

**KENTUCKY SCHOOL FOR THE BLIND
2020 SUMMER WORK PROGRAM
STUDENT APPLICATION**

Student Name: _____ DOB: _____

Age: _____ Male Female Grade completed 2019-2020: _____

Local School District: _____ School Now Attending: _____

Vocational Rehabilitation Case Worker/Phone Number: _____ / _____

Parent E-mail Address: _____

Parent/Guardian Name: _____

Address: _____
Street City Zip

Daytime Phone #: _____ Night Phone #: _____
(Please include area code on all phone numbers)

Emergency Contact: _____
Name Relationship to Student Phone #

Please list any medications your child/student takes: _____

Eye Condition: _____ Visual Acuity: _____

Are there any restrictions, behavior issues, and/or medical conditions we should be aware of? (Seizures, diabetes, allergies, special diet, sunburns easily, etc. Please explain: _____

1. Is the student able to complete all toileting activities independently? Yes No
2. Is the student able to eat and drink independently? Yes No
3. Is the student able to dress independently? Yes No
4. Is the student able to bathe independently? Yes No
5. Will your child be staying in the dorm? Yes No
6. If my child is not accepted into the Summer Work Program, I would like them to be considered for the MS/HS KSB Summer Enrichment Program? Yes No
7. Does your child/student receive services from a Teacher of the Visually Impaired? Yes No
If yes, please list Teacher's Name: _____
8. Is the student able to use intentional verbal language to communicate? Yes No
9. Does the student require medical supervision during the day, evening, or on field trips? Yes No
10. Does the student require a special diet? Yes No
11. Does the student exhibit behavioral issues (e.g., hit, bite, scratch, kick, etc.)?? Yes No
12. Does the student require constant supervision because he/she may wander or run away? Yes No
13. Does the student require constant supervision because he/she may harm self or others? Yes No

14. Does your child/student receive Orientation & Mobility services? Yes No
 If yes, please list Instructor's Name: _____
15. Does your child/student use a cane? Yes No
16. Can the student independently navigate the environment, with or without a cane? Yes No

My child/student uses the following: Large Print Regular Print Braille Glasses
 Contact Lenses Tapes Monocular Magnifier Cane CCTV
 Assistive Technology (please specify): _____

Note: KSB does not provide transportation

Work Program *** (June 14– June 26) ***** Activity Fee \$100**

Please list which work site you would prefer during the 2019 KSB Summer Work Program (Kentucky Kingdom or Louisville Zoo. American Printing House is only open to students who have been in the work program at least 1 year). We cannot guarantee your selection as the final decision is up to the job coaches and program coordinator. Maximum of 15 students will be hired for Kentucky Kingdom and maximum of 10 students will be hired for Louisville Zoo. Maximum of 5 students will be hired at APH.

1st pick: _____
 2nd pick: _____
 3rd pick: _____

Summer Work Program Requirements:

1. All students must be 16 or older, up to age 20 by June 1, 2020. No one age 21 or older may apply.
2. This program **IS** open to graduating seniors for the 19-20 school year
3. All students must be signed up as a consumer of the Kentucky Office for Vocational Rehabilitation
4. Each application must include (2) Letters of Recommendations from a teacher, a coach, or a community leader. (Not a member of the family)
5. Please submit the student's most recent IEP.
6. Please submit an up to date resume.
7. If required by a Certified Orientation and Mobility Specialist, students must use a cane
8. Be willing to do a phone or in person interview
9. Students will be placed at jobsite by Work Program coordinator and job coaches based on interviews, resumes, letters of recommendation, and on the job performance
10. Students and parent(s) are required to attend a mandatory orientation meeting on Sunday, June 14th following student registration at 3 PM.

Note: All activity fees are nonrefundable; therefore, do not pay the activity fee until your child has been accepted into the Summer Work Program. DEADLINE FOR APPLICATION: Marc 20, 2020 Please Note: Failure to meet the above deadline will result in the student not being considered for the summer program. Please only send in completed packets

MAIL, FAX, or EMAIL TO: Beth Baker
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 1867 Frankfort Avenue, Louisville, KY 40206
 Fax #: 502-897-2850
 e-mail to: beth.baker@ksb.kyschools.us



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Statewide Educational Resource Center on Blindness

Orientation and Mobility Permission Slip

I _____, give permission for my child, _____ to travel to and from their assigned Kentucky Kingdom, American Printing House for the Blind, or Louisville Zoo worksite independently. I understand all that the Kentucky Kingdom, American Printing House for the Blind and Louisville Zoo program entails and that my child will be required to travel independently as a part of their job requirements. Students will be monitored by an Orientation and Mobility Specialist the first few days of the program to ensure they are able to make it from the drop off point to their worksite independently and safely. Students not able to complete the above requirement by the end of the 3rd work day may be dismissed from the Work Program or reassigned to the MS/HS program.

Does the student use a cane currently at their home school or in unfamiliar environments as recommended by an Orientation and Mobility Specialist?

Yes No

_____/_____
Student Date

_____/_____
Parent/Guardian Date

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.

Who completed this form?

Name: _____

Title: _____