Dear Parents,

This is in follow up to the referral we received from your child’s teacher recommending your child attend our Level Up High School Conference. Per your request, enclosed is the full Program Application.

Registration is limited. Please return the application with the registration fee within two weeks in order to reserve a place for your child. Registration will not be finalized until the application process is completed.

The total cost of the program is $100. A check for the fee is to be made out to Envision. Please memo Level Up High School Conference. Financial assistance is available. If you request financial assistance, please check the request box on the application and submit your child’s application as soon as possible.

You may return the application by any of the following methods:

**MAIL**  
Attention: Hannah Christenson • Envision • Level UP Program  
610 N. Main St. • Wichita, KS 67203

**FAX**  
Hannah Christenson • (316) 440-1540

**SCAN AND E-MAIL**  
hannah.christenson@envisionus.com

**DROP OFF**  
You may drop off the application at the Envision front desk during the hours of 8 to 5, M-F • Attention: Hannah Christenson

Upon receipt of the completed application, you and your child’s teacher will be notified of acceptance to the program. You will also receive the High School information packet.

Registration is limited. Please complete the application process immediately! In order to avoid delays and process quickly, please complete all fields.

Please contact us if you have any questions and/or wish to further discuss the program.

Sincerely,
Bonnie Cochran, Director Support Programs, Envision Inc.
(316) 440-1510

**CONNECT**  
**ENGAGE**  
**ACT**

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www.envisionus.com
GUARDIAN INFORMATION  (Circle One: Parent / Guardian)  $100 registration fee enclosed  Request financial assistance  Check in mail  District pay

Name ____________________________ Last _______ First ________

Email ____________________________

Street Address __________________________ City __________________ State ________ Zip ________

Home Phone __________________________ Work __________________ Cell __________________

EMERGENCY CONTACT (please provide the name of someone not listed above - parent/guardian will always be tried first)

Name: ____________________________ Relationship: ____________________________

Home Phone: __________________________ Work: __________________ Cell: __________________

STUDENT INFORMATION

Name ____________________________ Last _______ First ________ Nickname ________

Street Address __________________________ City __________________ State ________ Zip ________

Cell Phone __________________________ E-mail __________________

Birthdate __________________________ Age ________ Current Grade Level ________ Gender ________

TSVI INFORMATION

Name ____________________________ School __________________

Email ____________________________ Phone: ________________ Summer Contact ________________

TECHNOLOGY INFORMATION

Student uses his/her own personal computer in the home   ☐ Yes   ☐ No   ☐ Laptop   ☐ Desktop

Student uses school computer only   ☐ Yes   ☐ No

Student uses email   ☐ Yes   ☐ No

Student has access to the Internet   ☐ Yes   ☐ No

Student is currently using the following assistive technology hardware:   ☐ BrailleNote   ☐ PAC Mate

☐ CCTV   ☐ iPad   ☐ BrailleSense Plus   ☐ Other __________________________

Student is currently using the following assistive technology software:   ☐ JAWS   ☐ NVDA   ☐ Voice Over

☐ Windows Magnifier   ☐ Zoom for Mac   ☐ ZoomText   ☐ Magic   ☐ Other __________________________

Student is bringing a personal computer that is equipped with the following:

☐ Microsoft Office 2013 or newer   ☐ Updated Microsoft Office 365

☐ Screen reader (e.g. NVDA or Voice Over)

☐ Antivirus software (e.g. Windows defender or AVG)
During the Envision Level Up Program, students will have access to email and internet. (parent/guardian - please initial) 

I consent for my child to access and participate in instructor-moderated, Internet-based training during the Envision Level Up Program. I understand that is my responsibility to monitor my child’s usage of the internet and release Envision from any and all liability resulting from usage outside the Envision Level Up Program.
As part of our Level Up high school conference we are providing opportunities for our student attendees to actively participate in choice technology labs led by community professionals and specialists. To provide access to progressive hands-on experiences, students will be able to choose one of five different technology lab options. Our goal is for students to be challenged, but also successful. Students must meet the minimum requirements listed below for the lab of their choosing, before enrollment in the lab can be finalized. Please rank your preference 1-3 in the space provided.

### CHOICES

#### COMPUTER ESSENTIALS

Terese Goren, ATS Envision; Robert Beach, KCKCC

Students will be given direct instruction in the use of assistive technology for laptop computers, following a progressive curriculum to improve computer skills for in and out of the classroom.

#### FINANCIAL LITERACY & COLLEGE PREP

Wells Fargo Financial; Andrew Myers, Scholarship Coordinator; & Gina Stewart, Academic Advisor, WSU

Students will engage with financial professionals to understand personal financial management. Students will also learn about opportunities and steps they can take as they begin their college and career transition. **INTERMEDIATE or ADVANCED level skills**

#### NETWORK ADMINISTRATION & CYBERSECURITY

Karl Reust, Veterans Affairs; Andrew Vanderziel, Lt. Col. 184th Intelligence Wing, Air National Guard

Students will learn how to access computer programs outside of the standard Windows format, including remote access to another device. Students will participate in cyber exercises that emphasize the increasing importance of cybersecurity. **ADVANCED level skills**

#### BIOMEDICAL ENGINEERING

Gary Brooking, Ph.D., Program Director of College of Engineering, WSU

Students are introduced to the field of biomedical engineering that involves the use of mechanical and electronic parts in the human body for health care diagnosis, treatment and assistive support. **INTERMEDIATE or ADVANCED level skills**

