**STATE SERVICES FOR THE BLIND**

2200 University Avenue West Suite 240

St. Paul, MN 55114-1840

**REQUIREMENTS FOR BRAILLE INSTRUCTORS**

It is the intent of the Minnesota State Services for the Blind (SSB) to ensure a specified level of quality for services provided to SSB customer’s in the area of Braille training. Three levels of expertise are to be recognized.

## Provisional level

This level is meant to identify those persons who have the necessary Braille knowledge but do not have the minimum teaching experience (two years). It is SSB’s intent that persons at this level be supervised by persons at the Advanced Level. Exception may be realized only with the prior consent of the Agency Director of SSB.

1. The applicant must have one of the following credentials:
2. Library of Congress National Library Service certificate in Literary Braille Transcribing
3. National Certification in Unified English Braille (NCUEB)
4. AER Permanent Rehabilitation Teacher Certificate
5. Vision Teacher license

 e. Rehabilitation Teacher degree

**To Apply**

1. Complete the enclosed application.
2. Return, with the application, the completed Braille Competencies Form. This form is to be signed by that person accepting ultimate responsibility for the applicant’s skills and abilities. Competencies included on page 2 of the Braille Competencies Form must be met.
3. Present a letter of recommendation from a prior student, instructor or other qualified individual as to your abilities to teach Braille.
4. Provide copy of licensure or proof of course credit achieved.

**Qualified Level**

This level is meant to identify those persons who meet all designated competencies, including those in the area of Braille knowledge, teaching and experience.

1. The applicant must have one of the following credentials:

1. Library of Congress National Library Service certificate in Literary Braille transcribing
2. National Certification in Unified English Braille (NCUEB)
3. AER Permanent Rehabilitation Teacher Certificate
4. Vision Teacher license

e. Rehabilitation Teacher degree

OR

The applicant must be able to demonstrate a thorough knowledge of the Unified English Braille code (Uncontracted and Contracted); must demonstrate a knowledge of Braille signs and contractions; and must demonstrate the ability to transcribe Braille using a Perkins Brailler and a Slate and Stylus.

AND

1. The applicant must have two years of current experience teaching Contracted Braille (which may include teaching a provisional level).

AND

1. The applicant must be able to demonstrate knowledge and skill in the determination of the client’s potential for using Braille (tactile, motor, and cognitive potential) and be able to assess client’s needs.

AND

4. The applicant must be able to demonstrate knowledge and skill in methods of teaching reading

 i.e., tracking, tactile discrimination, and character recognition. Applicant must demonstrate the

 ability to teach Braille writing, using a Slate and Stylus and Perkins Brailler.

**To Apply**

1. Complete the enclosed application.
2. Return, with the application, the completed Braille Competencies Form. This form is to be signed by the applicant accepting ultimate responsibility for their skills and abilities. Competencies included on page 1 and 2 of the Braille Competencies Form must be met.
3. Present a letter of recommendation from a prior student, instructor or other qualified individual as to your abilities to teach Braille.
4. Provide copy of licensure or proof of course credit achieved.

## Advanced Level

This is the highest level of qualification. All competencies and the stated criteria below must be met to be considered competent as a tactile reader and Nemeth Code instructor.

The applicant must:

1. Complete all criteria required of a “Qualified” Braille Instructor;
2. Exhibit the ability to read Braille tactually;
3. Exhibit the ability to read and write Nemeth Code.

**Nemeth Code**

1. Be able to demonstrate the ability to both read and write basic computational problems in Nemeth Code including whole numbers, fractions and decimal;
2. Be able to demonstrate the ability to both read and write those symbols evidenced in basic equations.

**Evaluation**

1. Will write 12 math problems using a Perkins Brailler and utilizing the four basic operations, including fractions, decimals and/or whole numbers;

2. Will write a basic equation utilizing both numbers and algebraic symbols.

**Tactile Reading**

 1. Be able to read Contracted Braille tactually in a fluent manner;

**Evaluation**

1. Will read 200-300 word passage at the 8th grade level. Will exhibit a speed and accuracy expected of print readers when reading orally and silently.

**SSB reserves the right to conduct all tests.**

**To Apply**

1. Complete the enclosed application.
2. Return, with the application, the completed Braille Competencies Form. This form is to be signed by that person accepting ultimate responsibility for the applicant’s skills and abilities. Competencies included on page 1 and 2 of the Braille Competencies Form must be met.
3. Present a letter of recommendation from a prior student, instructor or other qualified individual as to your abilities to teach Braille.
4. Provide copy of licensure or proof of course credit achieved.

All applications and materials should be sent to:

Jennifer Beilke

State Services for the Blind

2200 University Ave W Suite 240

St. Paul, MN 55114

Phone 651-539-2273

Fax 651-649-5927

Jennifer.Beilke@state.mn.us

**State Services for the Blind**

2200 University Avenue West

St. Paul, MN 55114-1840

**Braille INSTRUCTOR**

**A P P L I C A T I O N**

 (check appropriate category)

FOR: \_\_\_\_ Advanced Braille Instructor

 \_\_\_\_ Qualified Braille Instructor

 \_\_\_\_ Provisionally Qualified Braille Instructor

1. Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

 (last) (first) (middle)

2. Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street) (city) (state) (zip code)

3. Current Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (street) (city) (state) (zip code)

 Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching contact hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe Teaching and /or relevant work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(use back of form to list additional experience)

Supervisor’s name and work title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rec’d:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Academic Degree (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Studies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Professional Education: (list name/location; dates; credits/hours; and major studies)

1. If application is for Provisionally Qualified Braille Instructor, list supervising instructor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and phone \_\_\_\_\_\_\_\_\_\_\_\_\_.

