**Train-the-Trainers Program**

**Telecommunications Equipment Training Seminar**

**August 13-17, 2012**

*The training seminar is provided by*

*the Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC)*

**Application**

**Must be returned to** **Doris.Markham@hknc.org**

**no later than July 16, 2012**

Full Name:

Company:

Title:

Address 1:

Address 2:

City:

State, Zip Code:

TTY Number:

Text/Cell Number:

Video Phone Number:

Voice Phone Number:

Fax Number:

E-mail Address:

**Work History**

Please list up to two jobs you have held in the past three years.

Company Name:

Starting Date:

Ending Date:

Title:

Company Name:

Starting Date:

Ending Date:

Title:

**Education Background**

In each section below, please check the option that best describes your education and background.

1. Highest Degree

\_\_ High School

\_\_ Associates Degree

\_\_ Bachelor’s Degree

\_\_ Master’s Degree

\_\_ Doctorate

2. Please list below, any adaptive technology (AT) or related technology training you have received:

A.

B.

C.

**In order to determine your skill level for this specific training seminar, please carefully read requirements under each of the three (3) skill levels:**

1. **Basic: has the knowledge about braille, deaf-blindness, computers and technologies in general, and the requirements for successful service deliveries to consumers.**
2. **Intermediate: has the knowledge about braille, American sign language (ASL), deaf-blindness, computer software/hardware, different operating systems, shortcut keys, working with a variety of adaptive technology equipment, requirements for successful service deliveries to consumers, teaching consumers to use equipment, and writing technology evaluation and training reports.**
3. **Advanced: has the knowledge about braille, American sign language (ASL), deaf-blindness, computer software/hardware, different operating systems, shortcut keys, working with a variety of adaptive technology equipment, requirements for successful service deliveries to consumers, teaching consumers to use equipment, writing technology evaluation and training reports, troubleshooting various technical difficulties, installations of complex software programs/drivers and hardware components, and development of training materials.**

**Competency Part I -** Knowledge about deaf-blindness

1. Experience working with deaf-blind people (please check ONE that applies to you):

\_\_ yes

\_\_ some

\_\_ no

2. Communication methods you already know (please check all that apply to you):

\_\_ fluent American Sign Language (ASL)

\_\_ some ASL

\_\_ fingerspelling and several signs

\_\_ none at all

1. Experience using an interpreter to communicate with deaf-blind people if you do not have signing skills (please check ONE that applies to you):

\_\_ on a regular basis

\_\_ limited

\_\_ none

\_\_ not applicable

1. Type of braille you already know (please check all that apply to you):

\_\_ computer braille code (CBC)

\_\_ uncontracted braille

\_\_ contracted braille

>> Nemeth code

\_\_ none

1. Screen magnification software used to enlarge text and to adjust colors on computer screens (please check all that apply to you):

\_\_ color contrast

\_\_ zoom-in and -out functions

\_\_ magnification levels

\_\_ mouse pointer color and size enhancements

\_\_ none

**Competency Part II -** Telecommunications equipment skills acquired

1. Years of experience in using telecommunications equipment (please check ONE that applies to you):

\_\_ 1-2

\_\_ 2-plus

2. Purpose in using your telecommunications equipment (please check all that apply to you):

\_\_ for TTY calls via landline

\_\_ for TTY calls via web/computer and/or instant messaging programs

\_\_ for relay calls via landline

\_\_ for relay calls via web/computer and/or instant messaging programs

\_\_ for video phone (VP) and/or video relay service (VRS) calls

\_\_ for text messaging

\_\_ for instant messaging

\_\_ for e-mail

\_\_ for Internet surfing

\_\_ other

If other, please explain here:

**Competency Part III - Competency level in each area mentioned below**

In each section below, please write in capital letters yes if you know how to perform a task comfortably and successfully and no if you have just tried a task but are not sure how to perform it comfortably and successfully.

1. TTY calls via landline and web/instant messaging programs

\_\_\_\_ steps to start the operation of the equipment

\_\_\_\_ steps to dial and receive calls

\_\_\_\_ steps for both parties to take turns to carry on conversations between them

\_\_\_\_ steps to adjust colors/fonts for low vision users

\_\_\_\_ steps to complete calls and save conversations

2. Relay calls via landline and web/instant messaging programs

\_\_\_\_ steps to start the operation of the equipment

\_\_\_\_ steps to dial and receive calls

\_\_\_\_ steps to give communication assistants (CAs) instructions on placing calls/adjusting typing speed

\_\_\_\_ steps for both parties to take turns to carry on conversations between them

\_\_\_\_ steps to adjust colors/fonts for low vision users

\_\_\_\_ steps to complete calls and save conversations

3. VP/VRS calls via standalone equipment and computers with webcams

\_\_\_\_ steps to start the operation of the equipment

\_\_\_\_ steps to dial and receive calls

\_\_\_\_ steps to adjust video focus and lighting

\_\_\_\_ steps to give interpreters instructions on placing calls/adjusting signing speed

