

**What is the Vermont Sensory Access Project?**

The Vermont Sensory Access Project (VSAP) is a federally funded grant that supports children and youth with or at risk for combined vision and hearing loss birth to age twenty-two and their families and providers. The level of vision and hearing loss can vary from low vision to totally blind, from mild hearing loss to profound. We work hand in hand with the Vermont I-Team, a group of Regional Education Consultants, Family Resources Consultants, and State Wide Consultants with specialties in Assistive Technology, Alternative and Augmentative Communication, Occupational Therapy, and Physical Therapy.

Who is eligible for services?

In order for a child and his or her family to qualify for the VSAP Census the child must be between the ages of birth and 22 years and be at risk for or have a combined vision and hearing loss.

Who can fill out the eligibility form?

Any parent, guardian, family member, service provider, medical professional or educator may refer a child who is suspected of having a combined vision and hearing loss to the project. After the eligibility form is received, project staff will contact you to schedule a visit to meet the child and do an initial observation. The child's family, teachers, and related support personnel are then eligible to receive technical assistance (collaborative consultation and/or training) either independently from VSAP staff or from VSAP and I-Team staff combined, depending on the level of support the team requests. Registry information is kept completely confidential.

Anyone can refer a child/family to the project by either filling out the attached form or by contacting:

Emma Nelson, Project Coordinator
emma.nelson.1@uvm.edu
802-656-1120

Susan Edelman, Project Director
susan.edelman@uvm.edu
802-656-8554



Registry Eligibility Form

Child's Name: _____ Date of Birth: _____

Vision Status (examples: CVI, 20/400, documented low vision):

Hearing Status (examples: Auditory Neuropathy, moderate-severe loss):

Is there anything else you would like for us to know about this child?

Family Contact Information:

Parent/Guardian's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Person Submitting the Eligibility Form:

- Parent/Guardian School Personnel
- CIS Other

Name of Person Submitting: _____

Agency/School: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

How do you know this child: _____

Please return this form to:

Emma Nelson, Project Coordinator

Email: emma.nelson.1@uvm.edu

Vermont Sensory Access Project

University of Vermont

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Phone: 802-656-1120

Confidential Fax:

802-656-3636