



## Minnesota DeafBlind Project

# TECHNICAL ASSISTANCE REFERRAL PACKET

The Minnesota DeafBlind Project provides FREE technical assistance to families, education teams and service providers to support children (from birth through the year of their 21st birthday) who **have a combined vision and hearing loss, or are highly suspect of having both vision and hearing losses.** The combination of these sensory impairments, even if both are mild, may qualify a child for Project services. These services are in addition to those provided by schools and other state and local agencies.

### ABOUT US:

The technical assistance team has been recognized nationally as a truly unique staff consisting of two parents of deafblind children an educator and a pediatrician. This combination allows for a holistic look at each child, his or her family and education team. We help families and educators understand the impact of combined vision and hearing loss on development and learning. We can help staff with individualized programs for children based on student need. We provide resources and facilitate opportunities for teachers through networking and training workshops. We recognize that families are the most important advocates for their children. Families need to be involved for their children's education to be successful. We feel that families are an integral part of the IEP and IFSP teams.

### WHAT IS TECHNICAL ASSISTANCE?

Technical assistance is an array of deafblind-specific information, practical advice and recommendations. Technical Assistance may include the following:

- family support
- in-service training
- on-site consultation
- phone and/or email contact
- program development
- resource materials
- workshops/conferences
- person centered planning
- use of distance technology

Minnesota DeafBlind Project  
2 Pine Tree Drive  
Suite 101  
Arden Hills, MN 55112



612.638.1531  
800.848.4905

[www.dbproject.mn.org](http://www.dbproject.mn.org)



## IEP/IFSP TEAM MEMBERS

If you would like to receive free technical assistance for your student who is deafblind, please complete this form with each team member's contact information. Once the completed referral packet is received, you will be contacted to determine the level of technical assistance you need and the best time to schedule a visit (if needed).

STUDENT NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female School year: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM,DD,YYYY)

Service Provider <small>(Please place a check mark next to case manager)</small>	Name <small>(Please Print)</small>	Phone & Email <small>(Please Print)</small>
General Ed Teacher		
Special Ed Teacher		
Teacher of the Blind/VI		
Teacher of the Deaf/HH		
Special Ed Director/Coordinator		
Principal		
Interpreter		
Intervener		
Occupational Therapist		
O & M Specialist		
Physical Therapist		
Speech Pathologist		
School Nurse		



## EDUCATION HISTORY/AREAS OF CONCERN

Team's Understanding/Knowledge of Deafblindness:  
Beginning \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Please take a moment to answer the following questions so that we can provide you with the appropriate resources and materials during the technical assistance process.

**1. Briefly describe educational history of student:** (communication style, placement, etc.)

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**2. Describe strategies/techniques/resources that have been tried:**

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What works with the student? \_\_\_\_\_

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What doesn't work with the student? \_\_\_\_\_

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**3. What are the priorities for Technical Assistance?**

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## IDEAS FOR ASSISTANCE AND CONTACT INFORMATION FOR PERSON REQUESTING REFERRAL

Please **number** in order of priority the areas in which you need assistance. Please mark only those that are applicable.

### POSSIBLE TOPICS FOR ASSISTANCE

- |   |   |
|---|---|
| <input type="checkbox"/> assessment                 | <input type="checkbox"/> self advocacy/self determination   |
| <input type="checkbox"/> behavioral issues          | <input type="checkbox"/> socialization/leisure & recreation |
| <input type="checkbox"/> communication              | <input type="checkbox"/> sensory issues (vision/hearing)    |
| <input type="checkbox"/> transition                 | <input type="checkbox"/> family support                     |
| <input type="checkbox"/> community integration      | <input type="checkbox"/> educational issues                 |
| <input type="checkbox"/> identification/eligibility | <input type="checkbox"/> training on: _____                 |
| <input type="checkbox"/> medical issues             | <input type="checkbox"/> other: _____                       |

### REQUESTER'S INFORMATION

Person Making Request: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Times & days of the week best suited for observation/training: \_\_\_\_\_

\_\_\_\_\_



## TECHNICAL ASSISTANCE CHECKLIST

Thank you for requesting the assistance of the Minnesota DeafBlind Project. This packet is designed to assist you in defining your needs and to assist us in meeting those needs. We encourage you to gather and provide information from a variety of team members. Please fill out the requested information as completely as possible. The checklist below will provide you with a guide to ensure you have included all required, pertinent information.

