Maryland State Department of Education

Division of Rehabilitation Services

Needs Assessment for DeafBlind Consumers

The following supplemental needs assessment is provided for DORS staff who are serving DeafBlind consumers. It is meant to supplement the standard DORS forms and be used as needed. Sections can be skipped when they are not applicable.

Please contact the DeafBlind Specialist, Dr. Leo Yates, at leo.yates@maryland.gov with questions, referral needs, self-advocacy training, and/or for assistance with a VR, ILOB, or Pre-ETS DeafBlind-related case.

Communication Methods/Preferences | Information

Phone:
☐ Video Phone ☐ Cell Phone ☐ Landline ☐ Captel Phone ☐ Needs referral ☐ None
Note: Lifeline Support offers free phone service. Tello and Mint Mobile are inexpensive providers.

Sign language:
Helpful when requesting interpreters.
☐ ASL ☐ Signed English ☐ Cued Speech ☐ Signed supported speech (signs & speaks)
☐ Tactile signing ☐ Pro-Tactile
Tips for using sign language with a DeafBlind person.

Interpreters:
☐ Uses ASL interpreters ☐ Uses tactile interpreters ☐ Uses oral interpreters
☐ Has residual hearing and speaks (such as on the phone)
Tips for communicating with DeafBlind individuals who use speech.

Amplification:
Might be helpful to know, see if they will bring it to any in-person meetings/appointments.
☐ Uses an amplification system | Information

Communication Facilitator (CF):
To know when VP conversations can occur. | Information
☐ Unfamiliar/needs education ☐ Already uses this service ☐ Make a referral
Notes (e.g., day(s) when CF is available):

_____

_____

_____

Braille Literacy:
Helpful if materials need to be sent to them. Learn more about Braille and UEB.
☐ New to it ☐ Grade 1 (basic) ☐ Grade 2 (advanced) ☐ Wishes to learn ☐ Not interested

Email Capability:
☐ Large font ☐ Regular text ☐ Uses refreshable Braille ☐ With assistance ☐ Unable

Texting:
Consider recommending myMMX (if available).
☐ Able to text ☐ Unable to text ☐ Able to text with assistance or AT
Phone/Text Number: _____

Print-on-Palm:
To communicate with a hearing person | Information
☐ Able ☐ Unable ☐ Would like to learn

Virtual Meetings:
☐ Can participate ☐ Unable to participate ☐ With assistance of a CF or family

Other:
☐ Uses speech-to-text programs and/or captioning
☐ Has a tablet ☐ Doesn't have a tablet
☐ Can read print and mailed letters
☐ Uses a reader
☐ Has assistive technology (AT) ☐ Doesn't use AT ☐ Unable to use AT
☐ Prefers Large Print materials

Sign Language Skills / Fluency

ASL:
New or beginner skills may need a referral for tutoring if so desired.
☐ No skills ☐ Beginner ☐ Some/proficient ☐ Native user ☐ Wishes to learn
☐ Not interested

Tactile Signing:
Helpful to know when requesting interpreters.
☐ No skills ☐ Beginner ☐ Fluent ☐ Pro-Tactile ☐ Haptics ☐ Wishes to learn
☐ Not interested

Close Vision (tracking/only sees in close proximity):
Helpful when arranging interpreters.
☐ Applicable ☐ Not applicable

Distant Vision (Interpreter or signer sits at a far distance):
Helpful when arranging interpreters.
☐ Applicable ☐ Not applicable

Requesting Sign Language/Tactile Interpreters:
☐ Is knowledgeable for how to request interpreters ☐ Needs instruction ☐ Not interested

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Co-Navigators (CN)/Support Service Providers(SSP)/Interveners | Information

☐ Unfamiliar with this service ☐ Is experienced with this service ☐ More education needed
☐ Has a personal CN/SSP ☐ Has communication & navigation preferences
Learn more about CNs/SSPs by reading the SSP White Paper.

