

Support Group Leader Online Training

Become a Support Group Leader

Presented by the Massachusetts Department of Developmental Services (DDS) and the Massachusetts Commission for the Blind (MCB), the goal is to engage staff at both day and residential programs across Massachusetts to facilitate support groups with and for adults with vision impairment and blindness. The training is free.

How it Works

Selected leaders will receive a link to review and download all information, including a support group agenda, more than twelve support group meeting plans/curriculum, materials lists/resources, attendance and feedback forms, etc. needed to conduct support groups. *Each candidate must agree to specific requirements, including agency director and supervisor approval/support, and a commitment to offering at least 4 support groups per year. Please see page 5 for complete requirements.

Support

Ongoing support will be provided for Support Group Leaders:

- Trainers can request support from Certified Orientation and Mobility Specialist (COMS) working with the MCB/DDS Partnership Project at any time.
- One time stipend for materials up to \$160.00 available for each Support Group
- All Support Group Leaders will be invited to attend an annual meeting with fellow Support Group Leaders in Massachusetts.
- Updated resources will be shared.

Application Process:

- Page 2: To be completed by Applicant.
- Pages. 3-4: To be completed by Agency/Training Director & Applicant's Supervisor.
- Page 5: Please keep this (p. 1) and p. 5 for your records/information.
- **Please send completed applications to Lisa DiBonaventura. Applications due one - two weeks prior to the date you would like to begin your online training.**

Page 2: To be completed by **Applicant**.

APPLICANT INFORMATION	
Name:	
Agency Name:	DDS Region:
Address:	
Phone:	E-mail:
Title at Agency:	Years at Current Position:
Please describe prior leadership and/or teaching experience:	
YOUR AGENCY DIRECTOR	
Name:	
Email:	Phone:
YOUR SUPERVISOR	
Name:	
Email:	Phone:
REFERENCE	
Name:	Relationship:
Agency:	Phone:
Address:	
I reviewed the requirements of the MCB/DDS Partnership Project for Support Group Leaders on pg. 5 of this application and agree to all requirements.	
Signature of Applicant:	Date:

Page 3-4: To be completed by **Agency Director or Training Director.**

AGENCY INFORMATION		
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 individuals affiliated with your agency would benefit from attending a vision loss support group? 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 (Please describe.)	
5. What time, location, and frequency/schedule do you foresee the Support Group occurring in your agency? Please check all that apply for each category below:		
<u>Time</u>	<u>Location</u>	<u>Frequency</u>
<input type="checkbox"/> Morning	<input type="checkbox"/> Home	<input type="checkbox"/> Monthly
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Day Program/Site	<input type="checkbox"/> Bimonthly
<input type="checkbox"/> Evening	<input type="checkbox"/> Work Program/Site	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other:	<input type="checkbox"/> Community Room	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other:	

Page 4 to be completed by **Agency Director & Applicant's Direct Supervisor.**

AGENCY APPROVAL	
I have reviewed the requirements for the MCB/DDS Support Group Leader training (page 5) and recommend and authorize the applicant to participate.	
Agency Director Signature listed on page 2:	Date:
Supervisor Signature listed on page 2:	Date:

Send completed application (pages 2-4) to:

Lisa DiBonaventura, MA, COMS
Statewide Director, Vision and Vision Loss Services, DDS
WDC PO Box 144
Wrentham, MA 02093

Email: (Complete, print, sign and scan application.):
Lisa.DiBonaventura@state.ma.us

Office: 508-384-5539
Fax: 508-384-6771

Additional copies of this Support Group Leader advertising brochure/application are available: <https://www.focusonvisionandvisionloss.org/train-the-leader-support-groups.html>

Requirements Please Detach (pp. 1 & 5) / Keep for Your Records

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

- ✓ Apply for and review all materials available to you via the link and password that will be sent to you.
- ✓ Conduct at least 4 and up to 12 monthly Support Groups per year at your agency according to agency support/direction.
- ✓ Select/organize location, time, date(s), length of meetings, size of group, materials, refreshment(s) etc.
- ✓ Promote/advertise the support group within your program, agency and/or community
- ✓ Send to Lisa.DiBonaventura@state.ma.us your advertising flyer for each meeting prior to the meeting for posting on <https://www.focusonvisionandvisionloss.org/vision-loss-support-groups.html>
- ✓ Encourage inclusive participation.
- ✓ Prepare all necessary paperwork: Sign-In Sheets and Summary Forms prior to each training and send copies of completed Summary Forms to Lisa.DiBonaventura@state.ma.us after each Support Group offered.
- ✓ Maintain and prepare all needed supplies for each Support Group.
- ✓ Notify Lisa.DiBonaventura@state.ma.us if the Support Group Leader leaves the Agency and/or if you are no longer able to run a support group.

Questions about the MCB/DDS Support Group Leader Training?

Please contact:

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

Email: Lisa.DiBonaventura@state.ma.us
Fax: 508-384-6771

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