\_\_\_\_ steps for both parties to take turns to carry on conversations between them

\_\_\_\_ steps to request changing the background/attires with color contrast

\_\_\_\_ steps to complete calls and save conversations

4. Text messaging

\_\_\_\_ steps to start the operation of the equipment

\_\_\_\_ steps to enter numbers and send/receive messages

\_\_\_\_ steps for both parties to take turns to carry on conversations between them

\_\_\_\_ steps to adjust colors/fonts for low vision users

\_\_\_\_ steps to complete communication and save conversations

5. Instant messaging

\_\_\_\_ steps to launch a selected instant messaging program

\_\_\_\_ steps to enter/view contact info

\_\_\_\_ steps to start chats

\_\_\_\_ steps for both parties to take turns to carry on conversations between them

\_\_\_\_ steps to adjust colors/fonts for low vision users

\_\_\_\_ steps to complete communication and save conversations

6. E-mail

\_\_\_\_ steps to write/read/reply/forward/delete e-mails

\_\_\_\_ steps to create/move e-mail folders

\_\_\_\_ steps to attach/open file attachments

\_\_\_\_ steps to insert e-mail addresses from the address book

7. Internet

\_\_\_\_ steps to enter web addresses

\_\_\_\_ steps to save web addresses into the Favorites folder

\_\_\_\_ steps to move from page to page

\_\_\_\_ steps to fill out forms online

8. Wireless and Ethernet connectivity

\_\_\_\_ steps to configure wireless and Ethernet connections

\_\_\_\_ steps to scan and save found wireless hot spots

**Competency Part IV -** Telecommunications equipment teaching skills

Many AT trainers have had experiences in training others to use telecommunications equipment, but perhaps they need better guidance in effectively using teaching tools or writing reports. In this section, please rate one of the options below:

1. Curriculum (instructional plan) writing

\_\_ Need improvement

\_\_ Good

\_\_ Excellent

2. Lesson plan development

\_\_ Need improvement

\_\_ Good

\_\_ Excellent

3. Direct instruction

\_\_ Need improvement

\_\_ Good

\_\_ Excellent

4. Evaluation report writing

\_\_ Need improvement

\_\_ Good

\_\_ Excellent

5. Training report writing

\_\_ Need improvement

\_\_ Good

\_\_ Excellent

Expectations for this telecommunications equipment training seminar for AT trainers:

1. Why would you like to participate in this training seminar?

2. Which areas of training competency would you prefer be the focus of this seminar?

3. What do you expect to gain from this training seminar?

1. What is your preferred format to access information, please check one of the options below:

\_\_ regular print

\_\_ large print (please identify exact font size and type)

\_\_ CD

\_\_ USB flash drive

\_\_ e-mail

1. What vision condition do you have, please check one of the options below:

\_\_ tunnel vision

\_\_ close vision

\_\_ blind

\_\_ none

1. What hearing condition do you have, please check one of the options below:

\_\_ Deaf

\_\_ hard-of-hearing and can understand speech

\_\_ hard-of-hearing but cannot understand speech

\_\_ none

1. What is your preference for communication, please check one of the options below:

\_\_ ASL (Deaf school sign language)

\_\_ PSE (English sign and ASL mixed)

\_\_ English sign

\_\_ fingerspelling only

\_\_ speak and listen to speech

\_\_ speak and use sign language

1. What type of interpreting service do you require if any, please check one of the options below:

\_\_ platform interpreter

\_\_ tactile interpreter

\_\_ close visual interpreter

\_\_ tactile or close vision depending on lighting

\_\_ FM System/voice interpreter

\_\_ read/type on computer or CART

\_\_ other

1. If tactile, how do you receive with, please check one of the options below:

\_\_ left hand

\_\_ right hand

\_\_ both

1. What dietary restrictions do you have, please check one of the options below:

\_\_ vegan (NO meat, NO dairy, NO cheese, NO eggs)

\_\_ vegetarian (NO meat but YES dairy, cheese, eggs)

\_\_ vegetarian and fish/seafood (NO meat but YES fish/seafood, dairy, cheese, eggs)

\_\_ white meat (chicken, turkey, pork, dairy, cheese, eggs)

1. Do you have any food allergies, please check one of the options below:

\_\_ yes (if you marked yes, please describe):

\_\_ no

*Note: The kitchen staff can prepare meals for vegans, vegetarians, and people on some special diets. However, if you have any dietary needs that might not normally be included in a meal, you are responsible for bringing or buying what you need.*

Please e-mail this completed questionnaire to Doris Markham at **doris.markham@hknc.org** no later than Friday, July 27, 2012