**Overbrook TVI Summer Program**

Summer 2019 Application

Sunday July 14th through Friday August 2nd, 2019

* The Overbrook TVI Program is for young adults planning to work, post-graduation from High School, Vocational Training, or College
* The program is designed to simulate life as an adult; working and living in an apartment
* Focus areas include building skills that are essential for employment and living independently such as Career Awareness, Work Experience, Independent Living, Orientation and Mobility, and Technology
* Students will participate in up to 20 hours paid work internship with a job coach and live with roommates in the White Hall Apartments at Overbrook School for the Blind

**Eligibility Criteria**

1. Students must have a diagnosis of visual impairment
2. Student must be between the ages of 16-21
3. Students must be registered with their local Bureau of Blindness and Visual Services (BBVS) Agency and have all the required paperwork submitted before acceptance into the program
4. Students must have basic travel skills to evacuate the building with minimal assistance
5. Students must demonstrate a basic level of personal care and an interest in increasing independence
6. Students must be interested and willing to participate in all areas of the Overbrook TVI program including work experience, apartment living, technology, traveling, team building and recreation
7. Students must be able to commit to attending the program in its entirety, including weekends, to be accepted into program

**Overbrook TVI Program 2019 Application**

Please fill out information to the best of your ability. \*Student information will be used only for educational planning once applicant has been accepted into program.

**APPLICANT INFORMATION**

First Name:

Last Name:

Date of birth:

Current age:

Current address:

City:

State:

ZIP Code:

Student phone:

Student Email:

**CONTACT INFORMATION**

Parent/Guardian’s Name (1st contact):

Relationship to student:

Phone:

E-mail address:

Parent/Guardian’s Name (2nd contact):

Relationship to student:

Phone:

E-mail address:

Primary language spoken at home:

English

Spanish

Other

**BBVS COUNSELOR INFORMATION:**

\*If you are not registered with your local Blindness and Visual Services, please contact your local office to register

BBVS Counselor’s Name:

Phone:

Email:

Local BBVS Office/County:

**CURRENT SCHOOL INFORMATION:**

*\*Students will need to submit a copy of their current IEP, RR and behavior plan if applicable. Program secretary will be in contact with a permission to release information after application is submitted.*

Current School District:

City:

Current Teacher of the Visually Impaired (TVI):

Phone:

Email:

Expected graduation year:

What are your plans after graduation?

**MEDICAL INFORMATION:**

\*Additional medical forms will be sent after application is submitted that must be completed by a doctor prior to acceptance into the program

Visual Impairment/Diagnosis:

Visual Acuity:

\*If you are unsure, please describe your usable vision as much as possible

What is your best method for reading?

Braille, Large Print, Regular print with magnification, Auditory (listening) or Other?

Please list any additional disabilities and/or medical conditions:

Do you have any physical limitations or need specific adaptations? (climbing stairs, shower chair)

Do you take medications or use an inhaler? Yes or no?

\*Medical forms will be sent home after application is submitted

Please list any allergies (ie: food, animal, medication, asthma triggers)

Please list any food restrictions or preferences:

Do you receive counselling or therapy on a regular basis? Yes or no?

If yes, how often do you see your counselor or therapist?

**\*Any student who receives counseling or therapy on a regular basis, should continue scheduled counseling during the TVI Program or plan phone sessions with their counselor to allow for these services to continue as regularly scheduled. A mental health and support form will be included in the Medical Forms which must be completed by your current doctor or therapist.**

**TELL US A LITTLE ABOUT YOURSELF…**

**WORK EXPERIENCES AND INTERESTS**

List previous volunteer or work experiences:

List your top 3 job or career interests:

1.

2.

3.

**ASSISTIVE TECHNOLOGY**

Please list current assistive technology you use in school and at home:

Do you currently own an iPad?

If so, was it provided to you by BBVS? Yes or No?

What kind of cell phone or other devices do you have?

**INDEPENDENT LIVING SKILLS**

Have you ever participated in an overnight program? If so, which program(s)?

Can you shower and dress yourself independently? If no, what kind of assistance do you need?

Do you prepare your own meals? If so, what are your favorites?

**TRAVEL SKILLS**

How would you describe your traveling skills? Check more than one if applicable

\_\_\_I most often travel using sighted guide

\_\_\_I most often travel with verbal support

\_\_\_I most often travel independently

\_\_\_I travel around my neighborhood independently

\_\_\_I travel on public transportation independently

Other\_\_\_\_ Please Describe:

What devices do you use to travel?

\_\_\_Long cane

\_\_\_Adapted cane

\_\_\_Wheelchair or power wheelchair

\_\_\_Walker or rolling walker

\_\_\_I do not use a device to travel

Other\_\_\_ Please Describe:

Do you currently have any of the following? Yes or No?

\*Please note, these are NOT required to be accepted into the program

State ID?

School ID?

Half Fare Septa Card?

Para-transit or transit services card?

**RECREATION**

What do you currently do for recreation and leisure?

**Who should we contact if we need more information about the applicant?**

Name:

Phone:

Email:

Please submit initial application as early as possible with rolling admissions and capacity for 12 participants. Applications will be reviewed beginning January 7th, 2019. The last day applications will be accepted is April 26th, 2019.

\*After submitting application, applicants will receive Medical Packet in the mail. Medical paperwork must be filled out by a doctor and submitted as soon as possible, to be reviewed prior to acceptance to the program. Medical packets and applications will not be accepted after May 31st, 2019.

\*All Medical Paperwork and Educational Paperwork must be reviewed as well as receive approval from their BBVS counselor to be accepted into the program.

**Please send completed application to:**

Clare Medori, Overbrook TVI Program and Transition Program Secretary

Email: cmedori@obs.org

Fax: 215-477-1696

ATTN: Clare Medori

Overbrook TVI Summer Program

Mail: ATTN: Clare Medori

Overbrook TVI Summer Program

Overbrook School for the Blind 6333 Malvern Avenue

Philadelphia, PA 19151

**For questions about program or application process please contact:**

Stephanie Hays-Dwyer

Overbrook TVI Program Coordinator

shays@obs.org

Bob Ashbridge

Overbrook Transition Coordinator

bob@obs.org

215-877-0313 ext. 276