



Deafblind Project Services Needs Assessment

You have received this Project Services Needs Assessment because you have been identified as someone who knows and supports a child or youth with deafblindness. The purpose is to gather information from you as a consumer or potential consumer of the services provided by your state deaf-blind project: New Jersey Center for Deafblindness (NJCDB).

NJCDB is a statewide project that provides expert support for the unique educational needs of students who are Deafblind, their families and school personnel. The project offers a menu of professional development activities including anchored technical assistance (both on-site and virtual), specialized topical training, and information /resources.

We would like to know, how we can best meet your individual needs related to information, resources, training, and individualized support. Your responses will be combined with others to provide us information about the most effective ways to meet the needs of students who are deaf-blind and those who support them, across our state.

Please respond to all items that relate to services you have received or would like to receive from our NJ Deafblind Project (NJCDB).

Thank you in advance for your time and assistance.

If you would like to be contacted or receive further information about NJCDB, please provide your contact information: (All information will be kept confidential)

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your E-Mail Address: _____

Add me to your e-mail list Yes No

Demographics (Information about YOU)

Check items that best describe you.

<input type="checkbox"/> Parent / Family Member	<input type="checkbox"/> Individual who is Deafblind	<input type="checkbox"/> Special Ed. Teacher
<input type="checkbox"/> School Administrator	<input type="checkbox"/> Related Services Provider	<input type="checkbox"/> Teacher of Visually Imp.
<input type="checkbox"/> Teacher of the Deaf	<input type="checkbox"/> Deafblind Intervener	<input type="checkbox"/> Paraprofessional
<input type="checkbox"/> Early Intervention Provider	<input type="checkbox"/> General Education Teacher	<input type="checkbox"/> Adult Services Provider
<input type="checkbox"/> Other		

Where do you live? (Professionals: Where is your agency or school located?)

- | | |
|--|--|
| <input type="checkbox"/> Northern New Jersey | <input type="checkbox"/> Southern New Jersey |
| <input type="checkbox"/> Central New Jersey | <input type="checkbox"/> Jersey Shore |

What is your ethnicity? (Families only)

- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White (not Hispanic) |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Middle Eastern/North Africa | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Native American including Native Alaskan | <input type="checkbox"/> Prefer not to answer |

In what type of community do you live? (Professionals: Where is your agency or school located?)

- Urban
 Rural
 Suburban

What is the primary language used in the home, regardless of the language spoken by the child/student? _____

What is the language most often spoken/used by the student? _____

What is the language the child/student first acquired? _____

What is the age of the student(s) that you are involved with? (Professionals only)

- Early Intervention (birth to 3 years) Middle / High School Student (13 to 18 years)
 Early Childhood (3 to 5 years)
 School-Age Children (6 to 12 years) Young Adults (18-21 years)
 Adults (22-26 years)

NJCDB Project Services

Have you ever requested services from the NJCDB/NJ Deaf-Blind Project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If you responded "Yes," to #1, did you receive services you requested in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Identify the type of the services you received (check all that apply):					
<input type="checkbox"/> Attended a training (in-person) <input type="checkbox"/> Participated in a web-based training Received information from an email listserv <input type="checkbox"/> Received a response from an email inquiry <input type="checkbox"/> Received a response from a telephone inquiry	<input type="checkbox"/> Received onsite (home/school/community) technical assistance on behalf of a child or youth with deaf-blindness <input type="checkbox"/> Received hard copy print materials either at a training/technical assistance activity or through the U.S. Mail or E-mail				
To what extent were the services provided relevant?	5 Excellent	4 Good	3 Neutral	2 Fair	1 Poor
To what extent were the services provided useful?	5 Excellent	4 Good	3 Neutral	2 Fair	1 Poor
To what extent were the services provided of high quality?	5 Excellent	4 Good	3 Neutral	2 Fair	1 Poor
(Professionals only) Were the services provided cost effective?	5 Excellent	4 Good	3 Neutral	2 Fair	1 Poor
Were the intended outcomes of the service achieved	5 Excellent	4 Good	3 Neutral	2 Fair	1 Poor
Comments (optional):					

Listed below are topics relevant to children and youth who are deaf-blind. Please select topics that are of interest or value to you:

Deafblindness

- ___ Definitions & causes of deaf-blindness
 ___ Information about specific conditions associated with deafblindness.
 ___ Understanding hearing and hearing loss
 ___ Understanding vision and vision loss
 ___ Understanding cortical visual impairment
 ___ Introduction to the intervener model of individualized support of a student with deafblindness in home, school, and community environments
 ___ Complete Intervener training series w/ project certification
 ___ Deaf-blind sign language interpreting
 ___ Communication Development
 ___ Transition Services and Postsecondary Supports

Deafblindness and Early Childhood (birth to 5 years)

- Developmental implications of deafblindness
- Understanding the sensory/perceptual world of the young child who is deaf-blind
- Concept development in young children who are deaf-blind
- Communication and language acquisition in young children who are deaf-blind
- Early Learning Approaches for young children who are deaf-blind (concept development, use of the “little room,” resonance boards, etc.)
- Early/emergent literacy for young children who are deaf-blind
- IFSP development and/or IEP development
- Identification and assessment of children who are deaf-blind, including the importance of utilizing the title/category, “deaf-blind”
- Transition from preschool to kindergarten for children who are deaf-blind.

