SUMMER 2017 ENRICHMENT CAMPS AT
THE TENNESSEE SCHOOL FOR THE BLIND

GENERAL INFORMATION

The Tennessee School for the Blind is offering three different enrichment camp experiences to students who are blind or visually impaired. All three programs will take place on the TSB campus. Camp activities are designed to meet students’ interests and abilities, with special emphasis on providing enjoyable, meaningful and educational experiences for the campers. The camp programs also serve as a practicum setting to prepare teachers to serve students who are visually impaired. Enrollment is limited, and slots will be awarded in the order in which applications are received. Students accepted into the camps will be notified upon receipt of a completed application. Medical paperwork will be sent immediately upon receipt of application. Students attending camp must have a current physical exam and immunizations must be current.

Cost
Participation in all three camps is free. Meals and lodging are provided free of charge. Students will be able to participate in a program lasting one week. Please indicate on the application if you do not expect to participate in the full length of the program. NOTE: Students who are unable to stay on campus during the evenings due to maturity issues or serious medical or behavioral restrictions are certainly encouraged to attend as “Day Campers.”

Transportation
Transportation to and from camp is the responsibility of the parents. The camp will end at 12:00 noon on Friday.
Staff
Faculty and staff of TSB oversee the daily operation and programming for the camp. Teachers working on vision endorsement are also present for instructing and carrying out camp activities and goals. The TSB nursing staff will be on campus from 7:00 a.m. until 10:00 p.m. As always, TSB employs 24-hour security for the safety of its students.

Schedules
The camp day will run from 8:00 a.m. – 3:30 p.m. Monday thru Thursday and 8:00 a.m.-12:00 p.m. on Fridays. There will be both on and off campus events occurring in the evenings. Registration will run from 2:00 p.m.-4:00 p.m. on Sundays. Dinner will be served after registration. All family members are invited to attend.

For More Information Contact:
Dr. Kathy Segers, Camp Director (615) 231-7397
Kathy.Segers@tsbtigers.org

Kathy Craft R.N. 615-231-7399 (medical concerns)
Kathy.Craft@tsbtigers.org

Dr. Kathy Segers, Interim Superintendent 615-231-7397
Kathy.Segers@tsbtigers.org

Michelle Cormier, Director of Residential Services, 615-231-7365
Michelle.Cormier@tsbtigers.org
CDC/Life Skills Camp – June 11-16, 2017
Students who use the Alternate Assessment

Purpose
The focus of the program is to offer students an opportunity to participate in a variety of fun, meaningful and small-group activities such as community outings, social activities, recreation and leisure and special projects. Every effort is made to group students with peers who are similar in age and functioning level.

Where and When
Camp dates are Sunday June 11 through Friday June 16, 2017, on the campus of the Tennessee School for the Blind in Nashville, Tennessee. Camp check-in is June 11 from 2:00 p.m. - 4:00 p.m. Friday pick-up is on June 16, 2017 at 12:00 Noon.

Eligibility
Tennessee students who are 7-21 years old with visual impairment are eligible for the CDC/Life Skills Camp. Students whose IEP indicates the students are in CDC/Life Skills Class. Students should be able to adjust to being in a new environment away from home rather quickly. Although staff-student ratio is small, extreme behavioral and motoric needs may be difficult to meet.
Elementary Camp – June 11 – 16, 2017
Students who use TNReady Assessment
(Grades 2-7)

Purpose
The Middle School and Elementary School Camp is a weeklong session for students entering 2nd grade to students entering 7th grade. The program will focus on enhancing academic success, beginning skills in adaptive technology, socialization, basic daily living skills, community exploration, and recreation. Students will be involved in physical education, games, cooking, crafts, swimming, and field trips.

Where and When
Camp dates are Sunday, June 11, through Friday June 16, on the campus of the Tennessee School for the Blind in Nashville, Tennessee. Camp check-in is June 11 from 2:00 p.m.-4:00 p.m. Friday pickup on June 16 is at 12:00 noon.

