OHIO STATE SCHOOL FOR THE BLIND
5220 NORTH HIGH STREET
COLUMBUS, OHIO 43214
(614) 752-1152 or (800) 310-3317

SUMMER 2017 CAMP INFORMATION FORM

General Information:

PARTICIPANT'S NAME_____

DATE OF BIRTH_____ Male☐ Female☐

ADDRESS_____

CITY_____ ZIP_____

PARENT(S) NAME(S)_____

PARENT'S TELEPHONE: (Home)_____ (Cell/Work)_____

E-MAIL ADDRESS:_____

EMERGENCY TELEPHONE* _____
*Complete Consent for Emergency Treatment/OSSB Medical Form A-1

CURRENT GRADE LEVEL OF STUDENT_____

CURRENT SCHOOL INSTRUCTOR OR CONTACT_____

CURRENT DISTRICT AND SCHOOL ATTENDING_____

CURRENT SCHOOL PHONE NUMBER_____

Learning Media:

Braille ☐ Large Print ☐ Regular Print ☐ Audio Materials ☐

Health Information:

Cause of Visual Impairment or Blindness_____

Visual Acuity: Left Eye Right Eye _____

Additional Disabilities: (Please explain)_____

_____

Allergies (include reactions to specific foods): _____

Medications:_____
*Complete Medication Authorization A-2 (Will be sent with registration packet from OSSB)

Behavioral Concerns: (Please explain)_____

_____

School Information:

1. What type of technology or adaptive equipment does your child presently use?

   _____

2. What level of Braille skills does your child presently have?_____

   _____

3. How long has he or she been a Braille reader? _____

4. What is your child's present reading level?_____

5. What is your child's present math level?_____

6. What are your child's favorite subjects?_____

   _____

7. What subject(s) does your child perform best academically?_____

   _____

Mobility Information:

1. Please check one, which most closely describes your community:
   ☐ Rural ☐ Urban ☐ Suburban

2. Can your child travel independently in your neighborhood? ☐ Yes ☐ No

3. Can your child cross streets or roads independently near your home?
   ☐ Yes ☐ No

4. Please check all types of streets, roads and intersections you know your child can cross safely:
   ☐ A quiet residential street ☐ A busy residential street
   ☐ Two-way stop sign intersection ☐ Traffic light with two busy main streets
   ☐ Other:

   _____

5. Can your child travel at night? ☐ Yes ☐ No

6. Please check services that student has received:
   ☐ Vision Stimulation and/or Training ☐ Concept Development
   ☐ Sensory Training ☐ Low Vision Evaluation
   ☐ Other _____

7. Are you aware of any orientation or mobility needs that the student has which are presently not being met or planned for?

   _____

8. Please list any mobility or low vision aids that your child uses. (If equipment is owned or on loan, please bring with you to summer program).

   _____

Please send completed form to: Ohio State School for the Blind, Summer Camp Registration, 5220 N. High Street, Columbus, OH 43214, or via Fax to 614-752-1713, or via email to ascottowens@ossb.oh.gov. If you have questions, please contact OSSB at (800) 310-3317 or (614) 752-1152.