BRAILLE MENTOR APPLICATION

Directions: Down arrow and hit your end key to listen and answer the question

If you have difficulties completing this form, please call Debbie or Marianne at the numbers below.

Name:

Email:

Home Phone:

Cell Phone:

Street Address:

City:

State:

Zip Code:

Do you have unlimited long distance phone service?

Visual Diagnosis

Are you diabetic?

How long have you been reading Braille?

How long have you been writing Braille?

Do you feel confident you can teach uncontracted UEB Braille?

Once completed, please return to Debbie or Marianne.

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Phone: (513) 6076053 or

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