Eligibility
Tennessee students with visual impairment who are rising 2nd through 7th graders are eligible for the Middle/Elementary School Camp.

Students should be participating in their respective grade level TNReady Exams. Students not involved in the state standardized testing program should apply for the CDC/Life Skills Camp.

Students should be fairly independent in their dressing, eating, toileting, hygiene, and communication abilities. The TSB nursing staff will be on campus from 7:00 a.m. - 10:00 p.m. Students should not have challenging behaviors that interfere with instruction of others or themselves.
Middle - High School Enrichment Camp
June 18 – 23, 2017
Students who use the EOC Assessment/TNReady (Grades 8-12)

**Purpose**
Camp activities will focus on enhancing the student’s educational achievement, improving daily living skills, presenting information about adaptive technology, developing self-advocacy awareness, and fostering enjoyment of leisure time activities. Specific IEP objectives may be incorporated into an individual student's program at the request of the LEA.

**Where and When**
Camp dates are Sunday, June 18, through Friday, June 23, on the campus of the Tennessee School for the Blind in Nashville, Tennessee. Camp check-in is June 18 from 2:00 p.m. until 4:00 p.m. Friday pick-up on June 23 is at 12:00 noon.

**Eligibility**
Tennessee students with visual impairment who are rising 8th - 12th Graders are eligible for the High/Middle School Camp. Students should be participating in their respective grade level TNReady or End of Course Exams. Students not involved in the state standardized testing program should apply for the CDC/Life Skills Camp.
Middle - High School Sports Camp
June 25 – 30, 2017

Students who use the EOC Assessment/TNReady
[Grades 8-12]

Purpose
Week-long session dedicated to introducing students to after-school and blind specific sports. Students will develop sport/physical activity skills, while also working to improve socialization, teamwork, cooperation and self-determination. Sports include track & field, goalball, beep baseball, archery, swimming, and fitness.

Where and When
Camp Dates are Sunday, June 25, through Friday, June 30, on the campus of the Tennessee School for the Blind in Nashville, Tennessee. Camp check-in is June 25 from 2:00 p.m. until 4:00 p.m. Friday pick-up on June 30 is at 12:00 noon.

Eligibility
Tennessee students with visual impairment who are rising 8th - 12th Graders are eligible for the High/Middle School Sports Camp. Students should be participating in their respective grade level TNReady or End of Course Exams. In addition, Sports Camp students must meet the requirement listed below:

- Rising middle and high school students, 6th-12th grade
- Students should be predominately independent (help with tying shoes, picking clothes is fine)
- Possess verbal or sign communication skills
- Must be able to participate in a group setting (runway/fleeing behaviors, biting/hitting/scratching/kicking behaviors and/or defiant behavior will not be tolerated)
- Students should be fit enough to participate in a full days of sports and physical. Including but not limited to walking at least a ½ mile throughout the day in between activities.
**SUGGESTED CLOTHING LIST**

PERMANENTLY MARK YOUR CHILD’S NAME ON ALL CLOTHING

**NOTE:**
1. Students have limited areas provided for their clothes and personal items. Please encourage your child to bring only necessary clothes to camp.
2. All medication should be given directly to the TSB Clinic staff.
3. All linens and towels are provided by TSB.

**Clothing List**

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7 sets of summer (light weight) clothes/outfits</td>
<td></td>
</tr>
<tr>
<td>6 changes of underwear</td>
<td></td>
</tr>
<tr>
<td>6 changes of socks</td>
<td></td>
</tr>
<tr>
<td>1 pair of gym shoes</td>
<td></td>
</tr>
<tr>
<td>sandals</td>
<td></td>
</tr>
<tr>
<td>1 raincoat</td>
<td></td>
</tr>
<tr>
<td>2 pair of pajamas</td>
<td></td>
</tr>
<tr>
<td>1 robe</td>
<td></td>
</tr>
<tr>
<td>1 set of house slippers</td>
<td></td>
</tr>
<tr>
<td>1 swim suit</td>
<td></td>
</tr>
<tr>
<td>1 pair of shower thongs</td>
<td></td>
</tr>
<tr>
<td>Windbreaker or lightweight jacket</td>
<td></td>
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</tbody>
</table>

