



## SUMMER CAMPS AT TENNESSEE SCHOOL FOR THE BLIND

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 through the Vision Institute to serve students who are visually impaired. Enrollment is limited, and slots will be given in the order in which applications are received. Students accepted into the camps will be notified as soon as possible.

### Cost

Participation in all three camps is free. Meals and lodging are provided free of charge. Students should be able to participate in a program lasting one to two weeks. 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. Friday pickup by 12:00 noon.

### 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 and safety for its students.

### For More Information

Mrs Pamela Fitts, R.N. 615-231-7399  
(Medical Issues)

[Pamela.Fitts@tnschoolfortheblind.org](mailto:Pamela.Fitts@tnschoolfortheblind.org)

Principal's Office 615-231-7397

[Jill.Smith@tnschoolfortheblind.org](mailto:Jill.Smith@tnschoolfortheblind.org)

Or

Elaine Brown, Director of Outreach 615-231-7336

[Elaine.Brown@tnschoolfortheblind.org](mailto:Elaine.Brown@tnschoolfortheblind.org)

**APPLICATIONS MUST BE RECEIVED BY MONDAY, MAY 14<sup>TH</sup>, 2010**

**Portfolio Camp**  
**Students who use the Portfolio Assessment**  
(Ages 6-21)

**Purpose**

The focus of the program is to offer students an opportunity to participate in a variety of fun, meaningful, small-group activities such as community outings, social skills, 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 20<sup>th</sup> – June 25<sup>th</sup>, 2010, on the campus of the Tennessee School for the Blind in Nashville, Tennessee. Registration on June 20<sup>th</sup> is from 2:00-4:00. Friday pick up on June 25<sup>th</sup> is at 12:00 noon

**Who is Eligible to Attend**

Tennessee students who are 6-21 years old with visual impairment are eligible for the Portfolio Camp.

Students whose IEP testing accommodations indicate **TCAP-ALT or Portfolio** should apply for the Portfolio Camp. The **TSB nursing staff will be on campus from 7:00 a.m. until 10:00 p.m.**

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.

**For More Information**

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**APPLICATIONS MUST BE RECEIVED BY MONDAY, MAY 14<sup>TH</sup>, 2010**

**Middle/Elementary Camp**  
**Students who use TCAP Assessment**  
Grades 2-4 & 5-8 (academic)

**Purpose**

The Middle/Elementary School Camp is a weeklong session for students entering 2<sup>nd</sup> grade to students entering 8<sup>th</sup> 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 27<sup>th</sup>-July 2<sup>nd</sup>, 2010, on the campus of the Tennessee School for the Blind in Nashville, Tennessee. Registration on June 27<sup>th</sup> is from 2:00-4:00. Friday pickup on July 2<sup>nd</sup> is at 12:00 noon.

**Who is Eligible to Attend**

Tennessee students who are rising 2<sup>nd</sup> – 8<sup>th</sup> graders with visual impairment are eligible for the Middle/Elementary School Camp.

Students should be participating in their respective grade level TCAP Exams. **Students not involved in the state standardized testing program should apply for the Portfolio 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. until 10:00 p.m.**

Students should not have challenging behaviors that interfere with instruction of others or themselves.

**For More Information**

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**Middle-High School Enrichment Camp**  
**Students who use the Gateway Assessment**  
(grades 9 through 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, July 4<sup>th</sup> - July 16<sup>th</sup>, 2010, on the campus of the Tennessee School for the Blind in Nashville, Tennessee. Registration time on the 4<sup>th</sup> is 2:00-4:00 pm, Friday pick up on July 16<sup>th</sup> by 12:00 noon.

**Who is Eligible to Attend?**

Tennessee students who are rising 9<sup>th</sup> – 12<sup>th</sup> graders with visual impairment are eligible for the Middle/High School Camp.

Students should be participating in their respective grade level TCAP, End of Course, or Gateway Exams. **Students not involved in the state standard testing program should apply for the Portfolio 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. until 10:00 p.m.**

Students should not have challenging behaviors that interfere with instruction of others or themselves

**For More Information**

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Tennessee School for the Blind  
SUGGESTED CLOTHING LIST

**PERMANENTLY MARK YOUR CHILD'S NAME ON ALL CLOTHING**

**NOTE:**

1. Students have limited area 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 Clinic staff.

**Clothing List**

- \_\_\_\_\_ 5-7 sets of summer (light weight) clothes/outfits
- \_\_\_\_\_ 6 changes of underwear
- \_\_\_\_\_ 6 changes of socks
- \_\_\_\_\_ 1 pair of gym shoes
- \_\_\_\_\_ Sandals
- \_\_\_\_\_ 1 Raincoat
- \_\_\_\_\_ 2 pair of pajamas
- \_\_\_\_\_ 1 robe
- \_\_\_\_\_ 1 set of house slippers
- \_\_\_\_\_ 1 swim suit
- \_\_\_\_\_ 1 pair of shower thongs
- \_\_\_\_\_ Windbreaker or lightweight jacket
- \_\_\_\_\_ 1 Sleeping Bag for the Middle/High School Camp - Camp Out

**Toiletry Items**

- \_\_\_\_\_ Toothbrush and Toothpaste
- \_\_\_\_\_ Brush / comb/ pick
- \_\_\_\_\_ Shampoo
- \_\_\_\_\_ Deodorant
- \_\_\_\_\_ Make – up when appropriate
- \_\_\_\_\_ Lotion / cream/ sunscreen
- \_\_\_\_\_ Other personal items which your child may need

**Miscellaneous:**

- \_\_\_\_\_ Backpack, purse, or wallet
- \_\_\_\_\_ Pillow

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. 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.

All linens and towels are provided by TSB.



3. Foster Parent/Legal Guardian if Different from Above:

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

Phones: Home (      ) \_\_\_\_\_ Cell: (      ) \_\_\_\_\_

Work (      ) \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Information**

Please provide the names of at least two other persons who can be contacted in emergency situations when the parent/guardian cannot be reached:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phones: Home (      ) \_\_\_\_\_ Cell: (      ) \_\_\_\_\_

Work (      ) \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phones: Home (      ) \_\_\_\_\_ Cell: (      ) \_\_\_\_\_

Work (      ) \_\_\_\_\_

Email: \_\_\_\_\_

**Individual Needs**

**Primary Learning Medium:**

Regular Print - Large Print - Braille - Tactile Symbols - Non Reader - Auditory Reader

**Vision:**

Eye Condition/Diagnosis \_\_\_\_\_

**Adaptive Technology/Low Vision Aids Currently Used:**

Glasses - Contacts - Telescope - CCTV - Sunglasses - Magnifier - Other \_\_\_\_\_

Notetaker (Type \_\_\_\_\_) Computer Adaptations/Software \_\_\_\_\_

Uses Vision for Mobility - Uses Cane for Mobility

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

1. Eating (likes, dislikes, special utensils, allergies, etc.) \_\_\_\_\_

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2. Bathing (assistance needed,, special equipment, etc.) \_\_\_\_\_

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3. Dressing: \_\_\_\_\_

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4. Walking (wheelchair, walker, AFO's, etc.) \_\_\_\_\_

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5. Toileting (diapers, accidents, schedules, hygiene, etc.) \_\_\_\_\_

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6. Sleeping (morning or bedtime routines, sleeps alone, etc.) \_\_\_\_\_

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7. Behavior (Describe difficult behaviors, what causes them, what seems to help, etc.) \_\_\_\_\_

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8. Other information concerning your student: \_\_\_\_\_

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I verify that all information is true and that any false statement is sufficient reason for the application to become void.

Date:

(Parent/Guardian Signature)

**All applications must be received by Monday, May 14<sup>th</sup>, please no exceptions**

# Camp Selection Sheet

Indicate One Camp Choice and Return with Application

All Applications must be returned by Monday May 14<sup>th</sup>, 2010 (No Exceptions)

This includes Ophthalmologist Eye Report

**Life Skills Camp June 20<sup>th</sup> – June 25<sup>th</sup>, 2010**

**Students who use the Portfolio Assessment**

Student will reside on Campus

Student will return home after camp each day (Day Camper)

Student will attend:

The Entire Week Session

The Following Days (Dates: \_\_\_\_\_)

**Middle School/Elementary Camp June 27<sup>th</sup> – July 2<sup>nd</sup>, 2010**

**Students who use the TCAP Assessment**

**Students entering 2nd grade through entering 8th grade**

Student will reside on Campus

Student will return home after camp each day (Day Camper)

Student will attend:

The Entire Week Session

The Following Days (Dates: \_\_\_\_\_)

**High School Camp July 4<sup>th</sup> – July 16<sup>th</sup>, 2010**

**Students who use the Gateway Assessment**

**Entering 9<sup>th</sup> grade and up**

Student will reside on Campus

Student will return home after camp each day (Day Camper)

Student will attend:

The Entire Two Week Session \_\_\_\_\_

Only One Week (Dates: \_\_\_\_\_)

**Please, complete and mail or fax the application to:**

**Tennessee School for the Blind**

**ATTN: TSB Clinic**

**Summer Camp Programs**

**115 Stewarts Ferry Pike**

**Nashville, TN 37214**

**Fax: 615-871-9312**

# PARENT/GUARDIAN SUMMER PROGRAM 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

<b>Student's Name:</b>		<b>Date of Birth:</b>	<b>Sex:</b>
<b>Father's Name:</b>	Home/ Cell Phone:	Work/ Cell Phone:	
<b>Mother's Name:</b>	Home/ Cell Phone:	Work/ Cell Phone:	
<b>Custody of Child:</b> Joint _____ Mom _____ Dad _____ Other _____		<b>Are there <i>Court Orders</i> pertaining to custody?</b> _____ If yes, furnish official court document with limitations and instruction.	
<b>Student's Address:</b>		<b>Email address:</b>	
		<b>Student/parent's Cell Phone Numbers:</b>	
City:	Zip:	<b>School System:</b>	

## II. CONTACT PEOPLE

The following people have permission to visit or call my child at school, take my child off campus, pick up and/or transport my child from school and/or from the bus stop:

	Name	Primary Phone	Work or Cell Phone
1.			
2.			
3.			
4.			

## III. STUDENT PRIVILEGES

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

Init	Activity
	Attend school sanctioned activities. Students are accompanied by school employees and transported in school or chartered vehicles.
	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 and <b>Friends of Tennessee School for the Blind Foundation Inc.</b>

## IV. SIGNATURE

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**