



The Chicago Lighthouse
for People Who Are Blind
or Visually Impaired



**HELEN KELLER
NATIONAL CENTER
NORTH CENTRAL
REGION**

3rd Annual Deaf-Blind Retreat ITP students, Interpreters, and Interested Individuals Registration Form June 9 – 12, 2010

*Hands-on Experience Workshops for Consumers,
Interpreters and Interpreter Training Program (ITP) Students*
ITP students, Interpreters and Interested individuals - Come
for an exciting four-day retreat with your peers and meet new faces!
Fun filled activities and educational workshops await you at our
Deaf-Blind Retreat which will cover:

- Meeting and socializing with Deaf-Blind individuals as well as learning how to communicate and interpret for Deaf-Blind individuals (HANDS ON experience of becoming a Social Service Provider (SSP))
- Learning necessary skills and techniques to work with individuals with vision and hearing loss
- Participate in SSP support group.
- Working with Deaf-Blind individuals with different ranges of communication modes
- Learning to work with Deaf-Blind who use guide dogs
- Learning interpreting techniques and strategies designed for the Deaf-Blind such as tracking in a restricted field of vision and tactile interpreting
- Participating in fun activities with Deaf-Blind individuals such as:
 - Swimming
 - Massaging
 - Shopping
 - Going out to dinner
 - Field trip
 - Educational workshops

CEU's will be given to those completing their assignments and attending this full retreat.

Continuing Education Units: Illinois Deaf and Hard of Hard Commission is approved by the RID CMP to sponsor or co-sponsor Continuing Education Activities. This program is offered for 3.8 CEUs/ACET credits in the content area of Professional Studies and has an instructional level of Intermediate. Q.A. Units will be earned at the rate of 38 hours for the full weekend.

HURRY AND REGISTER
Space is limited!
At-Door Registration will not be accepted.

Date and Location

Wednesday, June 9 – Saturday, June 12, 2010
Illinois School for the Visually Impaired (ISVI)
658 East State Street
Jacksonville, IL 62650

Transportation

You are responsible for making travel arrangements. However, we will provide transportation TO/FROM ISVI (in Jacksonville) and TO/FROM Amtrak and the airport (in Springfield) at the fee of \$20. You are responsible for contacting us ahead of time with a specific time and information if you need our assistance with transportation (by June 7th so we may schedule accordingly). You may contact either
Mindy at mindy.mayer@chicagolighthouse.org or
Joann Rushing (312) 666-1331 Ext 3415 (voice) or (815) 922-5938 (voice).

Registration Information

The Fee/Cost of the Retreat is \$55.00 including:

- 4-day experience
- 8 meals
- 3 nights of lodging
- materials

***** If you also want to earn CEU's, the fee will be an additional \$45.00 total \$100.00*****

APPLICATION DEADLINE: APRIL 30, 2010

Send application to:
Deaf-Blind Program
The Chicago Lighthouse
1850 W. Roosevelt Rd
Chicago, IL 60608

Make check/money order payable to: The Chicago Lighthouse

**LATE Registration without CEU's(after April 30th) will be \$105.00
($\$50.00 + \$55.00 = \$105.00$)**

**LATE Registration including CEU's (after April 30th) will be \$150.00
($\$100.00 + \$50.00 = \$150.00$)**

Sign-in begins at 9:30 AM on Wednesday, June 9th. The REQUIRED training session begins at 11:00 AM. Please allow enough time to sign-in and unpack.

***The event concludes on Saturday afternoon
All sessions attendance is REQUIRED***

CANCELLATION POLICY: If you need to cancel your registration, please send an email to deafblindinfo@chicagolighthouse.org . Please consider donating your registration refund to IL DBWR. All donations are tax-deductible. Refund requests will be handled on an individual basis.

