

# 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 approximately half of the day. It will run for two weeks from June 7<sup>th</sup> through June 17<sup>th</sup>. Transportation is offered to designated home going locations at the end of the day on Thursdays and for students returning on Sunday after the first week. Students will need to be brought to school on Sunday, June 6<sup>th</sup> for enrollment between 3:00 and 4:00 p.m.

Students that have been identified as having a significant deficiency in reading or have scored below basic on their 3<sup>rd</sup> 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 OSB Summer Camp application (attached) by April 23<sup>rd</sup>, 2021.

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 email, or mail the application forms to:

Oklahoma School for the Blind  
Attn: Summer Reading Director  
3300 Gibson St.  
Muskogee, OK 74403  
Email: [scoplen@osb.k12.ok.us](mailto:scoplen@osb.k12.ok.us)

Oklahoma School for the Blind  
Summer Reading Program

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School District

\_\_\_\_\_  
Student Address

Grade Level (in the fall) \_\_\_\_\_ 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 \_\_\_\_\_

If student has completed 3<sup>rd</sup> grade we need score on the most current Oklahoma School Testing Program (OSTP) \_\_\_\_\_

Learning Media

\_\_\_\_\_ Large Print

\_\_\_\_\_ Braille

**OKLAHOMA SCHOOL FOR THE BLIND (OSB)**

**To:** Interested Instructors, Parents, Guardians, and Students  
**Re:** Summer Camp Application form  
**Date(s):** June 7, 2021 – June 17, 2021

Thank you for your interest in OSB’s Summer Camp Program. Please complete the application and **return the application forms as soon as possible to OSB:**

Mail to: Oklahoma School for the Blind  
Attn: Summer Camp Director  
3300 Gibson St.  
Muskogee, OK 74403  
Or Email to: [scoplen@osb.k12.ok.us](mailto:scoplen@osb.k12.ok.us)

**The deadline for submission is April 23, 2021.**

The camp is 2 weeks long and will run from June 7 through June 17. Students will go home on the weekend of June 11-13<sup>th</sup>. Summer camp will be dismissed at 3:00p.m. on Thursday, June 10 and students will return on Sunday, June 13. Camp will end at 3:00p.m. on Thursday, June 17.

<b>Check In:</b>	<b>Sunday, June 6<sup>th</sup>, 2021.</b>
<b>8<sup>th</sup> – 11<sup>th</sup> grade</b>	<b>1:00 - 2:00</b>
<b>4<sup>th</sup> – 7<sup>th</sup> grade</b>	<b>2:00 – 3:00</b>
<b>K – 3<sup>rd</sup> grade</b>	<b>3:00 – 4:00</b>

Unless otherwise indicated, all forms are to be completed by parent / legal guardian. 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 eye report
- 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 (LEA): \_\_\_\_\_

VI Teacher Name: \_\_\_\_\_

VI Teacher Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

# Appendix A

## STUDENT INFORMATION / SCHOOL RELATED (this page to be completed by teacher / LEA)

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: \_\_\_\_\_

Relationship to student:  Teacher  Para  Other: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Current Grade Placement: \_\_\_\_\_

Strengths:

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Weaknesses:

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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

## EMERGENCY CONTACT INFORMATION

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 2021) \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

**Name** (please print): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Name** (please print): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Telephone: (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION / PERMISSIONS**

Yes  No I give **permission to administer over the counter (OTC) medication** (i.e. Tylenol, cough syrup). – If **NO**, please list any restriction/s regarding OTC medications (use additional paper as needed):

- \_\_\_\_\_
- \_\_\_\_\_

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 **Does your child have any diet restrictions / food allergies?** - If **yes**, 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, OR SEIZURES - PLEASE REMEMBER TO BRING ALL EMERGENCY MEDICATIONS AS WELL AS AN ACTION PLAN FOR THE FIRST THREE CONDITIONS LISTED.**

Please list **all** medications your child currently takes (use additional paper as needed):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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 (use additional paper as needed):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL CARE OF A MINOR - OSB**

I the undersigned parent or person having legal custody or the legal guardianship of \_\_\_\_\_ DO HEREBY AUTHORIZE a representative of Oklahoma School for the Blind to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risk attendant upon each, and the risks attendant to forgoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the above named minor.

\_\_\_\_\_  
Date (Signature of parent or person having legal custody/guardian.)  
Print name: \_\_\_\_\_

\_\_\_\_\_  
(Street Address)

_____ (Mailing Address) (List who to contact in an emergency if unable to reach you.)		_____ Phone
Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TREATMENT INFORMATION: (Please complete ALL information.)**

Minor's Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
Insurance/Sooner care: \_\_\_\_\_  
Allergies: (food or medications) \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_  
Routine Medication being taking: \_\_\_\_\_

\_\_\_\_\_  
Medical History/Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Visual Diagnosis: \_\_\_\_\_  
Visual Acuity: \_\_\_\_\_  
Doctor (Name/Telephone No.): \_\_\_\_\_

## PERMISSIONS AND RELEASES

- Yes, I do** /  **No, I do not** authorize Oklahoma School for the Blind Superintendent or designated employee/s 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, I do** /  **No, I do not** give OSB authorization to take my child to the nearest hospital if emergency services become necessary.  
**If Yes:** 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, I do** /  **No, I 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, I do** /  **No, I do not** give consent for my child to learn about his/her eye condition and appropriate modifications and adaptations.
- Yes, I do** 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, I do** 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, I do** understand that OSB's Summer Camp cannot accept participants who are not independent in their living skills (showering, dressing, toileting, eating).
- Yes, I do** /  **No, I do not** give consent that photographs, and/or electronic images of my child be released in newspapers, magazines, brochures, school films, website or other types of media regarding Short Term Programs.
- Yes, I do** /  **No, I do not** give consent for information about my child and his/her progress in OSB Summer Camp to be released to his/her local school.



## PERMISSIONS AND RELEASES (continued)

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 (please print): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name (please print): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LEARNING OBJECTIVES

The OSB Summer Program is designed to provide students who attend with unique educational opportunities, specific skill training, and access to specialized equipment and leisure activities.

During summer camp we work on all areas of the Expanded Core Curriculum. These skills include Braille, Independent Living Skills, Assistive Technology, Orientation & Mobility, and Recreation and Leisure. We also work on Compensatory skills to accommodate for their visual impairment.

### PLEASE RETURN APPLICATION/S TO:

Oklahoma School for the Blind - Attn: Summer Camp Director  
3300 Gibson Street, Muskogee, OK 74403  
or Email: [scoplen@osb.k12.ok.us](mailto:scoplen@osb.k12.ok.us)

**For Questions, please call: (918) 781-8200,**  
Toll Free in OK 1-877-229-7136 or send an email to above listed email address.