

Minnesota State Academy for the Blind
Application for Summer School/Extended School Year
July 9-July 20, 2012
Registration: Sunday, July 8
3:00-4:30pm

Applications must be received no later than Friday, May 18, 2012 and must include the student's most recent IEP. Applications will not be accepted without the IEP.

The Minnesota State Academy for the Blind Summer School Program is open to all blind/visually impaired students in the State of Minnesota. The summer school program is designed to provide growth opportunities for students who would like to experience something different than/or in addition to their regular school program. MSAB summer school is an option for students either as an Extended School Year Program as determined by the student's IEP or as a summer enrichment experience. Please check the individual program for which you are applying.

- Independence 101 (grades 7-12)
- Elementary (grades K-6)
- Multi-Challenged (all ages)

Student Name: _____ **Date of Birth** _____ M F

Please Indicate: Day Student Residential Student

PARENT/GUARDIAN INFORMATION:

Mother:

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

Father:

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

EMERGENCY INFORMATION:

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

SCHOOL INFORMATION:

Resident School District: _____ # _____

Special Education Director: _____ Phone #: _____

IEP Indicates ESY (Extended School Year): Yes No

Current Grade: _____ Mainstreamed: _____ Reading Mode: Print Braille Tapes

Does your child have an Educational Aide during the school year? Yes No

MEDICAL INFORMATION:

The following information will be required in order to process your child's application:

Does your child have any allergies? Yes No

If yes – what is the allergy? _____

What is the typical reaction? _____

Has your child been seriously ill or hospitalized during the last year? Yes No

If yes, please describe: _____

Does your child have a history of seizures? Yes No

If yes: What is the frequency: _____

What does your child's "typical" seizure look like _____

Does your child have asthma? Yes No

What medications are used? _____

When are medications used? _____

Is your child taking any medications on a daily basis? Yes No

If yes, must have a "Medication Request and Authorization" form completed by a physician

If yes, please name medications and reason:

Does your child have any dietary restrictions/needs? (For example: pureed foods, feeding tube, low fat, lactose intolerant, food allergies, etc.) Yes No

If yes, please explain _____

Calorie reduction diets need written documentation from family physician

Does your child have any restriction for physical activity? Yes No

If yes, please explain _____

If your child is accepted into summer school, a physical exam (by a medical doctor) completed within the last year will need to be submitted prior to the start of summer school.

INDEPENDENT LIVING SKILLS:

Does your child need total or significant assistance with any of the following (mark all sections):

Toileting Yes No

If yes, please explain: _____

Eating/Feeding self Yes No

If yes, please explain: _____

Dressing Yes No

If yes, please explain: _____

Personal Care (bathing, hair care, tooth brushing, etc.) Yes No

If yes, please explain: _____

To ambulate/move throughout school or dorm (wheelchair walker, assistive device, physical prompting?)

Yes No

If yes, please explain: _____

Sleep/Nighttime Issues (bedwetting, awake during night, etc.) Yes No

If yes, please explain: _____

SUMMER SCHOOL AND EXTENDED SCHOOL YEAR (ESY) CLARIFICATION

Extended School Year (ESY) is an extension of special education services to students whose Individual Education Program (IEP) indicates they meet criteria and are in need of services beyond the instructional year. Students meet criteria for ESY in one of the following ways:

- The pupil will experience "significant regression" in the absence of an educational program and the time required to relearn skills lost is excessive.
- The effects of the breaks in educational programming prevent the student from making reasonable progress toward attaining the state of self-sufficiency as identified by the functional skills addressed on the IEP.
- Given the unique needs of the student, ESY services are necessary to insure the student receives a free appropriate public education.

The IEP Team determines if a student qualifies for ESY when there is a demonstrated need for continued service beyond the instructional year. It is the decision of the IEP team, including the parent and home school district, if MSAB summer school will meet the student's ESY needs.

Summer school is an added enrichment program that gives students an additional learning opportunity during the summer. Both the ESY and summer school programs happen simultaneously. It is the intent of MSAB to provide a rich and fulfilling program for students attending either the ESY or enrichment summer school.

Parent/Guardian Signature: _____ Date: _____

Application and brochure available on our web site:

www.msab.state.mn.us

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