



Associate Continuing Education Tracking Program

Eastern North Carolina Registry of Interpreters for the Deaf (ENCRID) Presents:

“Understanding Your Role in Working with the Deaf-Blind Population”

Presenter: Lea Moynihan

Deaf-Blind Services Specialist

Wilson Regional Center for the Deaf and Hard of Hearing

Saturday, August 21, 2010- 9AM-12PM, 1-3PM

Registration begins at 8:00 AM

\$30.00 ENCRID Members, \$40.00 Non-members, \$20.00 Students

Deadline for early registration is August 13, 2010

After August 13, 2010 or onsite registration fee will be \$50.00

Lunch is included in the registration fees

Interpreters will be provided

The workshop will be held at

Wilson Community College (WCC)

902 Herring Avenue, Wilson, NC 27893

Room E102 (behind the Auditorium)

Workshop Description: This training is for CDI's, interpreters, ITP students, and deaf individuals. This workshop will cover the areas of the various types of vision loss, communication modalities used in the Deaf-Blind community, various methods of interpreting, understanding the expansion of role while interpreting, and will allow hands-on experience in interpreting for Deaf-Blind individuals.

Workshop Objectives:

- 1) Develop a basic understanding of vision loss and behaviors associated with it
- 2) Demonstrate a variety of communication modes used by deaf-blind
- 3) Develop skills in close vision and tactile signing, as well as copy signing
- 4) Develop a better understanding of Support Service Provider (SSP) during interpreting

For Questions, contact Debbie Batts at 252-230-5081 or email to dbatts1@nc.rr.com
.5 RID CEU's will be provided in the Professional Studies category. This workshop is sponsored by NCRID. NCRID is an approved sponsor for Continuing Education activities. Some content knowledge is recommended.

***Cancellation Policy:** All refund requests for the workshop must be made in writing (postal or email Rhonda Smith at Terp4jc@yahoo.com). Refund requests must be postmarked by Friday, August 20. No refunds will be returned until 30 days after the completion of the workshop.*

Deaf-blind Workshop Registration Form

Please complete this form and mail, along with your registration fee (checks payable to **ENCRID**) to:

ENCRID
Rhonda Smith
2507 Lancaster Rd.
Wilson, NC 27896

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

FAX: _____

Certifications/Classifications Held:

Amount paid _____

FOR ENCRID USE ONLY: Received: _____ Cash: _____ Check (date/#): _____
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