

Oregon Deafblind Project



Process for Requesting and Receiving Training:

The Oregon Deafblind Project, housed at The Research Institute (TRI) at Western Oregon University, provides team training on a first-come-first-served basis. The project is set up to do 3-6 team trainings each year. The training involves commitment to a year-long series of face-to-face classes and activities. The usual process will be as follows:

- * Working with your Regional Deafblind Consultant (see attachment), make contact with the project director, Jan Hearing: (503) 838-8328 or e-mail: hearingj@wou.edu
- * Request training for a specific child's team (include parents on the team). **IMPORTANT: The child must be registered with the project.** Your Regional Consultants will be able to verify this - or help you to fill out the child registry form if the child is new.
- * Determine the following with your Regional Consultant and Jan:
 - (a) Looking at the child's current IEP, which modules/topics are relevant for this child's needs, and the sequence in which these would be most beneficial to the team
 - (b) The frequency and duration of each session - including selecting dates and times
 - (c) Any child-specific aspects you would like included in the training (e.g., a brief overview of the child's etiology/functioning)
- * Meet with your administrators to ensure their support (include your building Principal in this meeting if training sessions are to be held in the building). Your Regional Consultant could be involved in this meeting or even conduct the training.
- * Jan will draw up an agreement - including the schedule. See sample agreement/schedule attached. This agreement must be signed by the child's parent, your administrator(s), and the Regional Consulting teacher or lead teacher.
- * At the conclusion of the training, ALL participants will receive certificates of participation - which will contain a documentation of the number of hours spent in training. If PDU's were requested, these will be provided by The Western Oregon University's Extension Programs.
- * Your Regional Consultant and/or Jan will be responsible for materials for the training.
- * Part of the training includes collection of child and team member outcome data - to ensure that the training is going in the right direction and having an impact. You will need to turn in an evaluation at the end of each session, and spend a few minutes filling out a feedback form that documents what, from the training, you have used with a child, and how it has impacted the child. Your Regional Consultant and/or Jan will be a part of this data-collection effort.

SAMPLE FORM
TECHNICAL ASSISTANCE AGREEMENT



School District/training location:
 Contact(s) for training arrangements:
 Trainer: Jan Hearing/Regional Consultant
 Month of agreement:

Training will occur in the following sequence and on the dates indicated:

	Topic	Month/date	Number of hours	Time
1.	Introduction to Deafblindness	August 16, 17 or 21, 2007	6 hours	9:00 a.m.-3:30p.m.
2.	Communication and Calendars Observing and documenting	September 19, 2007	2 hours	2:00 p.m.-4:00 p.m.
3.	Literacy	October 17, 2007	2 hours	2:00 p.m.-4:00 p.m.
4.	Routines	November 21, 2007	2 hours	2:00 p.m. – 4:00 p.m.
5.	Orientation and Mobility	March	2 hours	2:00 p.m. – 4:00 p.m.
6.	Person Centered Planning Connecting to the IEP Wrap up	April	2 hours	2:00 p.m. – 4:00 p.m.

- ❖ The training will be for all team members involved with the child: Teacher, Instructional Aides, Specialist teachers, therapists – and release time or substitutes will be provided as needed to enable all team members to attend. If a child has an IA working one-on-one all or a % of the time, this person must be present at all sessions.
- ❖ Parents will be invited by the Teacher/Regional Consultant to be a part of all team trainings
- ❖ Your Regional Consultant and/or Jan will observe the child periodically and provide feedback to the team.
- ❖ Certificates will be provided. If you would like a PDU, please let your Regional Consultant or Jan know ahead of time.

Jan Hearing, Project Director/date
 Oregon Deafblind Project

Parent/date

Teacher/date

District Administrator(s)/date