



STATE OF WASHINGTON  
**WASHINGTON STATE SCHOOL FOR THE BLIND**  
 2214 E. 13<sup>th</sup> St. · Vancouver, Washington 98661-4120 · (360) 696-6321 · FAX # (360) 737-2120

**SHORT COURSE PROGRAMS  
 APPLICATION**

Should you have any problems or questions regarding the completion of any part of this application, please contact Corey Grandstaff at 360-947-3354.

*Please return this application no later than 2 weeks prior to the course start date.*

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:

Female

Male

Large Print

Braille

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Their address, IF different from yours: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Name of school: \_\_\_\_\_

Vision Teacher or Guidance Counselor Name: \_\_\_\_\_

Has the student ever stayed overnight away from home?

Yes

No

**Which course(s) would you like to attend, check all that you are applying for:**

September 12-16: Using JAWS in the Classroom.

October 3-7: Living independently through Cooking.

October 24-28: Preparing for College after High School.

November 14-18: Orientation and Mobility, Public Transportation.

December 12-16: Google Chrome in the Classroom.

January 9-13: Using Office in the Classroom (Focus on Word, Excel and PowerPoint).

January 30-February 3: Voiceover and the iPad in the Classroom.

February 21-24: STEM in Education, focus on reading tactile graphics & Accessible Computer Programming.

March 13-17: Career focus, Self-advocacy, and Self-Determination (Career fair participation is a mandatory component of this program).

April 10-14: Low Vision Techniques and Devices.

- April 24-28: Outdoor Science Camp (additional fee and contingent on space availability).
- May 15-19: Living Independently through Home Management, Focus on Cleaning, Laundry, and Self-Management.
- June 5-9: Social Skills for Students who are Blind/Visually Impaired.

## **MEDICAL/SPECIAL NEEDS INFORMATION**

*To insure the safety and wellbeing of all students, please provide full disclosure to the following questions. Lack of disclosure or incomplete information regarding medical, behavioral or emotional issues that could potentially interfere with a student's participation in program objectives, or that could affect the safety and wellbeing of camp participants and staff, will be grounds for termination from Camp.*

Please define your visual impairment, diagnosis and acuity: \_\_\_\_\_

Other Disabilities (if any): \_\_\_\_\_

Please describe any medical, emotional and/or psychological considerations, medications, or conditions (if any): \_\_\_\_\_

Please describe any special accommodations you might need in order to participate (wheelchair accessibility, etc.) (if any): \_\_\_\_\_

Please describe any dietary restrictions you have (vegetarian, food allergies, etc): \_\_\_\_\_

## **ORIENTATION AND MOBILITY**

Have you had training from an O&M instructor?

Yes

No

Name: \_\_\_\_\_

Your mode of travel in familiar environment? Please mark all that apply:

Visual

Cane

Sighted Guide

Dog Guide

If you use a long white cane, describe your proficiency: \_\_\_\_\_

How independent of a traveler are you? Please select one or more:

residential only

light business

independent in unfamiliar areas

use public transportation

## **DAILY LIVING SKILLS**

What household responsibilities/chores do you have? \_\_\_\_\_

Is the student Independent in dressing?

Yes

No

Is the student independent in personal hygiene?

Yes

No

Parents, please list any important information, concerns, or specific night or morning routines for students staying overnight in the cottages: \_\_\_\_\_

Do you? (briefly describe)

Prepare simple meals?

- With or
- Without Assistance
- Wash & maintain clothing?
- With or
- Without Assistance
- Shopping?
- With or
- Without Assistance
- Manage any of your own money?
- Have a checking/savings Account
- Keep schedule/make own appointment
- With or
- Without Assistance

Please return this application to:  
Cindy Varley  
Washington State School for the Blind  
2214 E 13<sup>th</sup> Street  
Vancouver WA 98661  
Cindy.varley@wssb.wa.gov