



The Maryland School for the Blind
ACHIEVING INDEPENDENCE

WRAP

Work Readiness After-school Program

For high school students with a visual impairment who attend their nearby local school- students will be picked up at the end of the school day from their school.



On the 1st and 3rd Tuesdays - the unique resources of Maryland School for the Blind will be focused on helping YOU get ready to work:

- ✓ Start building an employment profile- identify your interests and skills!
- ✓ Improve workplace communication, relationships and problem solving skills!
- ✓ Know and advocate for YOUR adaptation needs- including the technologies- for each worksite we visit.
- ✓ Improve the skills for independence needed for work- including organization, appropriate dress for work, mobility skills, shopping for and preparing lunch.

Activities are facilitated by highly qualified MSB staff including Orientation and Mobility instructors, Career Education teachers, Vision Rehabilitation Specialist, Low Vision Specialist, Social Worker, and Teachers of the Visually Impaired. Dinner is provided and some transportation assistance home is available. This program is made possible through a partnership with DORS.

For additional information please contact Susan Vanderhoff, L.C.S.W.-C, at 410-925 0364 or susanv@mdschblind.org

www.marylandschoolfortheblind.org

Registration WRAP

PARTICIPANT INFORMATION:

Student: _____ DOB: _____

Grade: _____ School: _____

Parent(s): _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Vision Teacher: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Siblings: _____

VISUAL INFORMATION (*Students are requested to bring portable low vision or Braille devices and canes*):

Eye Condition: _____

Level of Vision: ___ Totally Blind ___ Partially Sighted ___ Legally Blind ___ Wears Glasses

Field Loss: ___ Yes ___ No

Child uses the following for learning: ___ Regular Print ___ Large Print ___ Braille ___ Auditory Skills

Travel Skills: ___ Independent ___ Needs Supervision ___ Uses Cane ___ Prefers Sighted Guide

ADDITIONAL INFORMATION:

Other Disabilities:

Medications your child currently takes:

Allergies:

Medication (describe) _____

Food (describe) _____

Environmental (describe) _____

RELEASE STATEMENTS:

Photo Release: Many pictures are taken during the programs of various activities. These pictures are sometimes used, along with press releases, to provide public relations information to television stations, newspapers and other publications. I grant permission for my family to be photographed for the above purposes.

___ Yes ___ No

Off Campus Activities: Through-out the WRAP program, students will make monthly visits to community worksites. They will learn about the skills, interests and educational requirements for each vocation and will have opportunities to practice the individualized adaptive and mobility skills needed for each site. Transportation will be provided to each site by a company contracted by MSB and whose drivers are PSC certified (see attached authorization).

___ Yes ___ No

Parent/ Guardian Signature

Date

Please fax or mail registration to:

The Maryland School for the Blind

Outreach Department

3501 Taylor Avenue

Baltimore, MD 21236

ATTN: Victoria Watt

Phone: 410-444-5000 ext. 1249 **FAX: 410-319-5708**

Email: victoriag@mdschblind.org