

Nevada Dual Sensory Impairment Project *Parent Request for Assistance*

One purpose of the Nevada Dual Sensory Impairment Project is to meet the needs of parents of children, birth through 21 years of age, who have both vision and hearing disabilities. The types of help the project can provide include (a) training workshops, (b) someone to come to you to answer your questions or assist with your concerns related to your child who has hearing and vision disabilities, (c) information about other agencies and projects, (d) help to your child's teachers or therapists, and (e) articles, books, and videos from the projects lending library. There is no charge for the project's services.

- I would like to talk to another parent of a child with a dual sensory impairment.
- I do not need any help at this time, but please call my child's teacher to offer help to him/her.

Please check as many of the following areas in which you would like help and check the type of help you would like.

- Ideas for handling challenging behaviors.
- Help in communicating with my child (e.g. using touch cues, objects, or pictures to tell my child what is happening).
- Coping strategies/stress management.
- Effect on families (e.g., siblings, extended family).
- Causes related to hearing and vision loss.
- Ideas or help with planning what my child should be learning in school.
- Help in teaching my child to learn to play or to learn recreation skills for free time.
- IEP: What is it? How can it help us? Etc . . .
- IFSP: What is it? How can it help us? Etc . . .
- Help in teaching my child self-care skills such as self-feeding and self-dressing.
- Planning for transitions (e.g., preschool to kindergarten, elementary school to middle school or junior high, high school to adult life).
- Ideas for involving my child with nondisabled children.
- Ideas for working and planning with my child's teacher(s).
- Help finding resources (e.g., advocacy, funding information, clothing, respite).

If none of the above meet your needs, please feel free to list your needs here, and the project will try to help you or will tell you about another project or agency that can help. Other needs:

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- I would like someone to come to my home.
 - I would like someone to visit my child's school / agency.
 - I would like to read articles or books, if available.
 - I would like to watch videos, if available.
 - I would like to go to a training session or workshop.
 - Please call me to discuss my needs.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

Name of child, with vision and hearing loss: _____

If you have questions, please call MaryAnn Demchak at 784-6471 in the Reno area or toll free in Nevada at 877-621-5042

Please return this form to: MaryAnn Demchak • Nevada Dual Sensory Impairment Project
Department of Educational Specialties MS 299 • University of Nevada, Reno • Reno, NV 89557

