

Wisconsin Families for Hands & Voices and the Wisconsin Educational Services Program for the Deaf and Hard of Hearing present:



# Distant Pals

Many children who are deaf or hard of hearing throughout Wisconsin sometimes feel isolated and question where they fit in. Distant Pals is a new program sponsored by Wisconsin Families for Hands & Voices and the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH) - Outreach. The goal of this program is to connect children who are deaf and hard of hearing throughout the state and provide them with peer relationships and healthy role models.

Distant Pals' Program Goals include:

- To encourage safe, healthy, and positive relationships between children who are deaf and hard of hearing
- To support literacy skills through letter writing and organized activities
- To cultivate peer to peer relationships and mentor/mentee relationships and encourage appropriate social skills through these interactions.

## How does Distant Pals work?

Six times a year an activity will be mailed out to each participant of Distant Pals. Your deaf or hard of hearing child/student will be required to complete this activity within two weeks. Activities will include writing a simple letter and may also involve making a scrap book page, creating a care package, writing a special story, making a puzzle, etc.

When the activity is complete, it will be mailed to Distant Pals. **Personal addresses WILL NOT be given out.** All letters and activities for individual participants will go through Wisconsin Families for Hands & Voices. All letters and activities for classroom participants will go through WESPDHH. This allows Distant Pals to remain safe and ensures all children regularly receive something special in the mail. Children and schools who consistently participate in Distant Pals will receive special prizes!

## What kind of commitment does Distant Pals require?

Distant Pals requires the completion each of the activities, six times a year. These activities may require additional help from the child's parent or teacher. Once an activity is received, each participant will have two weeks to complete the activity and mail it back to Distant Pals.



HANDS &  
VOICES

Sponsored by Wisconsin Families for Hands & Voices and the Wisconsin Educational Services Program for the Deaf and Hard of Hearing

Wisconsin Families for Hands & Voices and the Wisconsin Educational Services Program for the Deaf and Hard of Hearing present:



# Distant Pals

Registration/Sign up -----Teacher Form

Teacher Name: \_\_\_\_\_

School District: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of DHH Students:

K-2<sup>nd</sup> Grade: \_\_\_\_\_ 3<sup>rd</sup>-5<sup>th</sup> Grade: \_\_\_\_\_

6<sup>th</sup>-8<sup>th</sup> Grade: \_\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> Grade: \_\_\_\_\_

- I prefer to match my students up peer to peer. (With a student of similar age.)
- I prefer to match my students up with mentors/mentees. (With either an older or younger student.)

I understand that completion of this form indicates a commitment to participate in this program. I will ensure each student completes each activity and I will return it to Distant Pals by the due date. I commit to monitor appropriate correspondence in maintaining a healthy and positive relationship between students. I am aware that any individual student that abuses this program may lose their Distant Pal privileges. I am aware that it is my responsibility to inform the students of the rules of participation in this program.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date



Please return Distant Pals Teacher Registration form to:  
Stefanie Kessen, Educational/Diagnostic Specialist, WESP-DHH Outreach  
364 Grand Avenue, Wausau, WI 54403  
(715) 261-7717 – v/tty; (715) 261-7757 - fax



Wisconsin Families for Hands & Voices and the Wisconsin Educational Services Program for the Deaf and Hard of Hearing present:



# Distant Pals

Registration/Sign up -----Parent/Child Form

Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School District: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Child's e-mail: \_\_\_\_\_

Age of Deaf or Hard of Hearing Child: \_\_\_\_\_

Male

Female

Mode of Communication:

Oral

Sign

Both

I prefer to match my child up with a peer. (With a child of similar age.)

I prefer to match my child up with a mentor or mentee. (With either an older or younger child.)

I understand that completion of this form indicates a commitment to participate in this program. I will ensure my child will complete each activity and return it to Distant Pals by the due date. I commit to monitor appropriate correspondence in maintaining a healthy and positive relationship between children. I am aware that any individual child that abuses this program may lose their Distant Pal privileges. I am aware that it is my responsibility to inform my child of the rules of participation in this program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I commit to participate in the Distant Pals Program. I will obey the rules of Distant Pals.

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Date



Please return Distant Pals Parent Registration form to:  
Laurie Nelson, Parent Liaison, WESP-DHH Outreach  
P.O. Box 7841, Madison, WI 53707-7841  
(608) 266-6438 – v/tty; (608) 267-3746 - fax

