

## Wisconsin Upper Michigan District

# Site of Senses Project

## RECIPIENT CONTACT PROCEDURE

Begin by contacting the School District general office number and ask to be transferred to the person who directs the Special Education Program for the District. Be sure and ask for their name.

Use the following procedure/guidelines when contact is made:

(Greeting) My name is \_\_\_\_\_, I am calling on behalf of \_\_\_\_\_, local \_\_\_\_\_ located in \_\_\_\_\_.

\_\_\_\_\_ has recently announced its participation in a program called "Project SOS". The goal of this Project is to provide all Children with special needs recently developed assistive/adaptive devices designed to improve their ability to learn and grow.

Specifically, the Project is identifying Children who are severely sight impaired or blind, have multiple handicaps and would benefit from active learning and special learning plans.

This is the first Project ever to bring life improvement to this very difficult category of handicapped Children. Presently available equipment is very expensive and generally not included in District or Personal Household budgets. \_\_\_\_\_ is covering the entire cost of these devices. We only need your assistance in determining if you have Children from this category in your Programs.

If you do, a first SOS Kit will be delivered to you within a few weeks. When received we ask you promptly make it available to your Occupational Therapists, Vision Teachers and Physical Therapists so it can be put into service as soon as possible.

Our goal is to provide each Child with an SOS Kit so learning can occur everywhere they are cared for. As Children in your Programs are identified as benefiting from the devices use, we ask you notify us so additional SOS Kits can be given to them.

If you feel you have Children that would benefit from this Project please give me some basic information and I will order the SOS Kit today and deliver it when it is received.

- Name: \_\_\_\_\_
- District: \_\_\_\_\_
- Street: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Fax Number (optional) : \_\_\_\_\_
- E-Mail Address (optional) : \_\_\_\_\_
- Delivery Location: \_\_\_\_\_
- Delivery Times: \_\_\_\_\_

There are multiple versions of one device that make it partially Child specific. You will be contacted by the Manufacturer to discuss the versions and determine which you will need.

Thank you for your valuable time! Your assistance with this Project is greatly appreciated, especially by the Children who will benefit.

As soon as possible, fill out the Table Innovations, Inc. order form and forward it per the instructions on the form.

Club donations to the project are also appreciated. For more information contact David Brookhiser at [tableinno@charter.net](mailto:tableinno@charter.net)