



Utah Schools for the Deaf and the Blind
STUDENT APPLICATION FORM
SHORT TERM PROGRAM
2010-2011

Instructions: Complete all items, if not applicable write N/A.

All pages noted **“Return this form”** (located at the top of each form) **must be returned.**

Student’s name: _____ Age: _____ Grade: _____

Date of birth: _____ TVI: _____

Parent’s/Guardian’s Name(s): _____

Home address: Street: _____

Zip code: _____ City: _____

E-Mail address: _____

(used to notify you of upcoming events/ agenda’s)

Home phone: () _____ Cell phone: () _____

Mothers work phone: () _____ Cell phone: () _____

Fathers work phone: () _____ Cell phone () _____

Yes, I give my child _____ permission to attend the
(child’s name)

Utah Schools for the Deaf and the Blind Short Term Program sessions held throughout the 2009-2010 School year.

Transportation:

I will pick up my child on Saturday at the designated time or have other arrangements made.

Yes No (however other arrangements have been made)

I understand that my child needs to stay with the group and be supervised at all times. They will not be allowed off campus for personal reasons, or have friends visit them. They will not use their cell phones except during designated free time or in their dorms.

Yes No

Return This Form

USDB has my permission to take pictures of my child, including photographs, videos, films and audio recordings. These may be shown to individuals or groups for training, information displays and public relations purposes.

Yes No

Cause of Visual Impairment: _____

Age at onset of legal blindness: _____ Prognosis: _____

Visual Acuity: Right eye (OD): _____ Left eye (OS): _____ Both (OU): _____

Field Restriction: No Yes If yes, type: _____

Which assistive technology device is used? Braille Note PAC Mate
 Braille Lite None

Please rate yourself: Beginner Intermediate Advanced

Does your note taker have a keyboard QT format (like a computer): Yes No

Does your note taker use a BT (Braille, six keys) keyboard: Yes No

What accessibility program do you use on the computer? JAWS Magic
 Window Eyes Windows Accessibility Options Other _____

What tools do you use to access books? Book Port Victor Tape Player
 CD player Computer Other _____

Parents Signature: _____ **Date:** _____

- Program cost is \$30 year
- One time annual registration
- Limited space available
- Trained and Certified teachers

For Questions Contact:

Susan Westergard 801-629-4718 or susanw@usdb.org

Return Forms to: Attn: Susan Westergard
742 Harrison Blvd.
Ogden, UT 84404