OHIO STATE SCHOOL FOR THE BLIND
5220 NORTH HIGH STREET
COLUMBUS, OHIO 43214
(614) 468-8869

SUMMER WORK AND LEARN PROGRAM
JUNE 23 THROUGH JULY 25, 2014

APPLICATION FORM

Please complete and return this application form to your BSVI or VRP3 Counselor. Completing and returning this packet by May 9, 2014 will assist us (OSSB), in planning to best support your needs for the program.

General Information:

NAME_____ DATE OF BIRTH _____

ADDRESS_____

CITY_____ ZIP_____

TELEPHONE: (Home) _____ (Cell) _____ (Work) _____

EMERGENCY CONTACT INFORMATION: Name_____

Relationship _____ Phone _____

Person completing this form _____

BSVI Information:

1. Who is your BSVI or VRP3 Counselor _____

   BSVI/VRP3 Office Location _____

   BSVI Office Phone Number _____

2. Have you been involved in any other training program sponsored by BSVI?

   Yes ☐ No ☐ If yes, what programs were they?

   _____

3. If you have an I.P.E. from your counselor, what is your employment goal?

   _____

   _____

School Information:

1. Are you a high school graduate? ☐ Yes ☐ No

   If yes, when was your graduation date _____

2. If you are still in high school, what grade are you in? _____

3. When do you plan to graduate? _____

4. Do you have an active IEP with your school district? ☐ Yes ☐ No

   If yes, **you <u>must</u> provide a copy of your IEP with transition plan**.

School district of residence _____

School district of service _____

School phone number _____

School contact person _____

Teacher, Teacher of the Visually Impaired, Vocational, Career or Guidance Counselor, Transition Coordinator, Principal, etc.

Contact person phone number _____

5. What related service(s) are you presently receiving?

   ☐ Orientation and Mobility
   ☐ Technology
   ☐ OT Service
   ☐ Braille Instruction
   ☐ Daily Living Skills
   ☐ Speech and Language Therapy
   ☐ PT Services
   ☐ Transition Services
   ☐ Other (please specify)

6. Do you use assistive technology or adaptive equipment? ☐ Yes ☐ No

   What type of technology or adaptive equipment do you presently use?

   _____

   _____

7. If you are a Braille reader, what level of skills do you have?

   ☐Beginning ☐Intermediate ☐Advanced ☐None

8. What is your reading level? _____

9. What is your math level? _____

10. How many subjects of the OGT have you passed?

    _____

11. Do you have a secondary disability, besides visual impairment, for which you need accommodations and/or modifications of curriculum or program? Please

describe: i.e. ADHD, Learning Disability, Autism Spectrum Disorder, Orthopedic Impairment, TBI, cognitive or developmental disability, etc.

Yes _____ No_____ If yes, please describe accommodations and/or modifications._____

_____

_____

12. Do you have a County Board of Developmental Disabilities (CBDD) service coordinator or provider? Yes_____ No_____

If yes, please provide name and contact information_____

_____

Health Information*:

1. Cause of visual impairment or blindness_____
2. Visual acuity (if known) _____
3. Age of onset _____
4. Can you independently take and be responsible for your own medications?

   Yes_____ No_____

   Explain_____

   _____
5. In addition to your visual impairment, are there any special circumstances in which adaptations or accommodations need to be made for mobility purposes?

   Yes _____ No _____

   What type of equipment or mobility devices do you use?

   _____

   _____

***The Summer Work and Learn Program **will not** have medical or health services available during the program. Participants are **required** to complete the Medical Information document, the Emergency Medical Plan and Emergency Contact Information prior to the start of the program. You will receive these forms along with

your acceptance letter. Each participant is responsible for their own health and safety. There will be only minimal supervision available in the cottages at night.

About You:

1. What are some characteristics that best describe you? _____

_____

_____

_____

2. Why do you want to participate in the Summer Work and Learn Program?

_____

_____

_____

_____

If you have any questions regarding the program or the application, please contact Ann Pilewskie at OSSB. 614-468-8894, or apilewskie@ossb.oh.gov.

Once we have received your written application form, we will schedule an interview with you to complete the application process. Interviews will take place after the May 9th deadline.