



Entrusted to Serve the Deaf and Hard of
Hearing Community Since 1990.

Chicago Area Interpreter Referral Service (CAIRS)

CAIRS AMERICAN SIGN LANGUAGE (ASL) COURSE

COURSE REGISTRATION FORM

(EFFECTIVE MARCH 2011)

The *Chicago Area Interpreter Referral Service (CAIRS)* will be begin offering American Sign Language (ASL) courses as of March 2011. All sign language courses will be held for a period of six weeks, for two hours each week. Initially, only the Level One course will be offered on Thursday evenings from 6:00 to 8:00 PM, at 17 North State Street, Suite 1650, Chicago, Illinois. Course size will be limited to a maximum of ten students to ensure high quality individual attention and training effectiveness. The total fee for each participant will be \$115.00. All utilized learning materials will be provided at no extra charge. All CAIRS sign language courses will be taught by Scott Mosley, a native speaker of ASL. Mr. Mosley attended Gallaudet University and has substantial experience in ASL instruction. Presently, Mr. Mosley is a member of CAIRS' team as an interpreter-services coordinator and serves as an ASL language mentor with the Interpreter Training Program (ITP) at Columbia College, Chicago, Illinois.

Individuals interested in course enrollment or seeking additional information must contact Scott Mosley via e-mail at scott@cairs.net or by video phone at (866) 401-0923. All interested participants will be assigned to a pre-registration list, prior to receipt of completed registration and payment.

REGISTRATION SECTION

***** Please Note That This Registration Must Be Approved by CAIRS Prior to ASL Course Participation *****

ASL COURSE (LEVEL ONE): 2-hour class, once a week for six weeks, a total of twelve hours of instruction.

The Level One course is designed to provide a comprehensive topic introduction and successful completion is required for ASL Level Two Course eligibility. Through this introductory course, students will learn "The ABCS," vocabulary, non-manual behaviors and grammatical features. Students will develop competency in both expressive and receptive skills through topic discussion such as exchanging personal information, talking about surroundings, residences, families and activities.

SCHEDULED COURSE ONE START DATES/TIMES (Please note that each course must have a minimum of six registered students to convene):

___ Thursday, 03/17/11 – 04/21/11, 6 PM to 8 PM

ASL COURSE (LEVEL TWO): 2-hour class, once a week for six weeks, a total of twelve hours of instruction.

The Level Two course will focus on the continued development of conversational fluency in ASL. This will include expanded instruction in finger spelling, vocabulary, and grammatical structures. In addition, instruction will also include the use of classifiers, signing space in ASL, giving directions, physical characters, making requests, discussions of occupations, daily routines, etc.

SCHEDULED COURSE TWO START DATES/TIMES (Please note that each course must have a minimum of six registered students to convene):

Dates -- To Be Announced

PAYMENT SECTION

Please forward this completed registration along with a check payable to "*Chicago Area Interpreter Referral Agency*" in the total amount of **\$115.00** and mailed to: **CAIRS, ATTN: Shawn Flynn, 17 North State Street, Suite 1650, Chicago, Illinois, 60602.** (NOTE: All course registration fees will be funded without penalty and checks returned within ten business days, if a course does not convene for any reason.)

Please direct all payment questions to Shawn Flynn, CAIRS Fiscal Officer (E-Mail: shawn@cairs.net / Phone: 312-895-4300, Ext. 240)

IN NO EVENT WILL THE CHICAGO AREA INTERPRETER REFERRAL SERVICE (CAIRS) BE LIABLE FOR ANY DAMAGES, INCLUDING WITHOUT LIMITATION ANY DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES ARISING OUT OF, BASED ON, OR RESULTING FROM THESE TERMS OF SERVICE, OR USERS PARTICIPTION IN ANY CAIRS SPONSORED EDUCATION.

Participant Contact Information:

Email: _____

Phone number: _____

Address: _____

Signature: _____

Date: _____