



**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 7<sup>th</sup> so we may schedule accordingly). You may contact either Mindy at [mindy.mayer@chicagolighthouse.org](mailto: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***

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

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

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***Sign-in begins at 9:30 AM on Wednesday, June 9<sup>th</sup>. 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](mailto: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:

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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?

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

**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**

