



Rhode Island Commission on the Deaf and Hard of Hearing

Emergency & Public Communications Access Program (EPCAP)

Training and Needs Assessment Request Form

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|--|---|
| Business Information | Name/Contact Person: _____ Company/Organization: _____ Phone: Office: _____ Cell/Text: _____ Email: _____ Today Date: _____ |
| Desired Topics Requested | <p>Check all that apply to your group:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Effective Communications Tools & Strategies</div> <div style="width: 50%;"><input type="checkbox"/> History of Deaf & Deaf Communities</div> <div style="width: 50%;"><input type="checkbox"/> Cultural Competence Training</div> <div style="width: 50%;"><input type="checkbox"/> Hard of Hearing / Assistive Technology</div> <div style="width: 50%;"><input type="checkbox"/> Deaf and Hard of Hearing Issues</div> <div style="width: 50%;"><input type="checkbox"/> Legal Compliance (American with Disabilities Act, Rehab. Act)</div> <div style="width: 50%;"><input type="checkbox"/> Emergency Communications Protocols for Deaf & Hard of Hearing</div> <div style="width: 50%;"><input type="checkbox"/> General Non-Emergency Communication Protocols for Deaf and Hard of Hearing</div> </div> |
| Type of Training | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Group Presentation</div> <div style="width: 50%;"><input type="checkbox"/> Needs Assessment (on-site visit)</div> <div style="width: 50%;"><input type="checkbox"/> Consultation (1:1, phone)</div> <div style="width: 50%;"><input type="checkbox"/> Technical Assistance (1:1, phone)</div> </div> |
| Audience | <p>Check all that apply to your group:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Business (Corporations, Small Business)</div> <div style="width: 50%;"><input type="checkbox"/> Legal (Courts, Lawyers, Paralegal)</div> <div style="width: 50%;"><input type="checkbox"/> Fire (Fire, EMTs, 911)</div> <div style="width: 50%;"><input type="checkbox"/> Education (K-12, Colleges/Universities)</div> <div style="width: 50%;"><input type="checkbox"/> First Responders (Ambulance, Fire, Police, EMTs, Rescue service)</div> <div style="width: 50%;"><input type="checkbox"/> Government (State, City & Town municipalities)</div> <div style="width: 50%;"><input type="checkbox"/> Health Care (Hospitals, Urgent Care, Clinics, Doctors, Nursing care & home)</div> <div style="width: 50%;"><input type="checkbox"/> Non-profit / Service Organization</div> <div style="width: 50%;"><input type="checkbox"/> Law Enforcement (Police, Public Safety)</div> <div style="width: 50%;">Other: _____</div> </div> <p>Approximate number of participants: _____</p> |
| Preferred Time of Day / Day of Week | <div style="display: flex;"> <div style="width: 50%;"> <p>Day of the week:</p> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday </div> <div style="width: 50%;"> <p>Time of the day:</p> <input type="checkbox"/> Morning session <input type="checkbox"/> Afternoon session </div> </div> |
| Additional Comments | <p>Additional comments / request:</p> |

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|---------------------------|--------------------|---|
| EPCAP Use Only | Confirmation Date: | Interpreter and/or CART Provider Name(s) Confirmed: |
| | Notes | |

Revised December 2017

Notes:

1. ASL Interpreters and CART (captioned real-time) will be provided by RICDHH EPCAP Program.
2. Questions call Michael Baer, EPCAP Coordinator at **401-216-5414** tel/vp or email michael.baer@cdhh.ri.gov. For general inquiry or follow-up about the request form, call **401-256-5511** tel/vp.