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](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.

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.
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:
___ Autism ___ Intellectual Disability ___ Specific Learning Disability
___ Deaf-Blindness ___ Multiple Disabilities ___ Speech/Language Impairment
___ Deafness ___ Orthopedic Impairment ___ Traumatic Brain Injury
___ Emotional Disability ___ Other Health Impairment ___ Visual Impairment
___ 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: ______

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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

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______ I wish to stay on campus. _____Male _____Female _____Sharing _____Single

($115.00) ($137.00)

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

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_____ I wish to stay on campus. _____Male _____Female _____Sharing _____Single

($115.00) ($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: __________
MEDICAL INFORMATION

Please complete and submit this document with the student’s Say YES to College application. Applications will be considered only if accompanied by this information, which will be shared with committee members and staff responsible for your child’s care during Say YES to College.

PART 1: STUDENT IDENTIFICATION
Name: ________________________________

Last                                      First

Mailing Address: ____________________________________________ ____________________________________________
City: __________________________________ State: ______________ Zip: __________

Home Phone: (_______) ___________ Home E-mail: __________________________________
Age: ______  Birth Date: ___________________________ Gender:    ___Female    ___Male

PART 2: PARENT/GUARDIAN IDENTIFICATION
Father/Guardian Name: __________________________________
Father/Guardian Phone: Day: (_____) _______________ Evenning: (_____) _______________
Cell Phone: (_____) _______________ Father E-mail: __________________________________

Mother/Guardian Name: __________________________________
Mother/Guardian Phone: Day: (_____) _______________ Evenning: (_____) _______________
Cell Phone: (_____) _______________ Mother E-mail: __________________________________

If the student will be age 17 or younger on May 29, 2009, who will have primary custody of the participant?  ___ Mother  ___ Father  ___ Both

Address, if different than participant: __________________________________________________________

PART 3: STUDENT PHYSICIAN/INSURANCE INFORMATION
Physician: ______________________________ Phone: (_____) ______________

Dentist/Orthodontist: ______________________________ Phone: (_____) ______________

Does the student have medical/hospital insurance?  ______Yes ______No
Insurance Carrier: ___________________________________ Policy/Group #: ______________
Name of Insured: ____________________________________________

PART 4: EMERGENCY CONTACT INFORMATION
1. How can the student’s parent/guardian be reached in the event of an emergency?
   Home Phone: (_____) _______________ Work Phone: (_____) _______________
   Cell Phone: (_____) _______________ E-mail: __________________________________

2. If a parent/guardian cannot be reached, who should be notified? Name: ______________________________
   Home Phone: (_____) _______________ Work Phone: (_____) _______________
   Cell Phone: (_____) _______________ E-mail: __________________________________
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

Parent $__________

Parent $__________

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: __________________________

RECEIVED Check# __________________________

Deposit: __________________________

Date: __________________________