

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 1st through June 11th. 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, May 31st 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 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 OSB Summer Camp application (attached) by April 24th, 2020.

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 Camp Director
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 (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 3rd 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 1, 2020 – June 11, 2020

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

The deadline for submission is April 24, 2020.

The camp is 2 weeks long and will run from June 1 through June 11. Students will go home on the weekend of June 5-7. Summer camp will be dismissed at 3:00p.m. on Thursday, June 4 and students will return on Sunday, June 7. Camp will end at 3:00p.m. on Thursday, June 11.

Check In:	Sunday, May 31, 2020.
8th – 11th grade	1:00 - 2:00
4th – 7th grade	2:00 – 3:00
K – 3rd grade	3:00 – 4:00

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:

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

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 2020) _____

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

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