Notes (e.g., personal SSP/CN name):

DeafBlindness (dual sensory loss)

Hearing:
☐ Has some residual hearing ☐ No residual hearing
☐ A hearing evaluation is recommended. Date of last hearing evaluation: _____

Vision:
☐ Has some sight (has some visual acuity) ☐ No vision
☐ A vision evaluation is recommended. Date of last vision evaluation: _____

Onset:
Onset of DeafBlindness (approx. date): _____ ☐ Need to obtain records

Common Eye Conditions:
Knowing the condition may help to know if treatment is needed.
☐ Macular Degeneration ☐ Usher's Syndrome 1, 2 or 3 ☐ Retinitis Pigmentosa
☐ Diabetic Retinopathy ☐ Optic Nerve Atrophy ☐ Glaucoma ☐ Cataracts
Other/Notes:

_____

_____

_____

Self-Identity:
Identity is often tied to one's values and self-image; try to follow their preference.
☐ I am DeafBlind ☐ I have Ushers ☐ I'm hard of hearing and I'm losing my vision
☐ I'm deaf AND blind ☐ Dual sensory loss ☐ Combined vision and hearing impairments
☐ Deaf with low vision ☐ Being blind first and deaf later ☐ Being deaf first and blind later
☐ Being born deaf and blind ☐ Being suddenly deaf and blind later in life (accident or illness)
☐ DeafDisabled or DeafPlus ☐ I have hearing and vision disabilities
☐ Other: _____

Resources:

- Some causes in youth
- Some causes in adults
- Types of hearing loss & vision loss
- Short chapter about DeafBlindness
- Dissertation about DeafBlind identity
- Some people may internalize audism, vidism, and/or ableism which might impede progress.
- Consider consulting with the DORS DeafBlind Specialist.

Service Animal:
Helpful to know if vendors or staff have allergies.
☐ Has a service animal ☐ Does not have a service animal

Familiarity with DeafBlind-related Organizations:
Provide overview if needed.
☐ Metro-Washington Association of DeafBlind (MWADB) | Information
☐ National Federation of the Blind - DeafBlind Division (NFB) | Information
☐ Helen Keller National Center and/or Cynthia Ingraham (HKNC rep) | Information
☐ American Association of the DeafBlind (AADB) | Information
☐ National Family Association of DeafBlind | Information

☐ National Center on DeafBlindness | Information
☐ Connections Beyond Sight and Sound (for youth / Pre-ETS) | Information
☐ iCanConnect (area DeafBlind telecommunications / equipment distributor) | Information
☐ Other: _____

- Connecting to organizations can help to reduce isolation and empowers them.

Interacting with Emergency Services

Identification
☐ Wears an emergency alert tag
☐ Has an ID card ☐ Would like an ID card ☐ Not interested

Communication
☐ Can communicate
☐ Can Print-on-Palm
☐ Has DB Communicator Card ☐ Needs DB Communicator Card
☐ Has emergency instructions by front door or on refrigerator with emergency contact info

- The MVA has free disability cards. See the State Agency section below for information.
- Information about where to leave medical information for emergencies.

Referrals

Telecommunications Referrals:
☐ iCanConnect (DB telecommunications equipment & training distributor) | referral
☐ Maryland Accessible Telecommunications – ideal if they have some vision | referral
☐ Communication Facilitator (CF) – through the MAT program | referral

DeafBlind Community Referrals – Youth & Pre-ETS:
☐ Connections Beyond Sight and Sound (Donna Riccobono)
☐ American Society for Deaf Children (camps, online classes, resources & more)
☐ Perkins School for the Blind - DeafBlind Program

DeafBlind Community Referrals – Adult:
☐ Local faith communities that are welcoming to DeafBlind individuals ☐ DeafBlind Camp

Other/Notes:

_____
_____
_____

Assistive Technology/Adaptive Technology/Aids

Assistive Technology: (e.g., JAWS, braille refresher, CCTV, captioning, magnifiers) | **Information**
☐ Currently uses AT ☐ Wishes to learn more ☐ Needs assessment ☐ Not interested
Notes:

