and is based on the clearly-identified needs of family members, program/school staff, and/or administrators. Focused TA is short-term assistance designed to address a basic, single need or a small number of basic needs, and is delivered via distance technology. This level of TA emphasizes the efficacy of family/professional partnerships in supporting child change and impacting systems.

Comprehensive Technical Assistance*

Comprehensive technical assistance TA is delivered at an intensive/sustained level and requires a stable, ongoing negotiated relationship between MoDBTAP staff and TA recipients. Comprehensive TA can be delivered onsite and/or through distance technology. It includes a purposeful, planned series of activities designed to reach outcomes that are valued by the individual recipients. Family members, program/school staff, and administrators must identify and agree to a set of technical assistance needs to be addressed as part of the TA process. This level of TA should result in changes to practices and/or operations that support increased recipient capacity and/or improved outcomes at one or more systems levels. Evaluation and continuous feedback are integral components of comprehensive TA.

Adapted from the U.S. Department of Education, Office of Special Education Program's definition of intensive/sustained technical assistance.

When completed, return this form to Missouri Deaf-Blind Technical Assistance Project

• By email: Jane.Herder@msb.dese.mo.gov

Questions? Contact Jane Herder, Deaf-Blind Project Director at Jane.Herder@msb.dese.mo.gov or 314-633-1582

Type of technical assistance requested

Date of referral: _____

Focused Distance/via web conference or phone, single or limited consultation)

Comprehensive Longer timeframe, on-site consultation after 1st distance consultation)

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1. Information about person completing this referral:

Name: _____ Phone: _____

Email: _____ Agency phone: _____

Agency and title (if applicable): _____

Agency address: _____

Is this person the primary contact for MoDBTAP staff? If not, please provide the following information for the primary contact:

Name: _____ Phone: _____

Email: _____ Agency phone: _____

Agency and title (if applicable): _____

Agency address: _____

2. Information about the child/student:

Child's name: _____

Date of birth: _____ Gender: _____

Name of parents/guardians: _____

Address: _____

Phone: _____ Email: _____

Child's address if different: _____

Other family members who live with the child and/or are important in the child's life: _____

3. Information about the school the child attends if the child is school age:

School name: _____

Classroom setting (general education, special education, non-public, etc.) _____

Name of classroom teacher: _____

Name of one-on-one paraeducator/intervener if applicable: _____

Local Education Agency that operates the program the child attends: _____

Local Education Agency in which the child resides, if different from above: _____

4. Information about the child's etiology/diagnosis:

What is the diagnosed etiology related to his/her deafblindness (e.g., CHARGE syndrome, complication of prematurity, CMV, Down syndrome, meningitis, etc.)?

Does the child have other disabilities in addition to her/his deafblindness?

5. Information about the child's vision:

Visual condition and/or diagnosis:

Does the child have functional vision? If so, describe what you think the child can see. Attach a recent eye report or functional vision assessment if available.)

Does the child wear glasses/contacts and/or use any assistive technology related to vision?

6. Information about the child's hearing:

Auditory condition and/or diagnosis: _____

Does the child have functional hearing? If so, describe what you think the child can hear. Attach a recent audiogram or functional hearing screening if available. _____

Does the child wear hearing aids? Cochlear implant? Other assistive listening devices?

7. Information about how the child communicates:

Describe the child's receptive communication mode(s). These might include gestures, American Sign Language (ASL), signed communication (i.e., single signs or signs used in English word order), symbols, voice output devices or tablets, speech, objects, etc. _____

Describe the child's expressive communication mode(s). These might include speech, American Sign Language (ASL), signed communication (i.e., single signs or signs used in English word order), voice output devices or tablets, symbols, objects, etc. _____

Does the child effectively communicate wants? Needs? Emotions? _____

What is the primary language used by others in the home? _____

8. General information about the child:

Describe the child's gross and fine motor abilities (e.g., walking, standing, crawling, grasping, etc.). Does the child use any adaptive equipment/devices to perform everyday activities?

Is there any additional information about the child that would be important for MoDBTAP staff to know?

AREA OF FOCUS

Please select the top THREE areas you would like to see addressed.

- Understanding the impact of a combined vision and hearing loss on the child's learning and development (SP1).

- Using assessment strategies functional vision, functional hearing, etc. for program planning for the student (SP2).

Developing an appropriate IFSP/IEP for a student with combined vision and hearing loss (SP3).

Using effective teaming strategies with other educational professionals involved with the child with combined vision and hearing loss (SP4).

Using effective instructional strategies to implement the IFSP/IEP (SP5).

Using functional behavior analysis and positive behavior supports (SP6).

Using effective strategies to improve the student's communication and language skills (SP7).

Using effective strategies to improve motor development and positioning for the student (SP8).

Using effective strategies to improve orientation and mobility for the student (SP9).

- Using effective strategies to improve the student's selfcare skills (SP10).

- Using effective strategies to improve the cognitive development of the student (SP11).

- Using effective strategies to improve the student's academic and literacy skills (SP12).

- Using effective strategies to improve the student's social interaction skills (SP13).

- Using effective strategies to improve the student's self determination (SP14).

- Using effective strategies to foster participation in play/recreation activities for the student (SP15).

- Using effective strategies to improve the student's community and independent living skills (SP16).

- Developing age-appropriate transition planning for the student with combined vision and hearing loss (SP17).

- Using strategies that improve the student's postsecondary transition outcomes (SP18).

- Appropriately using assistive technology AT for a student with combined vision and hearing loss (SP19).

- Developing pre-literacy/literacy skills for all learners (SP20).

RESULT OF TECHNICAL ASSISTANCE

As a result of the technical assistance, what would you like to see occur for the child (Select the top THREE areas)	
<p>Increased functional use of sensory systems (C1).</p> <p>Increased engagement in intervention and/or instructional activities (C2).</p> <p>Improvement in receptive communication and/or language (C3).</p> <p>Improvement in expressive communication and/or language (C4).</p> <p>Improvement in positioning and motor skills (C5).</p> <p>Improvement in orientation and mobility skills (C6).</p> <p>Improvement in student's self-care skills (C7).</p>	<p>Improvement in student's cognitive skills (C8).</p> <p>Improvement in academic and/or literacy skills (C9).</p> <p>Increase in social interactions (C10).</p> <p>Increase in self-determination (C11).</p> <p>Increased participation in play and/or recreation activities (C12).</p> <p>Increased participation in community and independent living activities (C13).</p> <p>Increased participation in age-appropriate transition activities (C14).</p> <p>Increase in student's employment and/or post-secondary education experiences (C15).</p>

MoDBTAP staff members will require the following supporting documentation:

- IFSP or IEP
- Triennial Evaluation
- Most recent vision report
- Most recent audiological report
- Functional vision or hearing reports

For **Focused TA** requests, this completes the application. For **Comprehensive TA** requests, complete the **Verification and Documentation** section below.

Verification and Documentation (to be completed for Comprehensive TA requests only)

The following individuals are in agreement with the technical assistance needs described above.

Family representative: Name: _____

Aware of request and in agreement Email: _____ Phone: _____