

Providing Technical Assistance and Support to Underserved & Underrepresented Populations

Co-sponsored by
Perkins Training & Educational Resources Program and
the National Consortium on Deaf-Blindness

STATE TEAM APPLICATION

For online submission: <http://www.surveygizmo.com/s/251004/state-team-application>

State: _____

Team Contact Person: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Teams may be made up of 3 - 5 people. To apply, teams must have commitments from at least three (3) of the representatives on the following list prior to applying. A representative from the state deaf-blind project is a requirement. Please list the name and email of each team member.

Team member commitments:

1) State Deaf-Blind Project

Name: _____ E-mail: _____

2) State Deaf-Blind Project Family Specialist

Name: _____ E-mail: _____

3) State Parent Training and Information Center (PTI)

Name: _____ E-mail: _____

4) National Family Association of Deaf-Blind (NFADB) or state affiliate group

Name: _____ E-mail: _____

5) Nat'l Assoc. for Parents of Children with Visual Impairments (NAPVI) or state affiliate group

Name: _____ E-mail: _____

6) Statewide parent group w/ focus on children who are deaf-blind, blind, visually impaired)

Name: _____ E-mail: _____

Application Submission:

Fax: 503-838-8150

Email: daviesp@wou.edu

DUE BY APRIL 2, 2010