_____
_____
_____

Aids:
(e.g., notification system, DB Pocket Communicator, MaxiAIDS, myMMX
☐ Currently uses a few aids ☐ Wishes to learn more ☐ Needs assessment ☐ Not interested
Notes:

Resources:

- Adaptive technology
- Education on AT
- Maryland Department of Disabilities MDTAP (free AT demos & loan program)

Transportation

Helpful to know for DORS-related services and meetings.
☐ Has reliable transportation ☐ Uses Mobility or transportation services ☐ Family assists
☐ Needs arranged transportation ☐ Has a bus pass ☐ Needs a MTA referral ☐ Needs O&M
☐ Other: _____

Independence-Related Needs/Possible Referrals

Orientation & Mobility (O&M) Instruction: ☐ No concerns ☐ Needs referral ☐ Not interested
Transportation (Mobility or Paratransit)**:** ☐ No concerns ☐ Needs referral ☐ Not interested
Self-Advocacy Training: ☐ Not needed ☐ Needs referral (refer to the DeafBlind Specialist)
Food preparation (home management)**:** ☐ No concerns ☐ Needs referral ☐ Not interested
Reading mail (home management)**:** ☐ No concerns ☐ Needs referral ☐ Not interested
Clothing care (home management)**:** ☐ No concerns ☐ Needs referral ☐ Not interested
Medication management (information)**:** ☐ No concerns ☐ Needs referral ☐ Not interested
Money management (information)**:** ☐ No concerns ☐ Needs referral ☐ Not interested
Home notification system (information)**:** ☐ No concerns ☐ Needs referral ☐ Not interested
Can use a signature guide/writing guide: ☐ No concerns ☐ Needs referral ☐ Not interested
Time management: ☐ No concerns ☐ Needs referral ☐ Not interested

Other/Notes:

Mental Health/Behavioral Health

History: ☐ Current MH concerns ☐ Previous mental health/treatment ☐ Recent hospitalization

Diagnosis:
☐ Depression ☐ Anxiety ☐ PTSD ☐ Bipolar Disorder ☐ ADHD ☐ Substance Use ☐ Grief

Symptoms: ☐ Mild ☐ Moderate ☐ Severe ☐ Resolved

Current Symptoms:

_____

_____

_____

_____

Current or Previous Provider:

_____

_____

_____

Resources:

- Consider a referral if needed.
- If a therapist is unavailable, consider a primary doctor providing medication to alleviate symptoms.
- Telehealth appointments with a CF might be an option.
- For psychological evaluations: contact Dr. Danielle Prevy or Dr. Lori Day at Gallaudet AND Dr. Kenneth Reimer in Montgomery County (these are DORS-approved vendors).
- A provider or previous provider can be a part of the person's social support system.
- Treatment Finder
- BHA information
- Deaf Counseling Center
- DASAM referral
- ALI referral
- PEP referral
- DeafLEAD (crisis, case management for crime victims)
- Deaf Domestic Violence Hotline

Receives or Needs Services from Other Human Service Organizations & Agencies

Receives support services from community or national organizations:
(e.g., Service Coordination, CSSD, iCanConnect, Center for Independent Living, Maryland Deaf Community Center, church)
☐ Not receiving services ☐ No, but might be interested ☐ Yes (list below) ☐ Not interested
Notes:

_____

_____

_____

_____

_____

Needs a Referral to Other Maryland Agencies:
Provide an overview if needed.
☐ Department of Aging (such as meal deliveries) | listing by County
☐ Department of Disabilities – Maryland Accessible Telecommunications | Equipment

- ☐ Department of Disabilities – Communication Facilitator (through MAT) | Referral
- ☐ Department of Disabilities – Technology Assistance Program (MDTAP) (AT demos)
- ☐ Department of Health – Community Personal Assistance Services | Long-term Support
- ☐ Department of Health – Developmental Disabilities Administration | Referral (even over 22 years old)
- ☐ Department of Human Services – Offices of Adult Services (case management for vulnerable adults)
- ☐ Department of Human Services – Project Home (adult foster family)
- ☐ Department of Human Services – Adult Protective Services (to report neglect or abuse)
- ☐ Department of Social Services (financial benefits, emergency services, listing by County)
- ☐ Department of Transportation – MTA (Disability Reduced Fare, Mobility/Paratransit)
- ☐ Maryland Access Point (MAP) – 2-1-1 (needs additional resources)
- ☐ Maryland Courts – Maryland Guardianship (for vulnerable adults)
- ☐ Motor Vehicle Administration (MVA) (for Disability Disclosure Card)
- ☐ State Library for the Blind & Print Disabled | Information

