



Career Connection Camp
2019 Student Application
June 16, 2019- June 28, 2019

Please complete the application and return to your OOD/BSVI counselor no later than March 8, 2019. Counselors, please have completed applications submitted to Tamara Fisher at OSSB by March 15, 2019, for consideration of acceptance into the program. **Students MUST submit a copy of his/her current IEP along with the application by March 15, 2019, for consideration into the program.**

General Information:

Student Name:

Date of Birth: ____/____/____

Student Address:

Phone Number:

Parent/Guardian Name:

School District:

BSVI Information:

BSVI Coordinator Name:

BSVI Office Location:

BSVI Contact Number:

School Information:

Are you a high school graduate? YES or NO

If yes, when was your graduation date?

If no, when do you plan to graduate?

Please list your visual diagnoses:

What related services are you presently receiving?

- Physical Therapy
- Occupational Therapy
- Speech
- Orientation and Mobility
- TVI Services
- Audiology
- Interpreting Services
- Other: _____

Do you use adapted equipment and if so what type?

- Cane
- Guide Dog
- Braille Note
- Magnification Devices
- Assistive Software
- Physical Adaptive Equipment (Wheelchair, walker, AFOs etc)
- Adaptive Hearing Equipment (FM, Hearing Aides, CI, etc)

Please list accommodations you will need to be successful in school or on a job site; including all technology.

- Braille
- Large Print (Please list size _____)
- Audio materials
- Tactile materials

If a Braille reader, what level do you read?

- Grade 1
- Grade 2

Secondary Concerns:

Please list any secondary diagnosis listed on your current IEP that will assist the Wellness Weekend staff in making appropriate decisions regarding your individualized programming.

Secondary Diagnoses:

If you receive support from your county board of DD please list contact information below:

SSA Name:

SSA Phone Number:

Transportation:

I understand I am to provide my own transportation to the Transition to Life program every Sunday by 4:00 pm and my way home on Fridays by 3:00 pm. Completion of the program will be on June 28, 2019, at 3:00 pm. Students will be exiting the program at 3:00 pm on June 28, 2019.

My plan for transportation is as follows:_____

My transportation contact information is:

Name: _____

Phone Number: _____

If you have any questions after reading this application, please contact [Tamara Fisher](#) at the Ohio State School for the Blind at [614-468-8894](tel:614-468-8894) or tfisher@ossb.oh.gov