**Toiletry Items Miscellaneous:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toothbrush and Toothpaste</td>
<td></td>
</tr>
<tr>
<td>Backpack, purse, or wallet</td>
<td></td>
</tr>
<tr>
<td>Brush / comb/ pick</td>
<td></td>
</tr>
<tr>
<td>Pillow</td>
<td></td>
</tr>
<tr>
<td>Shampoo</td>
<td></td>
</tr>
<tr>
<td>Deodorant</td>
<td></td>
</tr>
<tr>
<td>Make-up when appropriate</td>
<td></td>
</tr>
<tr>
<td>Lotion/cream/sunscreen</td>
<td></td>
</tr>
<tr>
<td>Other personal items which your child may need</td>
<td></td>
</tr>
</tbody>
</table>

Any personal items such as radios, clocks, stereos, etc. may be brought to school, but must be marked or engraved with the student’s name. The students can bring money to purchase items for off campus field trips. The money will be turned into the cottage parents for safety reasons and a receipt given for the amount brought by the camper. Also, please clearly mark suitcases on the end with your child’s full name. No bicycles or televisions are allowed. Other personal items, which may reduce periods of homesickness, are strongly recommended.
Application Form Summer Camp Programs 2017
Tennessee School for the Blind

All Applications must be returned by Monday, April 3, 2017
(No applications will be accepted after Friday, April 7, 2017)

TSB Summer Camps
ATTN: Dr. Kathy Segers
115 Stewarts Ferry Pike
Nashville, TN 37214
FAX: (615) 231-7361
Email: Kathy.Segers@tsbtigers.org

**Medical forms will be sent upon receipt of this application. **

**NO APPLICATION WILL BE CONSIDERED COMPLETE UNTIL ALL FORMS HAVE BEEN RETURNED**

Student Name: ____________________________________________
Last                      First                      “Preferred”

Date of Birth: _______________     Gender: ____ Male ____ Female

Camp Tee-shirt size: _________     Grade for Fall 2017: ______________

Current School System: __________________________________________

Camp Roommate Preference Y/N____________________________________

Number of family members attending registration dinner: ____________
Camp Choices  (select one camp)

_____ **CDC/ Life Skills Camp** – June 11\(^{th}\) -16\(^{th}\), 2017

Residential or Day Camper  (circle one)

Student will attend:

   The entire session, or _____ These days (Dates_______________)

_____ **Elementary Camp** June 11\(^{th}\) -16\(^{th}\), 2017

Residential or Day Camper  (circle one)

Student will attend:

   The entire session, or _____ These days (Dates: _________________)

_____ **Middle School/High School Camp** June 18\(^{th}\) -23\(^{rd}\), 2017

Residential or Day Camper  (circle one)

Student will attend:

   The entire session, or _____ These days (Dates: _________________)

_____ **Middle School/High School Sports Camp** June 25\(^{th}\)-29\(^{th}\), 2017

Residential or Day Camper  (circle one)

Student will attend:

   The entire session, or _____ These days (Dates: _________________)
**Individual Camper Needs**

**Primary Learning Medium:**
- _____ Regular Print
- _____ Large Print
- _____ Braille
- _____ Tactile Symbols
- _____ Non Reader
- _____ Auditory Reader

**Vision:** Eye Condition/Diagnosis (Taken from Eye Report):

----------------------------------------------

**Adaptive Technology/Low Vision Aids Currently Used:**
- _____ Glasses
- _____ Contacts
- _____ Telescope
- _____ CCTV
- _____ Sunglasses
- _____ Magnifier
- _____ Notetaker (Type)
- _____ Computer
- _____ Other

**Adaptations/Software**

**Mobility:** Does your child use a cane for mobility? YES / NO

**Does your child need extra instruction in the following areas?**

- _____ O & M
- _____ Academics (Subject(s))
- _____ Assistive Technology
- _____ Advocacy
- _____ Socialization
- _____ Standardized Test Preparation
- _____ Other

**Describe any limitations, special assistance or equipment your child needs in the following areas** (use additional page if necessary):

- Eating (likes, dislikes, special utensils, allergies, etc.) Food consistency (purred)

- Bathing (assistance needed, special equipment, etc.)

- Sleeping

- Dressing

- Walking (wheelchair, walker, AFOs, etc.)

- Toileting (diapers, accidents, schedules, hygiene, etc.)

- Behavior (Describe difficult behaviors, what causes them, what seems to help, etc.)

- Other information concerning your child:
**PARENT/GUARDIAN PERMISSION**

It is the Parent’s responsibility to provide and keep current any EMERGENCY NUMBER and HOME ADDRESS so you may be contacted at all times.

**I. INFORMATION:** Please print or type information

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Birth:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s Name:</td>
<td>Home/ Cell Phone:</td>
<td>Work/ Cell Phone:</td>
</tr>
<tr>
<td>Mother’s Name:</td>
<td>Home/ Cell Phone:</td>
<td>Work/ Cell Phone:</td>
</tr>
</tbody>
</table>

**Custody of Child:**
- Joint _____  Mom_____  Dad_____  Other ______
- Are there Court Orders pertaining to custody? ______
  - If yes, furnish official court document with limitations and instruction.

<table>
<thead>
<tr>
<th>Student’s Address:</th>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/parent’s Cell Phone Numbers:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School System:</td>
<td></td>
</tr>
</tbody>
</table>

**II. CONTACT PEOPLE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Primary Phone</th>
<th>Work or Cell Phone</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td></td>
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<tr>
<td>4.</td>
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</tr>
</tbody>
</table>

**III. STUDENT PRIVILEGES**

Allow my child the following privileges: (initial desired boxes)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attend school sanctioned activities where students are accompanied by school employees and transported in school or chartered vehicles.</td>
</tr>
<tr>
<td></td>
<td>I agree and consent that photographs, and/or electronic images of my child can be released in newspapers, magazines, brochures, school films, website or other types of media by TSB, Lions Club International and Friends of Tennessee School for the Blind Foundation Inc.</td>
</tr>
<tr>
<td></td>
<td>My child is allowed to watch P.G. 13 movies</td>
</tr>
<tr>
<td></td>
<td>Schedule my child’s five (5) minute free phone call on: Day:___<em><strong><strong>,(M-W) Time:</strong></strong></em> 3:15p- 9:00p</td>
</tr>
</tbody>
</table>

**IV. SIGNATURE**

Parent/Guardian Signature ________________________________ Date ___________________________
1. Students are NOT allowed to buy, sell or lend personal items to another student or staff.
2. Parents are responsible for purchasing medications, eyeglasses, clothing, toiletry items, and other personal items.
3. TSB will not assume responsibility for personal items, (e.g.) (stereos, games, toys, etc.), left in the direct charge of a student. A maximum of three (3) toys at one time is permitted. Television sets are not permitted.
4. Students will not be allowed to go off campus or home with another student, unless they have written permission from their parents, and written permission from the parents of the student with whom they plan to visit. This written permission should be provided to the Dean of Students three (3) school days in advance and include the exact date/time the student plans to visit and return to campus. Open permission cannot be granted, i.e. “let my child go with anyone at any time they choose.”
5. Only persons with written permission from the student’s legal guardian are allowed to visit, pick up a student, or remove a student from the campus. Phone permissions will not be accepted. (Note: Students Eighteen (18) or older are legal adults, but are still required to follow school rules.)
6. Please mark all clothes, toys and other personal items with a permanent marker before sending them to school.
7. Any person under the influence or in possession of alcohol or illegal drugs while on campus is subject to arrest.
8. Any person bringing firearms, fireworks or explosives on campus will be prosecuted.
9. School administrators have the right to search backpacks, suitcases, briefcases and automobiles if there is reasonable suspicion they may contain illegal drugs or firearms.
10. It is the responsibility of the parents to keep their address, phone number and other relevant information up to date so the school can contact you in case of an emergency.
11. Parents must pick up ill campers if contacted by the clinic.

