

STEM

ASL Camp

STEAM

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ACC Summer Camp

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Ohio | School
for the Deaf

2016 Summer
Camps

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Career Camps

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with OOD

Athletic

Literacy



From the Superintendent

Hello from the Ohio School for the Deaf (OSD). We are looking forward to a fun filled summer, packed with many opportunities for your students to learn, make friends and explore various outlets that may not be available in school.

This summer we are happy to bring back many favorite camps and add a few new ones as well. We are again partnering with Opportunities for Ohioans with Disabilities to provide career and employment focused camps for high school students and an Adult Blind Vocational program for those who have graduated.

On the following pages you will find information for each camp, including a brief description, dates and costs. This is divided into day camps, residential camps and ones we are joining with OOD to provide.

If you have any questions, please feel free to contact the school. Hope to see you this summer at OSD.

Sincerely,

Doug Lowery
Superintendent
Ohio School for the Deaf

Camp Information

- All of the camps being offered in this packet will be held at the Ohio School for the Deaf, 500 Morse Road, Columbus Ohio 43214.
- Day Camps run from 8 a.m. until 4 p.m. daily, Monday through Friday.
- Residential Camps begin at 4 p.m. on Sunday with drop off and conclude at 4 p.m. on Friday with pick up.
- Lunch and snacks will be provided to all campers. Those in residential camps will be provided dinner and breakfast as well.
- There are limits to the number of campers in each camp. Most have a maximum of 16. Each camp will have two teachers at a minimum as well as assistant instructors.
- Residential camps include use of the dorms during the week. Evening events will be planned as well to provide social time for campers.
- Space in each camp is limited. Please register early to ensure placement.

Day Camps

STEAM

Ages: Kindergarten through 2nd grade

Dates: June 19 – 24, 2016

Cost: \$25

Description: Young learners will receive a hands on learning opportunity that mixes science, technology, engineering, art and mathematics. Campers will build extraordinary pieces out of everyday items, conduct science experiments, design structures and much more.

ACC Weekly Summer Camps

Ages: Six weeks through 5 years old

Dates: Monday – Friday Beginning June 5

Cost: Varies depending on number of weeks

Description: A new series of educational offerings for your Deaf/Hard of Hearing child ages 2 – 10 years. Preschool classes will be taught by certified Intervention Specialists. Toddler and School Age classes will be led by certified Para-Professionals. Preschool Extended Learning weeks for preschool are designed by teachers. Sign up for individual weeks, or bundle and save! Typically hearing children will be accepted on a limited basis.

To learn more visit www.osd.oh.gov and click on the form link on the right hand side to get information and the registration materials. You may also contact Janet Lineberry at Lineberry@osd.oh.gov.

Residential Camps

STEM

Ages: 9th through 12th grade

Dates: June 5-10, 2016

Cost: \$25

Description: This camp is for students who want to strengthen and expand their scientific knowledge and have fun. A variety of science and engineering concepts will be introduced through hands-on experiments. Come and enjoy the thrills of science and math in different ways.

ASL Camp

Ages: Kindergarten through 8th grade

Dates: June 12 – 17, 2016

Cost: \$25

Description: This camp is for students who want to strengthen and expand their knowledge of American Sign Language. A variety of activities will be conducted to allow students to acquire/expand their knowledge of ASL. Come and enjoy the beauty of American Sign Language!

Lego Camp

Ages: 4th through 8th grade

Dates: June 5-10, 2016

Cost: \$25

Description: Lego Robotics will allow students to use Legos to build robots, cars and other items. Additionally, students will learn the skills necessary to program their device on the computer to perform certain actions. The will be fun for everyone as Lego robots, and other creations, travel the building.

Athletic Camp

Ages: 7th through 12th grade

Dates: July 24-29, 2016

Cost: \$25

Description: This camp will focus on learning and acquiring basic and fundamental skills for the following sports: Soccer, Volleyball, Basketball, and Track and Field. This physical camp is sure to keep students in shape for athletics!

Junior Work Camp

Ages: 4th through 8th grade

Dates: July 24-29, 2016

Cost: \$25

Description: Back for a second year, this camp focuses on exposing young students to the world of work and career readiness. Students will discuss career paths, work within the community, and on campus. Every day will be a new adventure that prepares students for their future.

Literacy/Writing Camp

Ages: Kindergarten through 8th grade

Dates: July 10-15, 2016

Cost: \$25

Description: Throughout the week, students will fall into the wonderful world of reading and writing. They will be reading stories and writing responses and developing their own stories throughout the week! Every day will bring about a new reading/writing adventure that motivates and excites students!

Driver's Education

Ages: 15 ½ years or older

Dates: June 5-17, 2016

Cost: \$385

Description: Join your peers and work toward earning your driver's license. Teens between the ages of 15 1/2 to 22 years will get hands on learning experience to help them earn their Ohio Temporary Learner's Permit and log in-car driving hours. Students must arrive on campus on June 5 for orientation, while driver education runs June 6 through June 17. Instruction will be held at Advantage Driver Training's location during the day and students stay in OSD's dorms overnight (returning home for the weekend). Small group tutoring is provided at OSD to aide in the learning process.

Career Development (OOD partner) Camps

These camps will be held at the Ohio School for the Deaf campus, but are being run by the Opportunities for Ohioans with Disabilities (OOD). Information on registration for the Career Development camps can be obtained by speaking with your VR or by contacting vocrehab@dsc.org.

Adult Blind Vocational

Ages: Completion of high school requirements for graduation

Dates: June 13-24, 2016

Cost: \$25

Career Connections

Ages: 9th grade or older

Dates: June 26 – July 29, 2016

Cost: \$25

Description: Students will work on resume building, learning the skills necessary to fill out applications for employment, appropriate dress attire, and the different areas of employment. Students will have the options to experience a variety of shadowing opportunities on different job sites.

Summer Work Camp

Ages: 9th grade or older

Dates: June 26 – July 29, 2016

Cost: \$25

Supported Employment

Ages: 9th grade or older

Dates: June 26 – July 8

Cost: \$25

Summer Employment Camp

A collaboration with.....



Ohio | School for the Deaf



Ohio

Opportunities for Ohioans
with Disabilities

Career Camp

Youth 13-15

Three Week Camp Sunday - Friday

- Learn about various careers
- Practice interviewing
- Visit employers and ask questions
- Start the Map it! Process
- Learn about Ohiomeansjobs.com
- Research colleges
- Resumes /cover letters

Support Employment Camp

Youth 16- 20

Five Week Camp Sunday—Thursday

- Job Seeking Skills for the first week
- 1 Job Coach to 2 Youth ratio
- Hours of work to increase as tolerated
- Goal is by fourth week 20 hours of work
- After work discussion of experiences
- Start or continue working on Map it!
- Determine techniques for learning

Employment Camp

Youth 16- 20

Five Week Camp Sunday—Thursday

- Job Seeking Skills for the first week
- Work 25 hours per week
- Start or continue working on Map It!
- Discuss and practice work communication
- Discuss work life balance
- Meet Deaf professionals
- Discuss after graduation education
- Develop Vlog to discuss what was learned



Activities of Daily Living

Youth will be expected to learn about taking care of life. Along with Youth Leaders each dorm will have a Specialist from 4pm—8pm. This Specialist will work on students independent living needs. Below is a basic list of things the youth will work on in the evenings.... Along with some fun!

Youth will work in teams to prepare all food Personal care Laundry and reading labels Video phone etiquette Social Security	Grocery shopping, couponing, and reading ads Types of insurance and needs How to rent an apartment Reading a recipe Managing your health—Doctors/ER	Time management Banking—Savings, checking, and ATM Community Resources in your home town Budgeting your income Cleaning your home
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Dates: June 26—July 29, 2016 Sunday night—Friday afternoon

Possibly one weekend stay over.

For more information, contact:
Jennifer Smith-Dudsah
 614.841.1991 V
 614.515.5693 VP
 vocrehab@dsc.org

Application Form for 2016 OSD Summer Camps

Student Information

Student's Name: _____ M: ___ F: ___

Student's Date of Birth: _____ Student's Upcoming Grade: _____

Student's current school: _____

District/County of Residence: _____

Reading Grade Level: _____ Math Grade Level _____

Student's primary communication method: oral ___ signing and talking ___ ASL ___

For Driver's Ed: Temporary Permit Date Issued: _____ Vision needs: _____

Parents' Names: _____

Legal Guardian's Name (if not the parent): _____

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____ Cell Phone: () _____

Daytime Phone Number: () _____ voice or videophone (circle)

Evening Phone Number: () _____ voice or videophone (circle)

Other Emergency Contact Information

Name: _____ Cell Phone: () _____

Daytime Phone Number: () _____ voice or videophone

Evening Phone Number: () _____ voice or videophone

Please send us a current copy of ETR and/or IEP with the application.

Camp Registration and Fees

In order to ensure we place your student in the correct camp, please place a check mark in the box next to the camp(s) for which your student is registering. Cost is located next to the camps.

Day Camps

- STEAM \$25 _____

Residential Camps

- Lego Camp \$25 _____
 STEM \$25 _____
 ASL Camp \$25 _____
 Athletic Camp \$25 _____
 Junior Work Camp \$25 _____
 Literacy/Writing Camp \$25 _____
- Driver's Education \$385 _____
- Total Amount Due \$ _____

Application form and fees must be postmarked by April 18, 2016

If camp is full, fees will be returned.

- A check or money order for the cost of camp is due with registration. Checks are made out to Ohio School for the Deaf all camps except Driver's Education. This camp needs to have a check or money order payable to Advantage Driver Training.
- Mail check (with student name in memo line), application form and current ETR/IEP to: Ohio School for the Deaf, c/o Summer Camp, 500 Morse Rd., Columbus, Ohio 43214.

ACC camp information is available on OSD's web site at www.osd.oh.gov and OOD Career Development Camp information is available by contacting your student's VR or by emailing Jennifer Smith Dudash at yocrehab@dsc.org.

Day Camp

Permission Form, Acknowledgements, and Release of Liability Statement:

In the case of accident, injury or illness, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the Ohio School for the Deaf to give first aid and get medical treatment necessary for my child. This permission includes the weeks of camp for which my child is registered and any travel involved for activities. I will pay any cost for treatment for my child. I will not hold the Ohio School for the Deaf or its representatives responsible for the cost of treatment. I also agree that the staff and volunteers will not be held liable for any injuries my child gets while participating in activities. Ohio School for the Deaf is not responsible for lost, stolen, or damaged property. I also give permission for my child to participate in recreation activities and scheduled field trips. My child may be photographed and videotaped during OSD's 2016 Summer Camps for public relations or promotional purposes.

- **I will make arrangements to drop my student off each day by 8 a.m. and to pick up my student by 4 p.m. each day of camp.**

Parent's Signature: _____

Parent's Printed Name: _____ Date: _____

Summer Day Camp Agreement:

1. I agree to pay attention and actively participate in camp activities.
2. I understand that there is **no cell phone or text phone use during the day**. Staff will hold the phone until I am picked up that day if this is violated.
3. I understand that my parent will be contacted to pick me up if my behavior becomes disruptive. My parents will not get their money back if I am permanently removed from camp.
4. Illegal drugs, alcohol, theft, bullying (directly or through social media) or sexual behavior is not allowed at OSD/OSSB.
5. I will cooperate with the school staff.

Student's Signature: _____

Student's Printed Name: _____ Date: _____

Residential Camp

Permission Form, Acknowledgements, and Release of Liability Statement:

In the case of accident, injury or illness, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the Ohio School for the Deaf to give first aid and get medical treatment necessary for my child. This permission includes the weeks of camp for which my child is registered and any travel involved for activities. I will pay any cost for treatment for my child. I will not hold the Ohio School for the Deaf or its representatives responsible for the cost of treatment. I also agree that the staff and volunteers will not be held liable for any injuries my child gets while participating in activities. Ohio School for the Deaf is not responsible for lost, stolen, or damaged property. I also give permission for my child to participate in recreation activities and scheduled field trips. My child may be photographed and videotaped during OSD's 2016 Summer Camps for public relations or promotional purposes.

- **I will make arrangements to drop my student of by 4 p.m. on the Sunday of camp week and to pick up by 4 p.m. on Friday of camp week.**

Parent's Signature: _____

Parent's Printed Name: _____ Date: _____

Summer Day Camp Agreement:

1. I agree to pay attention and actively participate in camp activities.
2. I understand that there is **no cell phone or text phone use during class or tutoring**. Staff will hold the phone until dinner time that day if this is violated.
3. I understand that my parent will be contacted to pick me up if my behavior becomes disruptive. My parents will not get their money back if I am permanently removed from camp.
4. Illegal drugs, alcohol, theft, bullying (directly or through social media) or sexual behavior is not allowed at OSD/OSSB.
5. I will cooperate with the school staff.

Student's Signature: _____

Student's Printed Name: _____ Date: _____

Driver's Education

Permission Form, Acknowledgements, and Release of Liability Statement:

In the case of accident, injury or illness, I give permission for the Ohio School for the Deaf to give first aid and get medical treatment necessary for my child. This permission includes the weeks of Driver Education School and travel involved for activities. I will pay any cost for treatment for my child. I will not hold the Ohio School for the Deaf or its representatives responsible for the cost of treatment. I also agree that the OSD staff and volunteers will not be held liable for any injuries my child gets while participating in activities. OSD is not responsible for lost, stolen, or damaged property. I also give permission for my child to participate in recreation activities and scheduled field trips. My child may be photographed and videotaped during School sessions for public relations or promotional purposes.

- **I will make arrangements to pick up my student on Friday, June 10th and return him/her to OSD for the remainder of his/her training on Sunday, June 12^h. I will make arrangements to pick up my student on Friday, June 17th.**
- **I understand that if my child does not earn a temporary drivers permit license in time to complete all 8 required behind-the-wheel hours, I will need to make arrangements with Advantage Driver Training to complete those hours after Driver Education School is over, which can occur on a weekend or later in the summer.**

Parent's Signature: _____

Parent's Printed Name: _____ Date: _____

Student Driver Agreement:

1. I agree to pay attention during in class instruction periods; I understand that I will be IN SCHOOL for two weeks this summer.
2. I agree to study and pay attention during tutoring periods.
3. I understand that there is **no cell phone or text phone use during class or tutoring**. Staff will hold the phone until dinner time that day if this is violated.
4. I understand that my parent will be contacted to pick me up if my behavior becomes disruptive. My parents will not get their money back if I am expelled.
5. Illegal drugs, alcohol, theft, bullying (directly or through social media) or sexual behavior is not allowed at OSD.
6. I will wear athletic shoes when I am driving the car. Flip flops or sandals are allowed only after school is done.
7. I will cooperate with the school staff.

Student's Signature: _____

Student's Printed Name: _____ Date: _____

THE OHIO SCHOOL FOR THE DEAF - *Student Health Services*

500 Morse Road, Columbus, Ohio 43214

(614) 728-4067 voice

Video Phone 614-678-5400

Cell or Text 614-598-1429

Dear Parent,

Your child will be participating in one or more Ohio School for the Deaf Summer Camps. In the event that your child is not feeling well, we ask that you give permission for one of the nurses or non-medical chaperones to give the following medication as needed. Please check the box indicating the medications and conditions that may be administered to your child (most of these medications will be in generic form):

- Two 325 mg Tylenol for a headache
- 400 mg of Motrin for physical pain, such as muscle soreness or a bruise
- 30 cc of Pepto-Bismol for nausea/vomiting or upset stomach
- Two Sudafed tablets for nasal congestion
- One Actifed tablet for stuffy nose
- Two teaspoons of cough syrup or a couple of cough drops
- Cepastat lozenges for a sore throat
- 1 or 2 Tums chewable for heartburn or indigestion

None of these medications except the throat lozenges and Tums will be given more than every 4 hours.

Any other medication that you wish your child to take must be sent with your child. All medication must be in the original container. Any prescription medications must be in a prescription bottle appropriately labeled with the child's name, drug, dose, times of administration, expiration date, doctor prescribing the medication, and pharmacy where obtained. If the medication has been changed from what the bottle dictates, we must have the new information in writing from the physician.

All medication, both other-the-counter and prescription, will be kept in the Student Health Services. The nurse on duty will regulate all administration. If your child uses an inhaler, epi-pen, or other medication that is to be kept by the student, we must have your signed permission.

You will be notified of any illness or injury. If your child is at an activity where a school nurse is present, we will have that nurse assess the child and recommend treatment.

If you have any questions, concerns, or restrictions, please notify us as soon as possible.

Sincerely,

Dawn Henslee, RN
SHS Nursing Director

PARENT SIGNATURE _____ DATE _____

CAMPER'S NAME _____

Medical Information Sheet

2016 OSD Summer Camps Medical Information

Student's Name: _____ M ___ F ___

Student's Date of Birth: _____

Parents' Names: _____

Legal Guardian's Name (if not the parent): _____

Address of Parent/Guardian: _____

City, State, Zip Code: _____

Daytime Phone Number: () _____

Evening Phone Number: () _____

Emergency Contact Person: _____

Phone Number: () _____

Allergies: List all allergies including those due to environment, food, and medications along with the reaction possible:

Allergy	Reaction

Dietary Restrictions:

Medical Conditions*:

*** Please describe the camper's medical condition(s) including any triggers that cause the medical condition(s) to occur and response procedures.**

Medications: List all medications child is currently taking. *Medications must arrive with the student, in the original bottle, with current dosage instructions or the student will not be accepted at camp.*

NOTE: Only nursing staff is allowed to store and dispense medications. Students are not permitted to keep any medications, including over-the-counter medications, in the dormitory.

Medication Name	Dose	Frequency	Time of Day

I give permission for OSD to administer the medications listed above to my child according to the dosage and schedule as listed during his/her registered Summer Camp. During off campus field trips, I understand that the School Nurse will prepare medications for OSD staff to administer to my child at the appropriate time and that staff will be appropriately trained to do so. In the event that my child becomes ill I understand I will be contacted by the nurse and required to come pick up my child.

In case of a medical emergency, I understand that every effort will be made to contact parents/guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director/School Nurse to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child.

My insurance carrier and policy numbers are provided below.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____

Health or Medical Card Insurance Information:

Insurance Carrier: _____

Name of Insured: _____ Policy Number: _____

Please see and sign the enclosed letter regarding over-the-counter medications OSD can provide. Call the OSD nurse if you have questions at 614 728 4067 Voice or 614-678-5400 Video Phone.