

Application for Sound START Training

Belief Statements:

- Family Centered
- Collaboration: will establish collaborative relationships with families, service providers, networks, audiologists, medical professionals
- Ethical: uses best practice in the field of early intervention and infants/toddlers with hearing loss

Goal: By training one key person to train/coach others in networks, Sound START will distribute the knowledge and create a repository of knowledge and skills within networks so that no one person carries all of the knowledge and skills. By training/coaching internally, new service providers can quickly be trained/ coached.

Completion of this training will prepare service providers to train/coach other staff in specific areas of assessment, communication/ language, and technology related to working with families who have an infant or toddler with a hearing loss. Training will be provided by experienced professionals in the fields of deaf education, speech/language pathology, audiology and early childhood special education.

Participants:

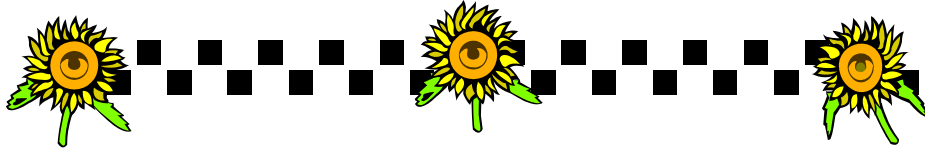
Fifteen service providers who represent urban, small urban and rural areas of Kansas who are currently working with families who have an infant or toddler with a hearing loss or express an interest in working with this population.

Service providers:

- Agree to participate in the three two-day sessions.
- Agree to train/coach other service providers and provide documentation of this training/coaching.
- Agree to participate in technical assistance following the training. (Teleconferencing, e-mail, phone calls, etc) and provide documentation.
- Will be responsible for arranging their lodging during Session One and Two and some meals.
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Stipends of a minimum of \$150 for each session of two-day trainings will be available. This stipend covers your travel, some lodging expenses and any meals not provided by Sound START. Participants will receive copies of assessments, curriculums, handouts and references.

Please return the signed application to Carol Busch, Kansas State School for the Deaf, 450 E. Park, Olathe, KS 66061 by Friday, January 15, 2010.



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Participant Information:

Name: _____

Network: _____

Do you work with the coaching model? _____yes _____no

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Profession: _____

Dietary needs/food allergies: _____

Please list coursework related to hearing loss. (Including lectures & conferences)

Please describe your experiences working with families who have an infant/toddler with a hearing loss.

I agree to the requirements listed on page one.

Signature

Date

For Official use only:

Date Received: _____

Date Notified of Acceptance: _____