

## DSAT Train-the-Trainer Participant Application

Applicant Name:

Address:

Daytime Phone:

Alternate Phone:

Email:

Thank you for your interest in becoming a DSAT Consumer Trainer. You are being considered as Trainer because of your strong interest in Deaf self-advocacy and willingness to provide Deaf Consumer trainings in your area. To help us, please complete the following information.

1) Do you have any experience as a trainer, educator or advocacy specialist? Please describe in less than 100 words.

2) Why do you want to take the Train the Trainer workshop? Please describe in less than 100 words.

3) Please check the one box that best describes you knowledge of the Americans with Disabilities Act.

No knowledge	Some knowledge	Comfortable	Outstanding knowledge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Please check the one box that best describes you knowledge of national, state and local resources that affect people who are Deaf, Hard of Hearing and Deaf-Blind.

No knowledge	Some knowledge	Comfortable	Outstanding knowledge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Are you willing to share your knowledge of resources with the Train-the-Trainer workshop

participants?

Yes	No

- 6) DSAT Consumer Trainers must have good interpersonal skills and an ability to empower students to want to learn and change behavior. How would you rate your interpersonal skills?

Weak	Weak but Want to Learn How to be More Effective	Comfortable	Very Good	Excellent

- 7) DSAT Consumer Trainers must have excellent communication skills, in particular ASL fluency. How do you rate your Communication/ASL skills?

Do not use ASL	Some ASL	Fair	Very Good	Excellent

- 8) DSAT Consumer Trainers must be able to read and understand the DSAT Curriculum (Trainer and Student Manuals). How do you rate your ability to understand the DSAT Curriculum?

Am not able to Understand	Can Understand with Assistance	Have no Problem Understanding the Curriculum

- 9) Please respond to the following:

I am: ☐ Deaf ☐ Hard of Hearing ☐ Deaf-Blind ☐ Hearing

I am currently:

- ☐ A student: if so, where and what is your major? \_\_\_\_\_
- ☐ Employed: If so where and what is your position? \_\_\_\_\_
- ☐ Currently Unemployed
- ☐ Retired

I understand that, as part of my commitment to DSAT, I will be required to sign a service agreement that asks that I provide at least one training in the next twelve months and engage in NCIEC evaluation activities.

- ☐ Yes  
☐ No

Please attach the following supplemental information to your application:

- Resume or vita;
- At least one letter of recommendation from any of the following;
  - agency providing services for people who are deaf, deaf blind, or hard of hearing
  - an interpreter referral agency
  - school districts/colleges/universities who provide services to students who are deaf or hard of hearing
  - vocational rehabilitation counselor who provides services specific to people who are deaf, deaf blind or hard of hearing

We will review your materials and makes a decision within 30 days of receipt of the application

Send application and attachments to:

Sincerely,  
NAME