

## Train the Trainer Project: Application Human Guide & Vision Loss Sensitivity (HGVLS)

Hybrid **February 24<sup>th</sup> – March 26<sup>th</sup>, 2025**

### **Train the Trainer Project for Human Guide & Vision Loss Sensitivity**

Join us and become a Trainer on Human Guide and Vision Loss Sensitivity to then train your co-workers at the agency where you are employed. Successful completion of this training will enable you to provide training for new staff and/or refresher training for existing supervisors and staff. This Train the Trainer Project for HGVLS is virtual and free, just an application is required!

Train the Trainer for HGVLS is a collaborative hybrid (on-line and in-person) program presented by the Massachusetts Department of Developmental Services (DDS), the Massachusetts Commission for the Blind (MCB), MAB Community Services, The Carroll Center for the Blind, and Shriver Clinical Services.

### **How it Works:**

1. Selected trainers will participate in a hybrid program including:
  - Online learning via Google Classroom beginning on 2/24/25 and continuing throughout the month. (Online assignments must be finished by 3/21/25).
  - Attendance at a mandatory 3-hour, in person training with our team of Certified Orientation & Mobility Specialists (COMS) on 3/26/25 from 9:00 AM to noon.  
Location: Massachusetts Association for the Blind and Vision Impaired  
18 Lyman Street (Westborough Shopping Plaza)  
Westborough, MA, 01581
  - Trainer materials, including a training agenda, "Let's Walk Together" DVD, handouts, occluders, attendance forms, etc. that are needed to conduct small group trainings on Human Guide and Vision Loss Sensitivity will be given to each attendee at the in-person session.
  - Activities during the in-person session include discussion, sitting, walking and being guided while wearing a vision loss simulator and a blindfold.

## Train the Trainer Project: Hybrid for Feb. 24 – March 26, 2025 (cont.)

2. Trainers must have/create a Google email and will be emailed a Class Code for "Train the Trainer Google Classroom-Human Guide and Vision Loss Sensitivity." Please always use the same Google email for all Google Classroom-related assignments.
  - Please always sign into the Google Classroom with the same email used to register. This allows us to document and attribute your work to you.
  - Please always use the same Google email address to complete all class assignments, including quizzes.
  - A weekly assignment schedule will be provided for each trainer to follow.
3. Trainers must thoroughly review/read/watch all Training Materials, Resource Handouts and videos posted via the "Train the Trainer Google Classroom" and answer questions over the month-long period.
  - Altogether the online learning should take no more than 1.5 hours a week for 4 weeks, or up to 6 hours in total.
4. Each Trainer candidate must meet specific requirements, including the passing of a multiple-choice Master Quiz, to receive the Human Guide Trainer Certificate of Completion.

### **Support:**

Ongoing support will be provided for HGVLS Trainers: Trainers can request support from Certified Orientation and Mobility Specialist (COMS) working with the MCB/DDS Partnership Project at any time. All HGVLS Trainers will be invited to attend an annual meeting with fellow HGVLS trainers in Massachusetts. Updated resources will be shared.

### **Application Process:**

- Page 3: To be completed by EACH Applicant.
- Page 4: To be completed by Agency/Training Director & Applicant's Supervisor.
- Pages 5-6: Please keep pages 5&6 along with pages 1&2 for your records/information.
- **Applications Due by February 20, 2025 / Space is limited to 10 trainers.**
- Confirmation of either your acceptance for Feb/March 2025 OR a notice that the session is full will be emailed to each applicant.

# Train the Trainer Project: Hybrid for Feb 24 - March 26, 2025 (cont.)

To be completed by **EACH Applicant.**

<b>APPLICANT INFORMATION</b>	
Name:	
Agency Name:	DDS Region:
Address:	Phone:
Google Email (used for classwork):	Contact E-mail:
Title at Agency:	Years at Current Position:
Please describe prior training experience:	
If you would like to request an ADA or religious accommodation, please indicate:	
<b>YOUR AGENCY DIRECTOR</b>	
Name:	
Email:	Phone:
<b>YOUR SUPERVISOR</b>	
Name:	
Email:	Phone:
<b>REFERENCE</b>	
Name:	Relationship:
Agency:	Phone:
Address:	Email:
I reviewed the requirements of the <b>MCB/DDS Partnership Project for Orientation &amp; Mobility / Low Vision Services Train the Trainer Project: Human Guide &amp; Vision Loss Sensitivity</b> on pg. 6 of this application and agree to participate in all lectures, activities, and requirements.	
Signature of Applicant:	Date:

