Intervener Initiative Demonstration Site Visit Questionnaire

Thank you for your interest in visiting the GIRESD Demonstration Site. To help tailor your visit to address your questions, we would like to gather some information from you prior to scheduling.

What is your connection to students/children who are DeafBlind?

Please indicate the number of participants for this visit (Note: up to three people from your site may visit at one time): ______

Check the positions of all participants for this visit:
___ Teacher or Special Educator
___ Intervener
___ Paraeducator
___ Related Service Provider (Please indicate their title: _______________________________)
___ Parent
___ Administrator
___ Other: _______________________________

What questions or concerns do you have about interveners/intervention for students who are DeafBlind?

What information do you hope to gain during your visit to the Demonstration Site classroom(s)?

Please give us some information about the student(s)/child(ren) who is/are DeafBlind whom/who you support:

Age:

Classroom Setting:

Staff/Student Ratio:

Hearing loss:

Vision loss:

Primary learning channel:

Mode(s) of communication:
Please indicate any specific staff members that you would like to meet with during your visit (e.g. speech-language pathologist, O&M instructor, assistive technology specialist, etc.):

Would you like to visit for a (circle amount of time): 1 hr. 2 hrs. ½ day

We will try to schedule your visit so that classroom activities that are related to the areas of interest you have indicated on this form, will be observed. Please indicate if you need a specific day/time for your visit:

Please list any other information or questions you have that may be helpful to us in planning your visit:

If you have questions/comments about this form, or to submit it for scheduling, please contact:

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We look forward to meeting you and will be in touch soon.