Regional Transportation Agencies:

- ☐ CountyRide Baltimore County
- ☐ Regional Transportation Agency for Howard County
- ☐ Maryland Upper Shore Transit Mobility-on-Demand

Computer Use

Employment-Related Programs:

- ☐ Able to use and access Microsoft or Google documents
- ☐ Able to access PDF documents

Other apps or programs:

_____

_____

_____

_____

Assistive Technology:

- ☐ Uses magnification software
- ☐ Prefers high contrast
- ☐ Uses JAWS or other text-to-speech programs

Other apps or programs:

_____

_____

_____

_____

Resources:

- Statewide Technology Resource Guide for Individuals with Disabilities
- Maryland Department of Disabilities MDTAP (free AT demos & loan program)

VR Consumer History

Employment & Support History:

☐ Has previous work history ☐ Currently works ☐ Has never worked

Previous DORS Case: ☐ Yes ☐ No

Interests:

Preferences:

Skills:

Diploma or Degree & School:

Previous Employment & Dates:

Completed the O*Net Interest Profiler?
☐ No ☐ No, is willing ☐ Not interested ☐ Needs referral
- Contact the DeafBlind Specialist with assistance with O*Net.

Has past criminal charges? ☐ No ☐ Yes, already expunged ☐ Yes, but needs expungement
- Expungement forms & info

Needs soft skills training (work readiness)? ☐ No ☐ Yes ☐ Yes, but only a refresher

Needs job development? ☐ No ☐ Yes ☐ Yes, but only a refresher

Resume development needed?
☐ No, has one ☐ Yes, needs new/updated resume ☐ Not needed

Needs communication strategies for the workplace? ☐ No, has some ☐ Yes, needs some

Able to read/access work-related documents? ☐ No, needs assistance/referral ☐ Yes, uses AT

Needs adaptive technology for work?
☐ Not needed ☐ Yes, needs devices ☐ Yes, needs a rehab teacher referral

Needs interview skills training? ☐ No ☐ Yes ☐ To be determined

Has experience with self-advocacy (e.g., accommodations)**?** ☐ No ☐ Yes ☐ Needs a refresher
- Contact the DeafBlind Specialist with assistance with DeafBlind self-advocacy.

Helen Keller National Center

Received past services from the Helen Keller National Center (HKNC):
☐ Yes ☐ No ☐ Is interested

Previous Training at HKNC: ☐ Assessments ☐ Independent Living ☐ VR Services

- Consider contacting Cynthia Ingram at HKNC.

Advocates and/or Allies

Advocates and/or Allies:
Consider getting a signed release.
☐ Has an advocate or ally ☐ Used to have one ☐ Wishes to have a referral for one

Name & Contact Info:
Possible list of advocates: family, reliable friends, counselors, doctors, faith leaders, SSP/CN, Deaf Shalom Zone, Center for Independent Living representative, Helen Keller National Center representative, other State Agency representative.

_____
_____
_____
_____
_____
_____
_____
_____

Resources:

- Deaf Organizations for Support/Allyship
- Deaf Ministries Locator for Social Support/Allyship

Contact Information

Emergency Contact Information:
Consider getting a signed release.
Person & Relationship: _____
Best contact information: _____

Family Contact Information:
Consider getting a signed release.
Person & Relationship: _____
Best contact information: _____
Alternate Person & Relationship: _____
Alternate contact information:

- If the family member or someone else is a legal guardian, request a copy of the court document and save it in AWARE™.
- If family is involved/supporting the consumer, ask how much information should be shared (e.g., minimal information, just appointments or fully involved):

_____