Note: This supervisor must, whenever possible, be an Advanced or Qualified Braille Instructor.

**A P P L I C A T I O N**

**Braille INSTRUCTion**

Additional teaching and/or work experience: (start with most recent)

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Describe Braille Teaching Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Teaching hrs/week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

Describe Braille Teaching Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teaching hrs/week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

Describe Braille Teaching Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teaching hrs/week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(list additional relevant experience on reverse side of this page.)

Check additional skill area (these are not required skills):

 \_\_\_\_\_ Adaptive Technology \_\_\_\_\_ Nemeth Code

 \_\_\_\_\_ Computer Code \_\_\_\_\_ Braille Music

 \_\_\_\_\_ Knowledge of library and Braille transcription services.

WITH APPLICATION, INCLUDE ONE LETTER OF REFERENCE THAT WILL CONFIRM CURRENT EMPLOYMENT, YOUR KNOWLEDGE OF BRAILLE, ABILITY TO MOTIVATE AND ASSESS CLIENTS; NEEDS, AND YOUR TEACHING SKILLS.

INCLUDE A COPY OF DIPLOMA OR CERTIFICATION DOCUMENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s Signature Date

**State Services for the Blind**

2200 University Avenue West

St. Paul, MN 55114-1840

**C O M P E T E N C I E S**

**BRAILLE INSTRUCTOR**

The following teaching competencies, required of the Braille Instructor, are to be possessed by the applicant or observed by the person responsible for the immediate supervision of the applicant.

1. Demonstrates the ability to motivate the client and to instill a positive attitude regarding adjustment to blindness. YES \_\_\_\_\_ NO \_\_\_\_\_
2. Knows anatomy of the eye and the functional limitations of common pathologies.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Demonstrates an understanding of varying ages and can identify age specific needs.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Demonstrates knowledge of the major physical/mental disabilities.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Demonstrates the ability to each people with different levels of functioning, different ages and experience, and with multiple disabilities. YES \_\_\_\_\_ NO \_\_\_\_\_
2. Demonstrates knowledge of assessment and goal planning; involves client in planning.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Demonstrates knowledge of the major services, community resources, organizations for blind – refers clients appropriately. YES \_\_\_\_\_ NO \_\_\_\_\_
2. Demonstrates knowledge of the basic principle of adult learning theory.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Demonstrates the ability to analyze tasks; can identify the step where an adaptive teaching method is needed. YES \_\_\_\_\_ NO \_\_\_\_\_
2. Demonstrates knowledge of the concept of “generalization of skills” and encourages clients to develop problem-solving skills. YES \_\_\_\_\_ NO \_\_\_\_\_
3. Demonstrates the knowledge and skills to provide consultation to other rehab personnel, family members, and community workers.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Demonstrates the ability to instruct groups. YES \_\_\_\_\_ NO \_\_\_\_\_

The following Braille competencies are to be tested by SSB or the person responsible for program supervision. SSB will request a copy of the test results or submit along with application.

1. Demonstrates the ability to instruct blind and visually impaired adults in areas of Braille usage.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Be able to demonstrate a thorough knowledge of the Unified English Braille Code (Contracted).

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Be able to demonstrate a thorough knowledge of Unified English Braille signs and contractions.

 YES \_\_\_\_\_ NO \_\_\_\_\_

1. Be able to demonstrate skills in transcribing Unified English Braille.

 YES \_\_\_\_\_ NO \_\_\_\_\_

The evaluation of competencies 1-4 above will include the following activities:

1. Reading aloud one page of Contracted Braille.
2. Transcribing eight lines using the Slate and Stylus.
3. Transcribing eight lines using the Perkins Brailler.
4. The preparation of 10 math examples in Braille, using correct format.
5. Be able to demonstrate knowledge and skills in the determination of the client’s potential for using Braille (tactile, motor, and cognitive potential) and be able to assess the client’s needs.

 YES \_\_\_\_\_ NO \_\_\_\_\_

The evaluation of competency 5 will include one or more of the following methods:

 1. Questions based on simulated case studies.

 2. Review of actual lesson plans.

 3. Review of professional references.

6. Be able to demonstrate knowledge and ability in methods of teaching reading- tracking, tactile discrimination, and character recognition.

 YES \_\_\_\_\_ NO \_\_\_\_\_

7. Be able to demonstrate ability to teach Braille writing using Slate and Stylus and Perkins

Brailler.

 YES \_\_\_\_\_ NO \_\_\_\_\_

The Evaluation of competencies 6 and 7 will be made through observation of the teacher and student – or through observation of a simulated teacher/student situation, and will include observation of the following:

* Explaining to a new student the rationale for the use of Braille.
* Demonstration of the correct technique for positioning the hands.
* Using an instruction book, teach from Lesson One.
* Teaching use of Perkins Brailler.
* Correcting student’s errors on a Brailled page, demonstrating how corrections are made.

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to:

Jennifer Beilke

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