

Summer Reading Program

The Oklahoma School for the Blind will be offering a Summer Reading Program for students who are identified as visually impaired and have completed Kindergarten through 3. This will be in addition to our regular summer camps. Reading instruction will be for half of the day. The Reading Program will end at noon on Fridays. It will run two weeks from June 3rd through June 14th. Transportation is offered to designated home going locations on Fridays and for students returning on Sunday after the first week. Students will need to be brought to school on Sunday, June 2nd for enrollment between 3:00 and 4:00 p.m.

Students that have been identified as having a significant deficiency in reading or have not scored proficient on their 3rd grade reading test will be considered first. This program will be taught by a reading coach and teachers that have VI certification. Those interested in attending must complete the following application. To qualify, their reading level must be at least one level below current grade level and literacy testing must be submitted so that specialized instruction can be planned for your student. There will be a limited number of slots available for this program. Please submit this form along with the STEAM Summer Camp application by April 25th, 2019.

Please check the one that applies:

I would like for my child to reside at OSB for the reading program.

I do not wish for my child to reside at OSB for the reading program.

Please fax, email, or mail the application forms to:

Fax: 918-781-8299

Oklahoma School for the Blind

Attn: Shawna Coplen, Early Elementary Principal

3300 Gibson St.

Muskogee, OK 74403

Email: scoplen@osb.k12.ok.us

Oklahoma School for the Blind

Summer Reading Program

Student Name

School District

Student Address

Grade Level _____ Reading Level _____

District Contact and Number

Parent's Contact Number

Reading Areas of Weakness

(Check areas of identified weakness)

_____ Phonological Awareness

_____ Phonics

_____ Fluency

_____ Comprehension

_____ Vocabulary

Student's APP Level at the end of the school year.

_____ Tier I _____ Tier II _____ Tier III

Additional Testing

(Check assessment that was used and provide copies with the application)

_____ Literacy First

_____ The Children's Progress Academic Assessment

_____ DIBELSs Next

_____ Developmental Reading Assessment Plus

_____ Measures of Academic Progress

_____ Star Early Learning

_____ Woodcock Reading Mastery Tests

_____ Other _____

Score on the most current OCCT Reading Test _____

Learning Media

_____ Large Print

_____ Braille

To: Interested Parents, Guardians and Students
Re: Summer Reading Camp Application Forms

Thank you for your interest in OSB's summer camp programs. Please download and complete the application and return the application forms as soon as possible to OSB.

The deadline for submission is April 25th, 2019.

Please note that camp is 2 weeks long this year. Students will go home on the weekend.

Check-in is on Sunday, June 2nd, 2019. Please arrive in the following order:
3rd – Kindergarten 3:00 – 4:00

Note: Grade level is referring to the grade the student just completed.
Please arrive in the main parking lot . There will be signs directing you to the West Lobby entrance.

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.

****Please note that there is a school form to be filled out and sent in by the school.**
(Appendix A)

CURRENT OSB students need only UPDATES to medical information.

Non OSB Students must submit the following information with the application forms:

- Current eye report
- Current immunization (shot) records
- Copies of health insurance cards
- Medical information, including list of current medications
- Indian Tribal Card, if applicable

School Child Currently Attends: _____

VI Teacher Name: _____

VI Teacher Contact Phone: (_____) _____

T-Shirt Size: Please choose one.

Youth Sizes: S M L XL

Adult Sizes: S M L XL XXL XXXL

The staff at Oklahoma School for the Blind is excited to have your child join us for summer camp. We have a variety of fun activities planned and some examples are: inflatables, cookouts, fishing, swimming, water parks, running, climbing, and cross fit. Your child's safety is our foremost objective when designing and implementing this program. Please be aware that activities such as these could result in minor bumps or bruises.

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 Fall 2019

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? Please list:

▶ _____
▶ _____

NOTE: MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH YOUR CHILD'S NAME ON THE LABEL AND BE PRESCRIBED BY A DOCTOR. PLEASE BRING TO CAMP AT LEAST A 6-DAY SUPPLY.
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 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 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 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 give consent for my child to learn about his/her eye condition and appropriate modifications and adaptations.
- Yes No I understand that if my child is found in possession of drugs, alcohol, weapons, or any other contraband, he/she will be expelled from OSB Summer Camp and I will be called to immediately come to the school and pick up my child.
- Yes No I understand that OSB's Summer Camp 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 understand that OSB's Summer Camp cannot accept participants who are not independent in their living skills (showering, dressing, toileting, eating).
- Yes No I 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 summer camp.
- Yes No I give consent for information about my child and his/her progress in summer camp 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: (_____) _____

Name: _____

Relationship to Student: _____

Telephone: (_____) _____

Parent's signature: _____

Date: _____

This page to be filled out by **parent/guardian**

STUDENT: _____

The OSB Summer Program is designed to provide students who attend their local school during the regular school year with unique educational opportunities, specific skill training, remediation and reinforcement of academic skills, access to specialized equipment and leisure activities.

Please check only 3 skills which would be of benefit to your child. Please rate in order of importance: 1, 2, 3 with 1 being the most important and 3 being the least important.

_____ Braille Reading

_____ Abacus

_____ Mathematics

_____ Independent Living Skills

_____ Assistive Technology specific to blind and low vision students

Please list your specific concerns or problems your child is experiencing?

Please return application to:
Oklahoma School for the Blind
Attn: Shawna Coplen
3300 Gibson Street, Muskogee, OK 74403
(918) 781-8200, Toll Free in OK 1-877-229-7136, Fax (918) 781-8299
Email: scoplen@osb.k12.ok.us

Appendix A
2019 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 Teacher: _____ Summer Phone #: _____

Current Grade Placement: _____

Functioning Grade Levels:

_____ Math _____ English/Language
_____ Reading

Strengths:

Weaknesses:

Type of Program the student is currently enrolled:

_____ Inclusion in regular classroom _____ Special Ed. Full Time
_____ Behavior Program

Paraprofessional: N/A _____ Full Time _____ Part Time _____

Primary Handicapping Condition: _____

Check any of the following which apply to the student:

_____ Glasses _____ Contact Lens _____ Magnifier _____ CCTV
_____ Telescope _____ Other Adaptations

Does your student use:

_____ Print _____ Braille _____ Both _____ N/A