



Short Term Programs

To: Interested Instructors, Parents, Guardians, and Students

Re: Short Term Program: Braille Instruction

Date(s) of Program: May 2-3, 2022 and May 9-10,2022

Thank you for your interest in OSB’s Short Term Programs. Please complete the application and return the application forms as soon as possible to OSB

Attn: Samantha Charles

Email: scharles@osb.k12.ok.us

Fax: 918-781-8296

The deadline for submission is April 14, 2022.

The purpose of Short Term Programs at OSB is to educate and train *both* a student and their instructor as a team. Both participants *must* attend in order to be accepted into the program. We are hoping to provide lodging for all participants, but this will depend on space availability.

Check In: Monday, May 2, 2022 11:00-11:30

Please arrive in the main parking lot. Enter the doors under the large OSB Panther and check in the main office.

Please feel free to attach a letter to this application describing concerns you may have regarding your child or anything that would help us know your child better.

Students must submit the following information with the application forms:

- Current immunization (shot) records
- Copies of health insurance cards
- Medical information, including any physician’s orders with physical restrictions, allergies, and list of current medications
- Indian Tribal Card, if applicable

School Child Currently Attends: _____

VI Teacher Name: _____

VI Teacher Contact Phone: (_____) _____

Empowering Oklahomans with Disabilities

Appendix A
2022 STUDENT INFORMATION/SCHOOL RELATED

This form should be completed by the teacher most knowledgeable about the student's program and returned to Oklahoma School for the Blind.

Name of Student: _____

Name of Adult Instructor/Participant: _____

Relationship to student: Teacher Para Other: _____

Phone #: _____

Current Grade Placement: _____

Strengths:

Weaknesses:

Type of Program the student is currently enrolled:

_____ Inclusion in regular classroom

_____ Special Ed. Full or Part-Time

_____ Behavior Program

_____ VI Consultation Basis

Check any of the following which apply to the student:

_____ Glasses _____ Contact Lens

_____ Magnifier

_____ CCTV

_____ Telescope

_____ Other Adaptations

_____ Cane

Does your student use:

_____ Print

_____ Braille

_____ Both

_____ N/A

In the event of an emergency it is essential that we have accurate contact information for you.

Student Name: _____ Male Female

DOB: _____ Age: _____ Grade level _____

Parent or Legal Guardian: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

E-mail Address: _____

Emergency Contact: Please list, in preferred order, two other people we should contact in the event we are unable to reach you in an emergency.

Name: _____

Relationship to Student: _____

Emergency Telephone: (_____) _____

Name: _____

Relationship to Student: _____

Emergency Telephone: (_____) _____

MEDICAL INFORMATION

Yes No I give permission to administer over the counter medication during summer camp (i.e. Tylenol, cough syrup). Please list any restriction regarding over the counter medication:

- _____
- _____
- _____

Yes No Any history of seizures? If yes, please list symptoms and date of last seizure.

- _____
- _____

Yes No Does your child have a shunt? If yes, please describe.

- _____
- _____

Yes No Should your child be restricted from any type of recreation or physical activity? If yes, please explain.

- _____
- _____

Yes No Any diet restrictions? Any food allergies? Please list:

- _____
- _____

NOTE: MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH YOUR CHILD'S NAME ON THE LABEL AND BE PRESCRIBED BY A DOCTOR.

IF YOUR CHILD HAS ADRENAL INSUFFICIENCY, ASTHMA, DIABETES, SEIZURES: PLEASE REMEMBER TO BRING ALL EMERGENCY MEDICATIONS.

Please list the medications your child currently takes:

- _____
- _____
- _____
- _____
- _____
- _____

Please list below any special health problems including allergies and any other health information that may be useful in the event of an injury or illness:

- _____
- _____
- _____
- _____
- _____
- _____

PERMISSIONS AND RELEASES

Please complete the following in full, including date and signature.

- Yes No I do/ do not authorize Oklahoma School for the Blind Superintendent or designated employee to act on my behalf in case of needed emergency medical care for my child in the event I am unable to be contacted. I will be notified immediately of my child's condition and treatment.
- Yes No I do / do not give OSB authorization to take my child to the nearest hospital if emergency services become necessary. If my child is taken to a hospital for emergency services and I cannot be reached, I will take full responsibility for the medical cost.
- Yes No I do / do not confirm that my child has permission to attend school-sanctioned activities. Students are accompanied by school employees and transported in school vehicles for various activities.
- Yes No I do / do not give consent for my child to learn about his/her eye condition and appropriate modifications and adaptations.
- Yes No I do / do not understand that if my child is found in possession of drugs, alcohol, weapons, or any other contraband, he/she will be expelled from OSB Short Term Program and I will be called to immediately come to the school and pick up my child.
- Yes No I do / do not understand that OSB's Short Term Program cannot accept participants who might endanger themselves or other people. By checking yes, I am stating that my child does not have any violent tendencies and has never injured anyone, including himself/herself.

- Yes No I do / do not understand that OSB's Short Term Programs cannot accept participants who are not independent in their living skills (showering, dressing, toileting, eating).
- Yes No I do / do not give consent that photographs, and/or electronic images of my child can be released in newspapers, magazines, brochures, school films, website or other types of media regarding Short Term Programs.
- Yes No I do / do not give consent for information about my child and his/her progress in Short Term Programs to be released to his/her local school.

The following people have permission to visit or call my child at school, take my child off campus, pick up and/or transport my child to/from school and/or from the bus stop:

Name: _____
Relationship to Student: _____
Telephone: (_____) _____

Name: _____
Relationship to Student: _____
Telephone: (_____) _____

Parent's signature: _____
Date: _____

What to Bring

- Clothing
 - Seasonally Appropriate (some activities will take place outside)
 - Pajamas
 - School Appropriate clothing
 - Closed Toe Shoes
- Personal Care Products
 - Feminine Care Products
 - State Issued Shampoo/Conditioner/Soap is available
 - Toothbrush and tooth paste
 - Deodorant
 - Etc.
- Braille Writer
 - Let Samantha Charles know if you do not have one to bring
- Building on Patterns
 - Teacher Manual
 - First 3 Books:
 - People Can
 - For Me
 - Kate and Zack
- Cane (if Applicable)

Learning Objectives

- The student and Instructor will understand and know how to use the braille writer in order to complete writing assignments.
- The student and instructor will learn ways to strengthen tactile discrimination, pre braille skills, and and tactual activities to help ready the student for braille instruction.
- The student and instructor will understand and know how to use the Building on Patterns Curriculum to teach and learn braille.
- The student and instructor will understand and know how to incorporate and use braille in their classroom setting to further the students' success.

Please return application to:
Oklahoma School for the Blind
Attn: Samantha Charles
3300 Gibson Street, Muskogee, OK 74403
(817) 944-7893, Toll Free in OK 1-877-229-7136, Fax (918) 781-8296
Email: scharles@osb.k12.ok.us