I have read and familiarized my student with the above information.

Name of Student _______________________________________

Signature of parent/guardian_____________________________

(Returned this completed and signed form with your application and physical exam)
**TENNESSEE SCHOOL FOR THE BLIND PHYSICAL EXAM FOR 2016-2017 (camp and school)**

**STUDENT NAME:** ____________________  **DOB:** __________  **SEX:** ______  **ALLERGIES:** ________________________

**PARENT/GUARDIAN NAME:** ____________________  **PHONE #:** __________________

**VITAL SIGNS**

<table>
<thead>
<tr>
<th>VITAL SIGN</th>
<th>MEASUREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIGHT:</td>
<td>__________</td>
</tr>
<tr>
<td>WEIGHT:</td>
<td>__________</td>
</tr>
<tr>
<td>BMI:</td>
<td>__________</td>
</tr>
<tr>
<td>BP:</td>
<td>__________</td>
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<tr>
<td>PULSE:</td>
<td>__________</td>
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<tr>
<td>RESP:</td>
<td>__________</td>
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<tr>
<td>TEMP:</td>
<td>__________</td>
</tr>
</tbody>
</table>

**DIET**

<table>
<thead>
<tr>
<th>DIET TYPE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULAR DIET</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>SPECIAL DIET</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**IF YES, ORDER DIET:** ____________________  **TUBE FEEDING:** YES NO

**PHYSICAL EXAM**

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>NORMAL</th>
<th>DESCRIBE ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN/HAIR/NAILS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EARS, (HEARING)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EYES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOUTH/THROAT/TEETH</td>
<td></td>
<td></td>
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<tr>
<td>NOSE/HEAD/NECK</td>
<td></td>
<td></td>
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<tr>
<td>HEART</td>
<td></td>
<td></td>
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<tr>
<td>LUNGS</td>
<td></td>
<td></td>
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<tr>
<td>ABDOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPINE (SCOLIOSIS?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENITOURINARY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXTREMITIES</td>
<td></td>
<td></td>
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<tr>
<td>HIPS, BUTTOCKS</td>
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<tr>
<td>NEUROLOGICAL</td>
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</tbody>
</table>

**IF TSB NURSES GIVE MEDICATION:** PARENT MUST BRING SIGNED COPY OF A DOCTOR'S ORDER, OR A COPY OF THE PRESCRIPTION BEFORE GIVING TO PHARMACY. THIS INCLUDES VITAMINS OR OVER THE COUNTER MEDS BROUGHT TO SCHOOL.

**PHYSICAL ACTIVITY**

<table>
<thead>
<tr>
<th>PHYSICAL ACTIVITY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBULATES W/O DIFFICULTY</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>NEEDS ASSISTIVE DEVICE</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**NAME DEVICE:** ____________________

**SPORTS PARTICIPATION:** YES NO

**SPORTS RESTRICTIONS:** YES NO

**NAME RESTRICTIONS:** ____________________

(Contact sports at TSB are Goal Ball, Wrestling. Non-contact sports are: Golf, Track, Swimming, Cheerleading.)

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>IMMUNIZATIONS</th>
<th>CURRENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMMUNIZATIONS GIVEN TODAY:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF LAST TDAP:** ____________________

**CURRENT DOCTOR'S ORDERS**

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>ROUTE</th>
<th>TIMES GIVEN</th>
</tr>
</thead>
</table>

**DOCTOR'S SIGNATURE:** ____________________  **DATE:** __________

**PRINT PHYSICIANS NAME:** ____________________  **PHONE #:** __________________

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115 Stewarts Ferry Pike • Nashville, TN • 37214 • Tel: 615-231-7300 • www.tsbtigers.org

"Creating Contributing, Participating Members of Society" since 1844