

Attention!

There are 2 different cards in this document for DeafBlind

1) English Speaking DeafBlind 2) Non-English Speaking DeafBlind

There is a section at the bottom that indicate 4 steps of what the other person needs to do. You can add text via Adobe or handwrite them in.

This is an example of what to write:

FOLLOW THE SEQUENCE OF THESE STEPS:

**1. Return this card to my hand to let me know
that you have read it**

**2. If I keep the card: I will now get my
communication device**

**3. If I hand the card back - contact my
emergency contacts on the back**

4.

The DeafBlind person who will be using this card needs to have the final say in what is written for the steps



I AM DEAF AND BLIND

I MAY NOT BE ABLE TO HEAR OR SEE YOU

GET MY ATTENTION FIRST

APPROACH FROM FRONT - YOU MAY TAP MY SHOULDER

I REQUIRE ALTERNATIVE COMMUNICATION

GO SLOW - STAY PATIENT

OFFER YOUR SHOULDER/ELBOW AS A GUIDE

LET ME KNOW IF YOU LEAVE

I MAY BE IN DISTRESS

I AM DEAF AND BLIND

I MAY NOT BE ABLE TO HEAR OR SEE YOU

GET MY ATTENTION FIRST

APPROACH FROM FRONT - YOU MAY TAP MY SHOULDER

I REQUIRE ALTERNATIVE COMMUNICATION

GO SLOW - STAY PATIENT

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LET ME KNOW IF YOU LEAVE

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I AM DEAF AND BLIND

I MAY NOT BE ABLE TO HEAR OR SEE YOU

GET MY ATTENTION FIRST

APPROACH FROM FRONT - YOU MAY TAP MY SHOULDER

I REQUIRE ALTERNATIVE COMMUNICATION

GO SLOW - STAY PATIENT

OFFER YOUR SHOULDER/ELBOW AS A GUIDE

LET ME KNOW IF YOU LEAVE

I MAY BE IN DISTRESS

I NEED ACCOMIDATIONS PROTECTED BY SECTION 504 TO COMMUNICATE WITH YOU:

- WRITING CAPITAL LETTERS ON MY HAND _____
- TACTILE SIGN LANGUAGE / INTERPRETER _____
- SCREEN BRAILLE COMMUNICATOR _____
- _____

FOLLOW THE SEQUENCE OF THESE STEPS:

1. _____

2. _____

3. _____

4. _____

I NEED ACCOMIDATIONS PROTECTED BY SECTION 504 TO COMMUNICATE WITH YOU:

- WRITING CAPITAL LETTERS ON MY HAND _____
- TACTILE SIGN LANGUAGE / INTERPRETER _____
- SCREEN BRAILLE COMMUNICATOR _____
- _____

FOLLOW THE SEQUENCE OF THESE STEPS:

1. _____

2. _____

3. _____

4. _____

I NEED ACCOMIDATIONS PROTECTED BY SECTION 504 TO COMMUNICATE WITH YOU:

- WRITING CAPITAL LETTERS ON MY HAND _____
- TACTILE SIGN LANGUAGE / INTERPRETER _____
- SCREEN BRAILLE COMMUNICATOR _____
- _____

FOLLOW THE SEQUENCE OF THESE STEPS:

1. _____

2. _____

3. _____

4. _____



ENGLISH IS NOT MY PRIMARY LANGUAGE

I AM DEAF AND BLIND

I MAY NOT BE ABLE TO HEAR OR SEE YOU

I MAY BE IN DISTRESS

GET MY ATTENTION FIRST

APPROACH FROM FRONT - YOU MAY TAP MY SHOULDER

I REQUIRE ALTERNATIVE COMMUNICATION

GO SLOW - STAY PATIENT

OFFER YOUR SHOULDER/ELBOW AS A GUIDE

LET ME KNOW IF YOU LEAVE

I NEED ACCOMIDATIONS PROTECTED BY SECTION 504 TO COMMUNICATE WITH YOU:

- LANGUAGE: _____
- WRITING CAPITAL LETTERS ON MY HAND _____
- TACTILE SIGN LANGUAGE / INTERPRETER _____
- SCREEN BRAILLE COMMUNICATOR _____
- _____

FOLLOW THE SEQUENCE OF THESE STEPS:

1. _____

2. _____

3. _____

4. _____



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LET ME KNOW IF YOU LEAVE

I NEED ACCOMIDATIONS PROTECTED BY SECTION 504 TO COMMUNICATE WITH YOU:

- LANGUAGE: _____
- WRITING CAPITAL LETTERS ON MY HAND _____
- TACTILE SIGN LANGUAGE / INTERPRETER _____
- SCREEN BRAILLE COMMUNICATOR _____
- _____

FOLLOW THE SEQUENCE OF THESE STEPS:

1. _____

2. _____

3. _____

4. _____



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I NEED ACCOMIDATIONS PROTECTED BY SECTION 504 TO COMMUNICATE WITH YOU:

- LANGUAGE: _____
- WRITING CAPITAL LETTERS ON MY HAND _____
- TACTILE SIGN LANGUAGE / INTERPRETER _____
- SCREEN BRAILLE COMMUNICATOR _____
- _____

FOLLOW THE SEQUENCE OF THESE STEPS:

1. _____

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3. _____

4. _____