Workshop Information:

- ❖ **Interpreter appropriate clothing is required at all times. This means plain shirts with no prints, stripes, or plaids. Shirts must contrast with skin tones – i.e. light-skinned persons wear black, navy blue, or forest green. Dark-skinned persons wear cream or pastel blues/yellows/greens. No shades of RED and white colored tops are to be worn. Please – no sleeveless or V-neck shirts.**
- ❖ **Housing is dormitory style. Participants will share a suite with (2) bedrooms, (2 to a bedroom) and a shared bathroom. Participants must bring their own sheets (flat), towels, and washcloths. Pillows and blankets are provided. Participants must bring own toiletry items as desired: bath soap, shampoo, hair dryers, shavers, and curling irons.**
- ❖ **Roommates may be requested, however ALL roommates MUST make the same request to room together for the request to be honored. Every attempt will be made to honor request, but placement cannot be guaranteed.**
- ❖ **ISVI is a drug, alcohol and smoke-free state operated facility. If caught with drugs or alcohol, you will be subject to arrest and be removed from campus. Smoking is only allowed on the outside perimeters of the campus, such as sidewalks, but not allowed on campus sidewalks.**
- ❖ **Parking is available on the parking lot, northwest of the campus.**
- ❖ **For the safety of Deaf-Blind participants, interpreters and ITP students are expected to remain at ISVI at all times. Unscheduled trips off-campus are not permitted.**

Workshop Co-Sponsors:

The Chicago Lighthouse for People Who Are Blind or Visually Impaired

Helen Keller National Center

Illinois School for the Visually Impaired

Illinois School for the Deaf

Jacksonville Area Center for Independent Living

Jacksonville Community Center for the Deaf

Illinois Telecommunication Access Corporation

Collaborative for the Advancement of Teaching Interpreters Excellence

Illinois Deaf and Hard of Hearing Commission

DEAF-BLIND INTERPRETERS REGISTRATION FORM

3rd Annual Deaf-Blind Workshop Retreat

Registration forms must be postmarked NO LATER than April 30, 2010

1. Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone () _____ V / TTY Email/Pager _____

VP or IP _____

2. Regular Diet _____ Special Diet (please explain): _____

3. Requested Roommate: _____
(Anyone requesting to room together must request each other)

4. Smoker: Yes _____ No _____

5. Match with a smoker? Yes _____ No _____ Does not matter _____

6. Certified in CPR: _____ No _____ Yes - Submit copy of card

7. Registration Fee \$55.00 _____ \$100.00 (CEUs) _____

Transportation Fee \$20.00 _____

8. Circle which best describes you:

Hearing

Hard of Hearing

Deaf

9. Describe your interpreting experiences with individuals who are Deaf-Blind:

10. Please mark specific types of experiences you have had working or interacting with Deaf-Blind individuals. Check all that apply:

Tactile___ Tracking___ Restricted field___

Sighted guide___ Guide dogs___ Other_____

11. Are you currently enrolled in an Interpreter Training Program?

Yes _____ or No _____

12. If yes, which Interpreter Training Program? _____

13. Did you graduate from an Interpreter Training Program? Yes or No

14. Do you have? RID___ NAD___ CDI___ EIPA___ ACCI___ ISAS___ Other___

15. Do you have Illinois Interpreter License?

Silver_____ Green_____ Yellow_____ Red_____

Sign Language

16. Which communication modes are you comfortable with? Check all that apply.

ASL___ PSE___ SEE___ Fingerspelling only (no sign)___ Tactile___ Tracking___

17. How would you describe your skills?

Fluent___ Advanced___ Intermediate___ Eager Beginner___

18. If you are hard of hearing, are you comfortable performing voice interpreting?

Yes _____ No _____

19. Are you: ITP Student Interpreter Interested Individual Observer

20. Why are you interested to participate this retreat?

***Please remember to mail your REGISTRATION FORM,
CHECK/MONEY ORDER AND YOUR EMERGENCY
INFORMATION FORM BY APRIL 30TH.***

Upon receipt of your registration, and emergency/medical form, along with your registration fee; our office will send the following after consideration and approval:

- **Acceptance letter**
- **Directions to Illinois School for the Visually Impaired (ISVI)**
- **List of workshop presenters**
- **Tentative 4 day schedule**
- **“What to Bring” checklist**