Deafblindness and School-Age Children (6 to 12 years)

- Understanding the importance of full access to communication and language in the child who is deaf-blind
- Understanding the relationship between communication & behavior and positive behavioral support
- Communication approaches for children who are deaf-blind
- Reading and responding to the child’s communication signals and use of communication cues within a child’s natural routines
- Calendar systems for students who are deaf-blind
- Tangible communication systems (object symbols, picture symbols, tactile symbols, etc.)
- Literacy for students who are deaf-blind
- Tactile learning approaches and Braille literacy
- Instructional strategies and classroom modifications to assure full access to instruction for students who are deaf-blind
- Identification and assessment of students who are deaf-blind, including the importance of utilizing the category “deaf-blind”
- Individualized support for students who are deaf-blind in home, school, and/or community settings – interveners and/or interpreters
- IEP development and curricular considerations for students who are deaf-blind
- Fostering social relationships and emotional well-being in children who are deaf-blind.

Deafblindness and the Middle / High School Student or Young Adult (13 to 21 years)

- | | |
|--|---|
| <input type="checkbox"/> Person-Centered Planning | <input type="checkbox"/> Community access for adults who are deaf-blind |
| <input type="checkbox"/> Self-determination / Advocacy | <input type="checkbox"/> Support people for young adults who are deaf-blind – interveners, SSPs, interpreters |
| <input type="checkbox"/> Vocational and career exploration | <input type="checkbox"/> Navigating the adult service system – moving from entitlement to education to eligibility for services |
| <input type="checkbox"/> Transition from high school to adult life | |
| <input type="checkbox"/> Transition from high school to employment | |
| <input type="checkbox"/> Transition from high school to college | |

Topics not included in the above list can be listed here:

- Other (_____)
- Other (_____)
- Other (_____)

Please list three (3) of your most pressing concerns for your child/student with deafblindness:

1. _____
2. _____
3. _____

To best support your needs, please select your preferred method to receive assistance from NJCDB. Select all that apply.

- I would like to attend trainings or meetings at a centralized location within the state.
- I would like to attend trainings or meetings at a local training site (i.e., the child’s school, local library, etc.).

- ___ I would like for deaf-blind project staff member to provide technical assistance or consultation in the child’s school, at the child’s home, or in the child’s community.
- ___ I would like to participate in video conferencing.
- ___ I would participate in web-based training on a specific day and time (pre-schedule).
- ___ I would participate in web-based training that has been pre-recorded and can be accessed any time.
- ___ I would prefer to read articles and books or visit reputable and user-friendly online resources.
- ___ I would like for a staff member of NJCDB to call me or e-mail me to discuss project services and information I would like to receive.
- ___ I would like for a staff member of NJCDB to come to my home to discuss project services and information I would like to receive
- ___ I would like to receive information through the mail regarding project information and trainings.
- ___ I would like to receive information through email regarding project information and trainings.

Networking Opportunities

	5	4	3	2	1
	Very valuable	Valuable	Neutral	Of little value	Not at all valuable
To what extent do you value the opportunity to network with other parents or other professionals?					
To what extent would you be willing to network with other parents or other professionals?					
In what ways would you be likely to participate in networking opportunities?	<input type="checkbox"/> Virtual meeting <input type="checkbox"/> Telephone conference <input type="checkbox"/> Face-to-face meeting				

Meeting Attendance Time

What time are you most likely to attend? (Check one.)

- ___ I would attend on weekday mornings. ___ I would attend on weekday evenings.
- ___ I would attend on weekday afternoons. ___ I would attend on weekends.

Special Programs / Opportunities

Parents and Families	Professionals
Would your family be interested in learning more about our Dad’s/Co-Parent Group? ___ Yes ___ No	Would you be interested in participating in an Educators’ Network focused on DeafBlindness? Yes No
Would you be interested in becoming a Parent Leader? ___ Yes ___ No	
Would you be interested in attending specific parent groups (e.g. CHARGE Syndrome)? ___ Yes ___ No	
Would you be interested in attending monthly family support calls? ___ Yes ___ No	

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