



Career Exploration Camp
2017 Student Application
June 4, 2017- June 16, 2017

Counselors please have final completed applications submitted to Tamara Fisher at OSSB by February 10, 2017 for consideration of acceptance into the program.

General Information:

Student Name:

Date of Birth: ____/____/____

Student Address:

Phone Number:

Parent/Guardian Name:

School District:

BSVI Information:

BSVI Coordinator Name:

BSVI Office Location:

BSVI Contact Number:

School Information:

Are you a high school graduate? YES or NO If
yes, when was your graduation date?

When do you plan to graduate?

What related services are you presently receiving?

Do you use adapted equipment and if so what type?

Please list accommodations you will need to be successful in school or on a job site; including all technology.

If a Braille reader, what level do you read?

Secondary Concerns:

Please list any secondary diagnosis listed on your current IEP that will assist the Summer Work and Learn staff in making appropriate decisions regarding your individualized programming.

Secondary Diagnosis:

If you receive support from your county board of DD please list contact information below:

Counselor Name:

Counselor Phone Number:

Health:

The Summer Work and Learn 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 Summer Work and Learn Packet upon acceptance into the program. Each participant is responsible for his/her own health and safety.

If you have any questions after reading this application, please contact [Tamara Fisher](#) at the Ohio State School for the Blind at [614-468-8894](tel:614-468-8894) or tfisher@ossb.oh.gov