

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

SUMMER WORK AND LEARN PROGRAM
JUNE 22 THROUGH JULY 24, 2015

APPLICATION FORM

Please complete and return this application form to your BSVI or VRP3 Counselor. Completing and returning this packet by April 24, 2015 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 must 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?

<input type="checkbox"/> Orientation and Mobility	<input type="checkbox"/> Daily Living Skills
<input type="checkbox"/> Technology	<input type="checkbox"/> Speech and Language Therapy
<input type="checkbox"/> OT Service	<input type="checkbox"/> PT Services
<input type="checkbox"/> Braille Instruction	<input type="checkbox"/> Transition Services
	<input type="checkbox"/> 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 April 24th deadline.