

Appendix B.

**Email and Respondent
Assignment Page for Special
Education Directors**

Special Education Director Email:

Dear [Name].

Approximately a week, ago, you should have received a letter from the U.S. Department of Education that introduced the **National Evaluation of the Technical Assistance and Dissemination Program**. This study, sponsored by the Institute of Education Sciences, is part of a congressionally-mandated national assessment of the *Individuals with Disabilities Education Act of 2004 (IDEA)*. The purpose of the study is to provide policy-relevant information about the services provided by each of the 52 State Deaf-Blind projects and about the needs of providers working with students with deafblindness, also known as dual sensory impairment (DSI). The study is being conducted on behalf of the U.S. Department of Education by the Maryland-based organization, Westat.

You are receiving this email because one or more students with deafblindness/DSI attended [Name of school] during the 2013-14 school year, according to your state project, [Nickname of Project]. Please be aware that students identified with deafblindness do not necessarily have total vision and hearing loss. Children may have losses in varying degrees of severity. For example, one student may have low vision and mild to moderate hearing loss, and another student may be legally blind and have severe deafness. For our purpose, both students are considered deafblind, regardless of their eligibility category at your school.

We are conducting a survey of **individuals who provide services to children aged 6-21 with deafblindness**.

At this time, we need your assistance to identify all individuals who currently work with students with deafblindness at least on a weekly basis at [Name of school]. These may be teachers in general education or special educators, may be paraprofessionals or interveners, teachers of the visually impaired, interpreters, occupational therapists, and so on. They may be itinerant staff hired by your district. Regardless of their position, **this survey should only be completed by individuals who work directly with students with deafblindness this year**.

Each individual you identify will be asked to complete a brief, 15-25 minute web-based survey about their experiences working with students. As a token of our appreciation for completing the survey, we will send each respondent a \$20 gift code for Amazon immediately upon completion of the survey.

Please note that the information from the survey will *not* be presented in a way that could identify the respondent or your school. No identifying information will be obtained about any children. All information gathered for this study will be kept confidential and will only be used for research purposes. The information collected for this study will be used only for statistical purposes and may not be disclosed or used, in identifiable form, for any other purpose except as required by law (Public Law 107-279, Section 183).

Because this format is secure and confidential, you'll need to use a unique Username and Password to access the Respondent Assignment Page. Please go to www.tadeval.org and enter the following unique username and password.

Your unique User Name is: **XX**
Your Password is: **XX**

If you are uncertain whether you have a student with deafblindness, or do not know who works with students with deafblindness, you may forward this email to an individual who is able to identify these providers. They should go to www.tadeval.org and use the same credentials as identified above to access the Respondent Assignment Page.

If you have any questions about the survey, your participation, or experience any difficulties logging in, please contact either Tamara Daley (919-474-8038, tamaradaley@westat.com) or Tom Fiore (919-474-0349, thomasfiore@westat.com), or you may call the toll-free study hotline at 1-800-XXX-XXXX.

Thank you for your prompt attention to this survey. With your assistance, the U.S. Department of Education will gain valuable information about this unique population of students.

Paperwork Reduction Act of 1995

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this voluntary collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1850-New**. The time required to complete this information collection is estimated to average **5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4537. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Jonathan Jacobson, U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Suite 500J, Washington, D.C. 20208, or email jonathan.jacobson@ed.gov.

Respondent Assignment Page:

**Thank you for logging into the website for the
National Evaluation of the Technical Assistance and Dissemination Program**

For this survey, we are interested in the experiences of *providers* who work with students with deafblindness (also known as Dual Sensory Impairment).

We ask that you please assign this survey to all individuals who currently work with students with deafblindness in [school or district name] at least on a weekly basis.

In deciding whom to nominate, please carefully consider the following:

- Students with deafblindness may not be classified as “deafblind,” and few children who are considered deafblind have total vision and hearing losses.
- The individuals who provide services to these students can have any professional background. They may be teachers in general education or special educators; they may be paraprofessionals and interveners, teachers of the visually impaired, interpreters, occupational therapists, and so on. We really want to reach all providers who work with students with deafblindness, regardless of their background.
- The providers may be itinerant staff who are hired by your district.
- We are not necessarily looking for the staff who have the greatest number of years of experience, but rather, those who work with students with deafblindness, regardless of their tenure.
- Anyone you identify should be an individual who works with at least one student with deafblindness during the current year on at least a weekly basis.

The individuals whom you nominate will be asked to complete a web-based survey that will take between 15-25 minutes, depending on their responses. Participation in this survey will enable the study to provide policymakers with accurate and thorough information. As a token of our appreciation for completing the survey, we will send the staff members you nominate a \$20 gift certificate for Amazon upon completion of the survey.

For districts where TA Recipients have already been identified:

Below are the names of providers who have already been identified by [Nickname of Project] as individuals who have received child-specific support from the Project. Please add the name and email address of *all additional providers* who work with students with deafblindness on at least a weekly basis. You can add as many rows as needed.

For districts where children and youth are known to attend but no TA recipients have been identified:

Please add the name and email address of all providers who work with students with deafblindness on at least a weekly basis. You can add as many rows as needed.

Name	Email

Click [here](#) to add more rows.

Need help?

“I’m not sure if I have any students with deafblindness this year.”

You are not alone! You may have a student and not realize it. Here is some information about students with deafblindness that might help clarify:

- Very few children who are considered deafblind have total vision and hearing losses.
- Children may have losses in varying degrees of severity. For example, one student may have low vision and mild to moderate hearing loss, and another student may be both legally blind and have severe or profound deafness. For our purpose, both students are considered deafblind.
- The key feature of deafblindness is that the combination of losses limits access to auditory and visual information.
- Every state has a project or center that is focused on identifying students with deafblindness and providing assistance to teachers and families.
- A student identified by the state project as one with deafblindness does not have to receive services under the special education eligibility category of deafblind. He or she may be served under another IDEA category.

“I don’t know who are the individuals who work with students with deafblindness.”

- Can you identify someone who would know this information, for example, a lead special education teacher? If so, please forward the original email you received to that individual.
- Can you speak with a district special education staff member who may know who are the best people to complete the survey?
- If you cannot identify anyone whom you believe works with students with deafblindness, please email TADeVal@westat.com or call XXX-XXX-XXXX toll free.

“We did have a student with deafblindness but that student is no longer at our school. Therefore, I don’t have any providers who work with students with deafblindness this year.”

If this describes you, click [here](#) and this information will be processed by the study. Thank you!

If you need additional help or have questions, please email TADeVal@westat.com or call XXX-XXX-XXXX tollfree.