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. Focused TA includes an evaluation component to determine successful completion of identified outcomes and level of child change. Focused TA is delivered using distance technology.

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:** **Megan.Burgess@msb.dese.mo.gov**

• **By fax:**   314-773-3762

• **By mail:**   Missouri Deaf-Blind Technical Assistance Project
Missouri School for the Blind
3815 Magnolia Avenue
St. Louis, MO 63110

Questions? Contact Megan Burgess, Deaf-Blind Project Coordinator at Megan.Burgess@msb.dese.mo.gov or 314-633-1587

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: _____

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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: _____

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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 etiology/diagnosis:

Does the child have a 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, if known:

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, if known:

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 <u>receptive</u> 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. _____

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Describe the child's <u>expressive</u> 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. _____

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

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

8. General information about the child:

What does the child enjoy doing (e.g., favorite things, people, places, etc.)? _____

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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?

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

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9. Information about technical assistance needs:

Describe the team's technical assistance needs to enhance the capacity of the team to implement the

child's educational program (i.e., **concerns,** challenges, **priorities**)._____

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Describe the desired outcomes you hope will be achieved through this focused or comprehensive technical assistance._____

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List the related services the child receives and who provides each of these services.

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MoDBTAP staff members will require the following supporting documentation:

- IFSP or IEP
- Most recent vision report

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

Please take whatever action is required by your LEA or agency/program to be able to share these documents with MoDBTAP, or use MoDBTAP's release of information.

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:_____

School/program representative: Name/Role: _____

☐ Aware of request and in agreement   Email:_____Phone:_____

Classroom teacher: Name: _____

☐ Aware of request and in agreement   Email:_____Phone:_____

School/program administrator: Name/Title: _____

☐ Aware of request and in agreement   Email:_____Phone:_____

*Form adapted from California Deafblind Services, Request for Technical Assistance

Date received: