

Learn what it takes to be a successful college student!

STUDENTS

Students with disabilities who are planning to secure a two- or four- year college degree are invited to apply. Applicants must be current high school sophomores, juniors, or seniors pursuing an Advanced Studies, Standard, or Modified Standard Diploma, or students of high school age seeking a GED. Participation is limited to 50 students.

Workshop topics for students include:

- **Selecting a two-year or four-year college**
- **Understanding academic life at college**
- **Enjoying student life at college**
- **Using assistive technology supports**
- **Surviving the transition to college**

STUDENT COST on or before April 30, 2010:
\$140.00 for registration, campus lodging, and meals

(Student cost after April 30, 2010 – \$165.00)

PARENTS

Parents of students who participate in *Say YES to College* are encouraged to attend, as well. Parent workshops provide suggestions to help families prepare their children for college life and explore the changing roles of parents as children transition to college.

Workshop topics for parents include:

- **Preparing your child for success in higher education**
- **Considering the best postsecondary school option**
- **Understanding your changing legal status**
- **Preparing your child for life away from home**

Parents also have opportunities to interact with college service providers and college students with disabilities. If you plan to attend, please complete the parent portion of the registration form.

PARENT COST on or before April 30, 2010:

**\$ 115.00 –137.00 per person registration, campus lodging,
two breakfasts, two lunches, one dinner
or**

\$ 50.00 per person for registration, two lunches, one dinner

Visit the *Say YES to College* web site at http://www.lions.odu.edu/org/vats/say_yes/say_yes.htm for a program of activities, lodging information, and registration forms.

Contact Joann Ervin at 757-683-3639, or e-mail jervin@odu.edu for additional conference information or to request an alternative format of this brochure or the registration form.

Say YES to College is a collaborative effort of the Virginia Department of Education Training and Technical Assistance Centers (T/TACs) at Old Dominion University and The College of William and Mary, Virginia Department of Rehabilitative Services (DRS), Virginia Assistive Technology System (VATS), Children's Hospital of the King's Daughters, as well as local colleges, universities, and school divisions throughout Superintendent's Regions 2 and 3.

Participating agencies do not discriminate against employees, students, or applicants on the basis of race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation.

Say YES (Your Education Solution) to College

A College Transition Program
for Students with Disabilities
Campus of Old Dominion University
7:00 p.m. June 3 – 4:00 p.m. June 5, 2010

Enrollment in postsecondary education is steadily increasing for students with disabilities. Yet many students are not adequately prepared to deal with the academic and social demands of this environment. **Say YES to College** is designed to ease the transition from high school to college.



Say YES to College participants will:

- ◆ Meet other students with disabilities who have successfully made the transition to college;
- ◆ Hear a variety of speakers who will offer information and suggestions to make college a positive experience;
- ◆ Experience a taste of life in a dormitory setting; and
- ◆ Connect with other high school students who have the same questions and concerns about their readiness for college life.

This document is available at www.wm.edu/ttac and at http://www.lions.odu.edu/org/vats/say_yes/say_yes.htm

Say YES (Your Education Solution) to College Application Campus of Old Dominion University 7:00 p.m. June 3 – 4:00 p.m. June 5, 2010

Students with disabilities who are interested in completing two- or four- year college degrees are invited to apply. Applicants must be current high school sophomores, juniors, or seniors pursuing Advanced Studies, Standard, or Modified Standard Diplomas, or students of high school age seeking GEDs. The conference fee of \$140.00 includes lodging, conference materials, and five meals. Participation is limited to 50 students. Application deadline is April 30, 2010. For further information contact Joann Ervin at 757-683-3639 or e-mail jervin@odu.edu.

Student Name: _____ Age ____ Male ____ Female

Address: _____

City/County: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____ Phone (cell): _____

Current grade level: ____ Sophomore ____ Junior ____ Senior ____ N/A

Student e-mail address: _____

T-Shirt size: ____ Medium ____ Large ____ X-Large ____ Other

Documentation of Disability (Pertinent information will be shared only with Say YES staff responsible for your child's care during the conference.)

Disability category(ies): Please Check ALL that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment | | |

Accommodations Requested for Participation (Deadline for requests is April 30, 2010)

None Accessible dorm room Enlarged text Braille text Interpreter

Special diet (Please describe) _____

Other (Please describe) _____

Please have your school counselor, special education teacher, or 504 coordinator complete this portion of the application.

Above student has a current ____ IEP ____ 504 Plan ____ neither

Diploma type/s: ____ Advanced Studies ____ Standard ____ Modified Standard ____ GED

High School: _____ Division: _____

Signature: _____ Position _____ Date: _____

Liability Release Statement

My child _____ has my permission to participate in **Say YES to College** on June 3-5, 2010. I acknowledge that participation includes workshops, team activities, one night's stay in a residence hall, meals, and travel among buildings. I hereby release the **Say YES to College** program, Old Dominion University and all program employees from all claims on account of any injuries which may be sustained by my child. Furthermore, I certify that my child is physically able to participate in **Say YES to College** activities.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18 or older): _____ Date: _____

Name of Parent/Guardian(s): _____

Address (if different from student): _____

E-mail address: _____

Phone (H): _____ Phone (W): _____ Phone (cell): _____

Emergency Phone Contact: _____

Authorization to Release a Student to Someone Other than a Parent/Guardian

A student will not be permitted to leave **Say YES to College** with anyone other than a parent/guardian unless the parent/guardian provides the information below.

I give permission for the following person/s to pick my child up from **Say YES to College**:

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

Student Contract

1. I will respect the authority of the **Say YES to College** leaders and staff.
2. I will participate in all group activities.
3. I will remain on campus throughout the program and stay in my assigned room at night.
4. As a university guest, I will adhere to university rules and regulations.
5. I understand that I (or my parent/guardian) must transport my luggage to and from the residence hall when I arrive at and depart from the conference.
6. I will check out with **Say YES** staff before leaving at the conclusion of the program.

My parent/guardian and I have read this contract and agree to abide by the rules within. We also acknowledge that if I have to return home early for violation of any of the above rules, it will be at my own expense.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Participation

Parents who wish to participate in conference activities may do so if they register:

Registration, campus lodging, and meals – \$115.00 per person (if sharing a room with another adult) or \$137. 00 per person (if staying alone in a room)

Registration and meals only – \$50.00 per person

Name of Parent(s)/Guardian(s) who will participate in **Say YES to College**

Last First

_____ I wish to stay on campus. _____ Male _____ Female _____ Sharing (\$115.00) _____ Single (\$137.00)

_____ I do not wish to stay on campus, but I will participate in conference activities for parents and eat conference meals.

Last First

_____ I wish to stay on campus. _____ Male _____ Female _____ Sharing (\$115.00) _____ Single (\$137.00)

_____ I do not wish to stay on campus, but I will participate in conference activities for parents and eat conference meals.

Photo Release

I understand that videos and photographs will be taken of **Say YES to College** participants. By signing below I give the event’s sponsoring agencies permission to use my/my child’s photograph in materials that promote **Say YES to College**. I understand that photographs may be used in publications, print ads, direct-mail, electronic media, or other forms of promotion. I release the sponsoring agencies, the photographer, their offices, employees, agents, and any designees from liability for any violation of any personal or proprietary right I may have in connection with such use. My agreement to this photo release is voluntary. I understand that I may revoke permission at any time.

Signature of Parent or Guardian (if under 18): I am the guardian of the minor named above. I have read the release and grant the sponsoring agencies permission to photograph my son/daughter.

Student Name _____

Student’s Signature: _____ Date: _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date: _____

Part 5: Medical Approval/Emergency Authorization – Please read both parts.

Note to Parent/Guardian: If your child is under 18, we will make every reasonable attempt to contact you in the event your child incurs a medical emergency.

- **Parents/guardians of participants under the age of 18, please sign in the space provided.**
- **Students, if you will be 18 or older by June 3, 2010, please sign for yourself.**

In the event I cannot be reached, I hereby give permission for medical personnel to provide necessary emergency medical treatment to the student named below.

Student Name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

(If age 18 or older by June 3, 2010)

If you wish to refuse emergency medical treatment for religious or other reasons, please provide an appropriate waiver of liability.

I understand and agree to abide by any medical restrictions placed on my activities while I am participating in the **Say YES to College** conference.

Student Printed Name: _____

Student Signature: _____ Date: _____

PART 6: STUDENT PARTICIPANT HEALTH AND MEDICAL HISTORY

(Please contact Mary Beth Mueller at (757) 253-4787 or e-mail memueller@wm.edu if a change in the student's health status occurs after these forms are sent to the **Say YES to College** committee.)

1. Does the student have any known allergies? (Food, medicine, plants, animals, insects, other)
___No ___Yes If Yes, explain: _____

2. Has the student ever experienced any of the following? [Circle all that apply]
Asthma Bleeding disorders Eating disorders Seizures/Convulsions
Diabetes Fainting spells Depression Other: _____
Please describe any condition you circled: _____

3. Is the student experiencing any current health problems? ___No ___Yes
If Yes, please explain: _____

4. Is there any reason that the student's participation in a program or activity should be restricted?
___No ___Yes If Yes, please explain: _____

5. Is the student currently taking medications? ___No ___ Yes **If Yes, also complete Part 7.**

6. What else should we know about the student? (Please include any concerns that may arise related to the child's physical, emotional, and/or social health in order that we may better provide appropriate supervision and support.) _____

PART 7: PLANS FOR ADMINISTERING MEDICATIONS

Parents, if you are planning to attend **Say YES to College** you will be responsible for administering all medications your child needs. If you are not attending the **Say YES** conference a nurse will administer necessary medications. Please advise us of your intent by selecting Option A or B below.

_____Option A

I am the parent/guardian of _____. I am attending **Say YES to College** and will be responsible for carrying and administering my child's medication/s.

Printed Name: _____

Signature: _____ Date: _____

_____Option B

I am the parent/guardian of _____. I do not plan to attend **Say YES to College** with my child. **I understand that I must sign the waiver that follows and provide all medical management information requested on pages 4 and 5. Further, if my child receives medication through an inhalant or injection process and self-administers these medications, I understand that I must provide documentation from my child's physician that my child is authorized to do so.**

Permission to Administer Medication and Waiver/Release of all Claims

I give permission for a nurse to collect, hold, and administer prescription and non-prescription medications to my child during **Say YES to College**. I understand that these medications must be packaged in the original container, appropriately marked, and given to the **Say YES to College** nurse during the check-in process. I further understand that the **Say YES to College** nurse is prohibited from administering any medication unless I provide all necessary instructions and meet all medication packaging guidelines. If my child uses an inhaler or receives medical injections and self-administers these medications, I understand that I must attach to this form documentation to this effect from the prescribing physician.

I hereby release the **Say YES to College** staff and committee members, Old Dominion University, The College of William and Mary, Norfolk State University, Tidewater Community College, participating disability service agencies, and all local education agencies from responsibility for accidental injury to my child.

Parent/Guardian (print): _____ Relationship to Student: _____

Signature: _____ Date: _____

Listed below are medications I will bring for the *Say YES to College* nurse to collect, hold, and administer to my child:

➤ Name of medication: _____ Prescribed for the following condition:

Dosage: _____ Method of administering: ___Oral ___Inhaler ___Injection

Schedule for administering this medication: _____

Storage information: _____

Possible side effects: _____

Special instructions for administering this medication: _____

➤ Name of medication: _____ Prescribed for the following condition:

Dosage: _____ Method of administering: ___Oral ___Inhaler ___Injection

Schedule for administering this medication: _____

Storage information: _____

Possible side effects: _____

Special instructions for administering this medication: _____

➤ Name of medication: _____ Prescribed for the following condition:

Dosage: _____ Method of administering: ___Oral ___Inhaler ___Injection

Schedule for administering this medication: _____

Storage information: _____

Possible side effects: _____

Special instructions for administering this medication: _____

➤ Name of medication: _____ Prescribed for the following condition:

Dosage: _____ Method of administering: ___Oral ___Inhaler ___Injection

Schedule for administering this medication: _____

Storage information: _____

Possible side effects: _____

Special instructions for administering this medication: _____

➤ Name of medication: _____ Prescribed for the following condition:

Dosage: _____ Method of administering: ___Oral ___Inhaler ___Injection

Schedule for administering this medication: _____

Storage information: _____

Possible side effects: _____

Special instructions for administering this medication: _____

➤ Name of medication: _____ Prescribed for the following condition:

Dosage: _____ Method of administering: ___Oral ___Inhaler ___Injection

Schedule for administering this medication: _____

Storage information: _____

Possible side effects: _____

Special instructions for administering this medication: _____

Payment

Amount due: Student \$ 140.00 _____

Last First

Parent \$ _____

Last First

Parent \$ _____

Last First

Total \$ _____

Make check or money order payable to: Special Education Projects.

Mail completed application and payment to:

Mary Beth Mueller
T/TAC College of William and Mary
2115 Mt. Vernon Avenue, Suite E
Williamsburg, VA 23185

Say YES to College is limited to the first 60 applications received from students who meet participation requirements.

Applicants will be notified of their acceptance on or before May 7, 2010.

All fees will be returned for applications that are not accepted.

Applicants who cancel plans to attend prior to May 21 will receive a refund of application fees.

Information you have provided on this application will be shared only with committee members and staff responsible for your child's care during *Say YES to College*.

| Office Use Only | |
|------------------------|----------------|
| | Amount: _____ |
| <u>RECEIVED</u> | Check# _____ |
| | Deposit: _____ |
| | Date: _____ |