



South Carolina Interagency Deaf-Blind Project Interest Survey

Please complete the survey and return it to the South Carolina Interagency Deaf-Blind Project at 355 Cedar Springs Road, Spartanburg, SC 29302 in an envelope. This survey is to help us have a better understanding of your needs in order to best serve you.

1. What concerns do you have for your child? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> communicating with my child | <input type="checkbox"/> getting my child to play with toys |
| <input type="checkbox"/> getting my child to move around | <input type="checkbox"/> dressing, toileting, feeding |
| <input type="checkbox"/> interaction with family and peers | <input type="checkbox"/> post-high school planning |
| <input type="checkbox"/> finding recreation-leisure activities for my child | <input type="checkbox"/> health concerns |
| <input type="checkbox"/> an advocate for child's school service | <input type="checkbox"/> assistive/adaptive technology |
| <input type="checkbox"/> understanding what my child sees/hears | <input type="checkbox"/> work/employment skills |
| <input type="checkbox"/> school work/grades | <input type="checkbox"/> making friends |
| <input type="checkbox"/> independent living/community skills | |
| <input type="checkbox"/> other _____ | |

2. What is your biggest challenge as a person working with/raising a child that has a dual sensory loss?

3. What service(s) may be useful to you? Check all that apply.

I would like to:

- Receive the Trellis newsletter
- Talk to someone about my child
- Receive a school or home visit from the project
- Receive materials (i.e. books, articles) about deaf-blindness
- Receive training on:
 - Communication (i.e. matrix, American Sign Language)
 - Vision Hearing IEP/IFSP
 - Accommodations (i.e. hearing devices, braille, large print)
- Develop a network with other people in the deaf- blindness field (i.e. parents, professionals)
- Learn of agencies and organization who work closely with people who are deaf-blind
- Be a part of a support group (i.e. professional organization, volunteer)

Name: _____

Child's Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____