

Emerging Community; Emerging Techniques

Deaf-Blind Training Weekend

Hosted by: The North Carolina Deaf-Blind Associates

WHEN:

August 5 – 7, 2016

Starting Friday at 4:30pm & Ending 4:00pm Sunday

Registration deadline: July 1, 2016

WHERE

The Summit at Haw River State Park

339 Conference Center Drive, Brown Summit, NC 27214

PURPOSE: This weekend course is for those seeking to become qualified in working with Deaf-Blind individuals as interpreters or Support Service Providers (SSPs)

OBJECTIVES: (2.0 CEUs including pre-work)

- Overview of Deaf-Blindness and Communication Modalities
- SSP and Deaf-Blind Interpreter roles and responsibilities
- Human Guiding Techniques
- Prioritizing and Providing Visual Information
- Touch Signals
- Linguistics and Tactile ASL Modifications
- Logistics and Coordinating communication support for a diverse Deaf-Blind audience and much more...

PRESENTERS:

ASHLEY BENTON, LCSW, MSW - DSDHH DEAF/DEAF-BLIND SERVICES COORDINATOR
JEFF TRADER, NCICS: A, RID CI & CT - SIGN LANGUAGE INTERPRETER
MARILYN TRADER, MSW - HKNC SOUTHEAST REGIONAL REPRESENTATIVE
LEE WILLIAMSON, NCICS: A, RID CI & CT-DSDHH COMMUNICATIONS ACCESS
MANAGER

SIGN LANGUAGE INTERPRETERS WILL BE PROVIDED
VOICING AND SIGHTING

ATTN:
INTERPRETERS &
SERVICE PROVIDERS

COST COVERS REGISTRATION,
LODGING, MEALS

Commuter: \$125 (not staying on
campus, all meals provided
except breakfast)

Double room rate: \$225
(sharing a room)

Single room rate: \$265 (no
roommate)

HOW TO REGISTER:

FILL OUT THE REGISTRATION FORM
ON THE BACK AND RETURN TO
DSDHH. ANY QUESTIONS
REGARDING THIS EVENT, PLEASE
EMAIL:

JANETTA.HALL@DHHS.NC.GOV

BENEFITING

The NCDDBA, DB Community,
Professionals & Service
Providers



Services for the Deaf
and the Hard of Hearing
HEALTH AND HUMAN SERVICES

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REGISTRATION FORM
Must be received by July 1, 2016

Name: _____

Street Address: _____ **City:** _____ **State:** _____

Home Phone: _____ **(V), (VP) Cell Phone:** _____

Special Accommodations: _____

Registration:

Commuter: _____ **Single Room:** _____ **Double Room:** _____

****Please make check out to NCDBA*****

Mail Registration:

DSDHH

c/o Janetta Hall

2301 Mail Service Center

Raleigh, NC 27699-2301

*** Upon receipt of this your registration a confirmation letter will be sent with further instructions pertaining planning for this event.**