Page 4: To be completed by **Agency Director or Training Director.**

<b>AGENCY INFORMATION</b>	
1. How many people does your agency serve who are registered as legally blind? Approximately:	
2. How many people does your agency serve who are visually impaired? Approximately:	
3. How many direct service personnel are employed by your agency who would benefit from human guide training? Approximately:	
4. What services does your agency provide? Check all that apply.	
<input type="checkbox"/> Day Habilitation	<input type="checkbox"/> Residential Services
<input type="checkbox"/> Life Skills	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Adult Day Health	<input type="checkbox"/> Other:
5. How do you foresee using the MCB/DDS Train the Trainer program in your agency? Check all that apply.	
<input type="checkbox"/> New Staff Orientation	<input type="checkbox"/> Annual Training
<input type="checkbox"/> Residential Training	<input type="checkbox"/> Training of Staff at One Location/Site
<input type="checkbox"/> Day Hab Training	<input type="checkbox"/> Training of Staff at Multiple Locations/Sites
<input type="checkbox"/> Other:	
<b>AGENCY APPROVAL</b>	
I have reviewed the requirements for the MCB/DDS Train the Trainer Project (page 6) and recommend and authorize the individual(s) listed above to participate.	
<b>Agency Director Signature:</b> (listed on page 3)	Date:
<b>Supervisor Signature:</b> (listed on page 3)	Date:

# Train the Trainer Project: Hybrid for Feb. 24 – March 26, 2025 (cont.)

Send completed application (pages 3-4) to:

Sandra Faulkner  
Administrative Assistant  
Vision and Vision Loss Services, DDS  
WDC PO Box 144  
Wrentham, MA 02093

Email: (print, complete, scan application):  
Sandra.M.Faulkner@mass.gov

Office: 508-384-5679  
Fax: 508-384-6771

For additional copies of the Train the Trainer advertising brochure and this application form go to: <http://www.focusonvisionandvisionloss.org/train-the-trainer.html>

## Train the Trainer Project: Hybrid for Feb. 24 – March 26, 2025 (cont.)

### Requirements – Please Detach (pp. 1, 2, 5 & 6) / Keep for Your Records

Each candidate for the Train the Trainer Project must agree to the following:

- **Beginning 2/24/2025:** Use their Google Email; sign into the Google Classroom for Train the Trainer via the Classroom Code we provide.
- **By 3/21/25:** Review/read/watch all Training Materials, Resource Handouts, and videos as posted in the Human Guide and Vision Loss Sensitivity Google Classroom over the period of one month and answer all short quizzes and a Master Quiz as indicated in the HGVLS Google Classroom. **Please finish all online by 3/21/25.**
- **On 3/26/25:** Attend the 3-hour in-person session 9:00am to noon, including a required blindfold experience. (Please wear appropriate closed-toe supportive shoes, comfortable clothing, and dress for the weather/outdoor portion of in-person session).  
**Location:** Massachusetts Association for the Blind and Vision Impaired  
18 Lyman Street (Westborough Shopping Plaza)  
Westborough, MA, 01581

Trainers who meet all requirements above must agree to the following:

- **Conduct** ongoing 45 to 60 minute HGVLS trainings at their agency according to agency training needs. At a minimum training for new agency staff is recommended as well as annual “refresher” HGVLS training for all agency colleagues.
- **Prepare** necessary materials including the “Let’s Walk Together” DVD, and paperwork: Sign in Sheets, Resource Handouts, and Evaluation Forms prior to each training.
- **Scan and email/fax** copies of all Sign-in Sheets and Evaluation Forms to Lisa.DiBonaventura@mass.gov after each HGVLS training conducted.
- **Notify** Lisa.DiBonaventura@mass.gov if the Trainer leaves the agency.

### Questions about the MCB/DDS Train the Trainer Project?

Please contact:

Lisa DiBonaventura, M.A., COMS  
Vision and Vision Loss Services  
WDC PO Box 144  
Wrentham, MA 02093

Email: Lisa.DiBonaventura@mass.gov  
Fax: 508-384-6771

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