

Nebraska Project for Children and Youth with Deaf-Blindness Technical Assistance Request Form

Date of Request: _____ School District: _____ County: _____

Address: _____ City: _____ NE Zip: _____

Contact Person: _____ Phone: _____ Email: _____

Name of child you want TA for: _____ Date of Birth of the Child: _____

Which type of TA do you prefer?	Area(s) of Focus	
	Please select the top THREE areas you would like to see addressed.	
<ul style="list-style-type: none"> <input type="checkbox"/> District Consult __Web-based; OR __Onsite <input type="checkbox"/> Workshop/ Training __Webinar OR __Onsite <input type="checkbox"/> Resources <input type="checkbox"/> Other: (please describe) 	<ul style="list-style-type: none"> <input type="checkbox"/> Understanding the impact of a combined vision and hearing loss on the child’s learning and development (SP1). <input type="checkbox"/> Using assessment strategies (functional vision, functional hearing, etc.) for program planning for the student (SP2). <input type="checkbox"/> Developing an appropriate IFSP/IEP for a student with combined vision and hearing loss (SP3). <input type="checkbox"/> Using effective teaming strategies with other educational professionals involved with the child with combined vision and hearing loss (SP4). <input type="checkbox"/> Using effective instructional strategies to implement the IFSP/IEP (SP5). <input type="checkbox"/> Using functional behavior analysis and positive behavior supports (SP6). <input type="checkbox"/> Using effective strategies to improve the student’s communication and language skills (SP7). <input type="checkbox"/> Using effective strategies to improve motor development and positioning for the student (SP8). <input type="checkbox"/> Using effective strategies to improve orientation and mobility for the student (SP9). 	<ul style="list-style-type: none"> <input type="checkbox"/> Using effective strategies to improve the student’s self-care skills (SP10). <input type="checkbox"/> Using effective strategies to improve the cognitive development of the student (SP11). <input type="checkbox"/> Using effective strategies to improve the student’s academic and literacy skills (SP12). <input type="checkbox"/> Using effective strategies to improve the student’s social interaction skills (SP13). <input type="checkbox"/> Using effective strategies to improve the student’s self-determination (SP14). <input type="checkbox"/> Using effective strategies to foster participation in play/recreation activities for the student (SP15). <input type="checkbox"/> Using effective strategies to improve the student’s community and independent living skills (SP16). <input type="checkbox"/> Developing age-appropriate transition planning for the student with combined vision and hearing loss (SP17). <input type="checkbox"/> Using strategies that improve the student’s post-secondary transition outcomes (SP18). <input type="checkbox"/> Appropriately using assistive technology (AT) for a student with combined vision and hearing loss (SP19). <input type="checkbox"/> 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).

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| <ul style="list-style-type: none"><input type="checkbox"/> Increased functional use of sensory systems (C1).<input type="checkbox"/> Increased engagement in intervention and/or instructional activities (C2).<input type="checkbox"/> Improvement in receptive communication and/or language (C3).<input type="checkbox"/> Improvement in expressive communication and/or language (C4).<input type="checkbox"/> Improvement in positioning and motor skills (C5).<input type="checkbox"/> Improvement in orientation and mobility skills (C6).<input type="checkbox"/> Improvement in student's self-care skills (C7). | <ul style="list-style-type: none"><input type="checkbox"/> Improvement in student's cognitive skills (C8).<input type="checkbox"/> Improvement in academic and/or literacy skills (C9).<input type="checkbox"/> Increase in social interactions (C10).<input type="checkbox"/> Increase in self-determination (C11).<input type="checkbox"/> Increased participation in play and/or recreation activities (C12).<input type="checkbox"/> Increased participation in community and independent living activities (C13).<input type="checkbox"/> Increased participation in age-appropriate transition activities (C14).<input type="checkbox"/> Increase in student's employment and/or post-secondary education experiences (C15). |
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Describe any additional assistance that you may need (optional):

- No cost required for onsite consultations and/or training since this is a federal OSEP funded grant through U.S. Department of Education

Administrative Signature: _____ **Date:** _____

Return to: Teresa Coonts, Project Director
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