

DEAF-BLIND PROJECT CERTIFICATION CHECKLIST:

- ___ Cover page application
- ___ Vision report by an ophthalmologist, optometrist or neurologist specializing in vision within two years
- ___ An audiologist report within two years
- ___ Current IEP or IFSP
- ___ Functional Vision & hearing evaluation may be submitted for additional information (optional)
- ___ Consent for Distance Mentorship Support.
- ___ All sections on the Cover Page Application are completed and legible.



Email application to maltuna@kssdb.org
Or mail to Marites Altuna
Kansas Deaf-Blind Project
Kansas State School for the Blind, 1100 State Ave., Kansas City, KS 66102

Certification for Deaf-Blind Eligibility
Cover Page Application

This application is: Initial Certification _____ Recertification _____

Student Name: _____ Date of Birth: _____

Parent Name(s): _____

Email: _____ Phone Number: _____

Parent Street Address _____

City, Zip Code _____

USD# of attending district: _____ or Tiny-K Program _____

Attending School: _____

Address: _____ County _____

Contact Person: _____ Email: _____

Phone Number: _____

Address for Contact Person: _____

Vision Evaluation Summary

Date of Evaluation: _____ By Whom: _____

Findings: _____

Hearing Evaluation Summary

Date of Evaluation: _____ By Whom: _____

Findings: _____

Does the student have a cochlear implant? Circle one: YES NO

IEP or IFSP Summary

Date of Evaluation: _____ By Whom: _____

Findings: _____

CONSENT FROM PARENT(S) OR GUARDIAN(S):

- 1. I hereby authorize my consent for the Kansas Deaf-Blind Project to submit my child's name and Information to the Helen Keller National Center for additional services.

CIRCLE ONE: YES NO

Parent/Guardian Signature Date Relationship to Student

- 2. I hereby authorize my consent for the Kansas Deaf-Blind Project to submit my child's name and information to Families Together, Kansas State School for the Blind, Kansas School for the deaf.

CIRCLE ONE: YES NO

Parent/Guardian Signature Date Relationship to Student

- 3. **If your child has CHARGE Syndrome:** I hereby authorize my consent for the Kansas Deaf-Blind Project to submit my child's name and my contact information to the KS Parent Liaison of the CHARGE Syndrome Foundation.

CIRCLE ONE: YES NO

Parent/Guardian Signature Date Relationship to Student

DO NOT COMPLETE THIS SECTION:

__Eligible for deaf-blind certification Initial certification Recertification 1 year Provisional
__Ineligible for deaf-blind certification

Note:

Signed: _____ Date: _____ Recertification Date: _____

DISTANCE MENTORSHIP: TEAM COLLABORATION SITE CONSENT FORM

Student: _____ Date: _____

Each year, the Kansas Deaf-Blind project offers intensive supports to a few school teams across the state who provide educational services to children who are Deaf-Blind via the *Distance Mentorship Project*. The Deaf-Blind Project uses technology to deliver technical expertise to local school teams *remotely*, or from a distance, allowing the Project to offer *ongoing, intensive* assistance in a cost-efficient manner. The word mentorship was used originally because the model was started to support new teachers or those who had never worked with children who are Deaf-Blind.

Parents are a critical part of this model, are part of the local school team, and should be involved in the activities and exchange of information. The following technologies are used to promote the exchange of information, the communication among local team members, and the professional growth of local team member:

- Web Conferencing: Local teams supporting a child who is Deaf-Blind meet with Deaf-Blind Project staff regularly (as determined by the educational team or IFSP/IEP team and Deaf-Blind Project staff) via web conference to ask questions, review progress, share strategies and develop action plans to promote student growth.
- Team Collaboration Site: The Deaf-Blind Project develop a secure team collaboration site (wiki) for each local team as a repository of action plans, articles, and resources, and discussion among and between the "educational team" and the KS Deaf-Blind Project. We do not use personally identifiable information (last name, address, phone numbers, etc.) on the site. Only the child's educational team or IFSP/IEP team members and Deaf-Blind Project staff are invited to the site.
- Photographs and Videotape: The local team may capture photographs or video of a student during a routine or learning activity with a staff member and share this video on the team collaboration site for educational purposes.

Team Collaboration Site Management (Wiki) and Ownership

The Deaf-Blind project staff sets up and manages the site and Web Conferencing sessions. All information contained on the site is owned by the student's parent(s) or guardian. Parents can request the site be closed and information deleted at any time. When the Deaf-Blind Project support for the local team ends, all information contained on the site and/or the Web Conferencing site (meeting notes) will be deleted or, at the request of the parent/guardian, turned over to them.

Professional Ethics

All local team members are obligated to honor and follow a professional code of ethics and standards regarding confidentiality and student privacy.

PARENT PERMISSION: Please circle the appropriate response:

I/we do ____ NOT GIVE ____ GIVE permission for the photographic, video, audio and any other form of electronic recording of my child to be published on a team collaboration site as part of the Kansas Deaf-Blind Project's technical assistance activities to support schools working with students who are Deaf-Blind.

Signature Parent/Guardian:

Date: