

Recognition of Achievement for Best Practices in Teaching Spoken Language to Children who are Deaf/HH

An educational opportunity presented by:

BEGINNINGS

CCCDP/CASTLE- UNC

Department of Public Instruction (DPI)

Office of Education Services (OES)

Project EAR- East Carolina University

Description:

What is it: A program to recognize the dedication and commitment to continuing education in the field of deaf education and development of listening and spoken language skills.

Who is it for: Certified teachers of the Deaf/HH, Speech-Language Pathologists, Audiologists, and Early Interventionists in the state of North Carolina.

Application

You will need to retain a copy of this application for your records. You will continue to complete as you finish each of the requirements. You will turn it in again at the end of the training once all components are completed.

All components must be completed in 5 years.

Name: _____ Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone (H): _____ (W) _____

Fax: _____ Date of Application: _____

Workshop Component

There are both workshop and coaching requirements of completion. Please list date of completion beside the following modules/ workshops. Please note: Auditory Function Module, Typical Language Development/ Spoken Language Module and at least one Bloom Lahey course must be completed prior to beginning coaching.

Required Modules:

_____ Auditory Function

_____ Typical Language Development/ Spoken Language Module

_____ CI & Audiology Module

_____ Developing Proactive Parent/Professional Partnerships
(or Parent Guidance Module)

Required Modules (cont):

_____ Mainstreaming

_____ Bloom Lahey I

_____ Bloom Lahey II

_____ Bloom Lahey III

Elective Courses (complete 3): options include: Language Facilitation, Literacy, Speech Babble, Multiple Disabilities and the HI population, Sentence Level Application, What to do While Waiting

_____ Elective 1: _____

approved by _____

_____ Elective 2: _____

approved by _____

_____ Elective 3: _____

approved by _____

* If elective not one of the ones listed above, make sure to have your coach sign off on it as an approved elective.

Coaching Component

If you have a preference for a coach please list that person here: _____

Please date and have your coach sign for your ten coaching sessions.

<u>Session</u>	<u>Date</u>	<u>Coach Signature</u>
# 1	_____	_____
# 2	_____	_____
# 3	_____	_____
# 4	_____	_____
# 5	_____	_____
# 6	_____	_____
# 7	_____	_____
# 8	_____	_____
# 9	_____	_____
# 10	_____	_____

Payment*

Participation in this program is FREE to all NC professionals

Questions

Any questions please contact:

Hannah Eskridge, CASTLE, 919-419-1428, heskridg@unch.unc.edu or

Krista Heavner, OES, Resource Support Program, 704-483-4423, kheavner@dhhs.nc.gov

Please email completed application to :

Robert Humphreys rhumphre@unch.unc.edu

Or mail to:

CASTLE

Attn: Robert Humphreys

5501 Fortune's Ridge Drive, Suite A

Durham, NC 27713

To be filled out by NC Consortium

Workshop Component Completed: _____

Coaching Component Completed: _____