**All requested information is required before the technical assistance process begins.**

Please provide the following required items:

- Current IEP/IFSP
- Current 3 year assessment
- Census Form
- Video (as described within)
- Completed Referral Packet with signatures
- Completed Family Permission Form
- Date Special Ed Director/Coordinator notified: \_\_\_\_\_

Additionally, if available or applicable, please provide the following:

- Student's daily schedule
- Additional pertinent medical records
- \_\_\_\_\_
- \_\_\_\_\_

Thank you for taking the time to provide this information. We will make every attempt to meet your needs. Please remember to obtain all required signatures on the signature page. Please mail completed packet to:

Minnesota DeafBlind Project  
Attn: Referral Packet  
2 Pine Tree Drive  
Suite 101  
Arden Hills, MN 55112

Questions? Call 612.638.1531 or 1.800.848.4905



## TECHNICAL ASSISTANCE AGREEMENT

The Minnesota DeafBlind Project provides technical assistance and support to assist school districts, families and service agencies in the implementation of IDEA and evidence-based practices. The Project works to identify the needs of children, their families and education teams, and implements an array of technical assistance to build local capacity to meet those needs. Technical assistance may include: phone and/or email contact, use of distance technology, workshops, resource materials, referral to specialists (ie: DB Network Members) in your area. We ask that a collaborative approach be used when possible, involving those team members who have significant impact on the daily functioning of the student. In an effort to make the technical assistance meaningful, efficient and successful, the roles and responsibilities of the Project consultants and the family/school/agency shall be defined as follows:

### PROJECT CONSULTANTS AGREE TO:

- communicate and follow up with school/agency administration on any requests for technical assistance that involves staff, physical space, and/or resources of the school/agency.
- schedule technical assistance during times that attempt to accommodate all persons involved.
- prepare an Action Plan that outlines Promising Practices designating tasks/strategies/persons responsible and timeline along with desired outcomes.
- provide video equipment needed for initial consultation.
- provide Project SPARKLE DVD to parents and staff members.
- add staff to our database to receive notification of DeafBlind-related training opportunities.
- be available for follow-up activities/interventions as identified by the team members (conference call, email, phone, on-site visit).
- evaluate the effectiveness of the technical assistance provided.

### SCHOOL/AGENCY STAFF AGREE TO:

- provide all required information, including video.
- notify all participating staff who may need to be aware of the Project's role (principal and special education director/coordinator).
- identify a contact person within the school to coordinate and communicate with Project consultants.
- assure that all classroom staff and appropriate team members are available and prepared to meet with Project consultants at the scheduled time.
- contact the Project if the student is ill or if the teacher cannot be directly available to participate.
- assist with obtaining parent consent and participation in the technical assistance process.
- clarify responsibilities of classroom staff and educational team for implementing recommendations.
- follow through with Action Plans and desired outcomes.
- view, read and disseminate suggested materials.

### FAMILIES AGREE TO:

- take an active role in the desired outcomes as listed on the Action Plan.
- provide all required information, including video.
- view Project SPARKLE DVD and participate in the SPARKLE conference calls.
- maintain contact with the Project through email/phone, etc. as needed.
- sign consent and agreement forms.



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## **TECHNICAL ASSISTANCE AGREEMENT AND SIGNATURE PAGE**

The Minnesota DeafBlind Project requires all appropriate signatures be obtained before the technical assistance process begins. A signature on this form denotes acceptance of the responsibilities as outlined on page 6 of this referral packet.

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**Teacher/School Representative**

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**Date**

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**Principal**

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**Date**

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**Special Ed Director/Coordinator**

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**Date**

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**Project Consultant**

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**Date**

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**Other**

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**Date**

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**Other**

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**Date**

## ANNUAL CENSUS OF STUDENTS WHO ARE DEAFBLIND

Every year, the federal government asks each state DeafBlind Project to take a count of students who fit the federal definition of deafblindness: “Children and youth having auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated without special education and related services, beyond those that would be provided solely for children with hearing impairments, visual impairments, or severe disabilities, to address their educational needs due to these concurrent disabilities. This term includes infants and toddlers with deafblindness.”

Collection of census data takes place during the year and is the main instrument to track DeafBlind children and youth in Minnesota for the federal government. We need your help completing the census when it is mailed to you after the new year.

A Cooperative Project between the Minnesota Department of Education and Metro ECSU



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This document is available in alternative formats for individuals with disabilities by calling 612.638.1531