

- This needs assessment is for EI providers
- This needs assessment is for 3-21 providers
- Both

**ILLINOIS STATE PROJECT
Services For Children with Deaf-Blindness Program**

PROFESSIONALS NEEDS ASSESSMENT

Since your agency may potentially serve persons who are deaf-blind, you are eligible for free technical assistance from the Project Reach/Philip Rock Center. Please take a moment to fill out and return this form so we can help meet your needs. Under the State-Regional conference heading, please choose up to five topics you think are most important/relevant.

A. Please check the appropriate boxes to indicate your program's needs for information:

	Inservice	Information Packet	Telephone Consultation	State-Regional Conference
1. Deaf-Blind Overview				
2. Auditory Assessment				
3. Auditory Development				
4. Auditory Training				
5. Central Auditory Processing Disorders				
6. Vision Assessment				
7. Visual Development				
8. Visual Stimulation				
9. Cortical Visual Impairments				
10. Vision and Hearing Accommodations				
11. Switches and Devices				
12. Educational Assessment (Deaf-Blind)				
13. Behavior/Positive Supports				
14. Preschool Transition				
15. Functional Curriculum (Deaf-Blind)				
16. Accessing General Education Curriculum				
17. Vocational Programming				
18. Daily Living Skills				
19. Orientation & Mobility (Infant/Toddler)				
20. Orientation & Mobility (Youth)				
21. Adult Transition				
22. Assistive Technology				
23. Inclusion				
24. Usher Syndrome				
25. Self-Advocacy				
26. Communication Skills				
27. Leisure/Recreation				
28. Other				

B. Describe the age range of the people served by your agency. _____

Which population do you serve? _____

C. Please give a brief description of your program (ie: educational, therapy, vocational, nursing etc.) _____

D. Are you currently serving someone who is deaf-blind or suspected of being deaf-blind?

NOTE: Additional services from PRC may be available to agencies currently serving a person who is deaf-blind.

Name of Person Completing Form: _____

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person/Job Title: _____ **Phone:** _____

Email: _____

**RETURN TO: Philip J. Rock Center & School
818 DuPage Boulevard
Glen Ellyn, IL 60137
Fax: (630)790-4893**