

CATEGORY G

SUBJECT: **COMMUNICATION WITH PERSONS WITH DISABILITIES**

OBJECTIVE(S)

To develop knowledge, skills, experience and confidence required to communicate effectively with another person without the aid of the “normal” oral or written methods.

PREREQUISITES

None.

INSTRUCTORS/EVALUATORS

The source will depend upon the type of communication being studied.

- Agencies, institutions and societies which deal with people who are visually impaired, persons who are hearing impaired or persons who are in some way communication challenged.

REFERENCES AND MATERIALS

- For courses in communicating with persons who are visually impaired, contact your local Board of Education or the Canadian National Institute for the Blind.
- For courses in Bliss Symbolics (a series of diagrams that a speechless person points to in order to convey ideas), contact your local Board of Education or the appropriate Federal, Provincial or Municipal Government agency, ministry or department responsible for Education.
- For courses in sign language, contact your local Board of Education or the Municipal or Provincial centre of the Canadian Hearing Society.

CONTENT

Relevant to communicating with persons who have communication disabilities.

DURATION

Minimum of 14 to 16 hours.

CERTIFICATION

The candidate must demonstrate to the satisfaction of the Instructor/Evaluator a proficiency in communicating solely by the method(s) of communication being studied.

Note: In keeping with the spirit of serving others, it is hoped that some practical form of service for the candidate may be provided to make use of the skills learned during the course.

CATEGORY G - COMMUNICATIONS

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT
COMMUNICATION WITH PERSONS WITH DISABILITIES

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

Instructor/Evaluator (signature) Date

Divisional Superintendent (signature) Date