#### BEYOND THE MIC - "BROADER"CASTING

Keith West, Ph.D., Professor of Mass Communications, BCCC

Students will be given an overview of the fundamentals of mass communications and learn about the full scope of the industry. Immersive experiences and assignments teach students that this field is much **BROADER** than expected. **INTERMEDIATE or ADVANCED level skills**
STUDENT WORKSHOP REGISTRATION

As part of our Level Up high school conference we are providing opportunities for our student attendees to actively participate in choice STEAM workshops led by community professionals. Choosing from five different options, students will complete one workshop, taking place over the course of four afternoons. At the end of the week, students will convene to share and demonstrate what has been learned with one another. Please rank your preference 1-3 in the space provided.

CHOICES

☐ **AERONAUTICS & PROGRAMMING**  
Scott Miller, Ph.D., Professor & Chair of Aerodynamics, WSU; Director of NASA KS  
Aerospace Engineering: The Basics of Flight. Participants will be introduced to the fundamentals of atmospheric flight. Building and actually flying a small indoor aircraft will reinforce the concepts.

☐ **GO BABY GO - MECHANICAL ENGINEERING**  
Nathan Smith & Samantha Corcoran, Go Baby Go – WSU  
Students will work in teams to modify off-the-shelf toy ride-on cars for two local children with mobility challenges. They will receive hands-on training on designing, wiring, soldering, basic construction skills, and following a budget.

☐ **PERFORMING ARTS & ARTISTIC DESIGN**  
Jaisson Taylor - Kansas City, KS  
Students will be introduced to drumming technique and tonal variations possible with various drums. Students will concentrate on timing and tempo, as well as an exploration of a few rudiments that will be present in the final collaborative piece.

☐ **TACTILE DESIGN WITH TECHNOLOGY**  
Ken Wiseman, Go Create – WSU  
Students will familiarize themselves with tools, equipment and programs designed to build and create. Students will design projects to be uploaded to machines via flash drive. Students will work with metals to create their own unique piece.

☐ **CULINARY ARTS**  
Jamie Kraisinger, Chartwells Dining Services – WSU  
Students will work with culinary professionals in a teaching kitchen setting to learn about the kitchen safety and nutrition during hands-on meal prep. Students will utilize technology to assist with developing a meal plan, create a mock shopping list and budget.
STUDENT EVENING REGISTRATION

As part of our Level Up high school conference we are providing opportunities for our student attendees to actively participate in choice Evening Experiences led by community professionals. Students will have unique evening activities throughout the week. While most evenings are designed for the entire group, on two nights students are given the option to choose a session of interest.

Please select your evening choice the space provided.

EMPOWER YOURSELF EVENING

☐ TIPS, TRICKS & APPS - IMAGE NIGHT
   7:00 - 8:00 PM
   An extension of our group EMPOWER YOUR PRESENCE Image Workshop, students can build upon those skills and discuss tips, tricks and technology that can assist them.

☐ PERSONAL SAFETY & SELF DEFENSE - FOX FITNESS
   7:00 - 10:00 PM
   Grappling sports, like Brazilian Jiu-Jitsu, are excellent for visually impaired athletes where contact is utilized for timing over distance. For this event, we will be introducing basic techniques of escape and movement to teach the athlete to establish a defensive posture for self defense. Athletic clothing and water are recommended for training.

☐ BOWLING - SHOCKER LANES
   7:30 - 10:00 PM
   Shocker Lanes is a great place to relax and have fun. Students can choose from bowling & billiards, or socialize with your friends.

CHAMPIONS NITE

☐ WSU ESPORTS - WSU VARSITY GAMING TEAM
   6:30 - 9:30 PM
   Similar to that of traditional sports, Esports is a medium in which students can train, compete and develop a team mentality. Students interested in competitive gaming will network with members of the WSU varsity team and learn about different types and styles of gaming used in this field.

☐ OUTDOOR MOVIE NITE - WSU HOUSING AND RESIDENCE LIFE
   6:30 - 9:30 PM
   Living on a college campus can be daunting. But there are also numerous opportunities for engagement which are often offered to students living in the dorms. Provided by the WSU Housing and Residence Life Staff, students will enjoy some of the perks of campus life with an outdoor movie.
Students,
As part of the Level Up High School Conference, you will have the opportunity to meet with various business professionals and colleges to network. You will learn to create an Elevator Pitch. This is a concise, carefully planned and practiced marketing message about you. It is no longer than 60 seconds and helps set the stage for your interview. With your application, you received a booklet called *A Roadmap to Your Career* which includes a resume builder. Use this guide to prepare your resume and cover letter. Your resume is your calling card, and screening tool for the employer – the best resumes are often given further consideration. Therefore it is important to invest in its preparation. Cover letters are never an option. This is your personalized sales pitch that determines whether your resume will be reviewed. We would like for you to think of jobs that you are interested in pursuing. Please have a specific job in mind that you will be applying for as you begin to create your resume and prepare for your interview. This can be a job you may be pursuing during the summer or a dream job. During the week you will have opportunity to enhance your resume and learn about interviews and business etiquette.

You are required to submit your resume and cover letter with your application

“By failing to prepare; You are preparing to fail.”

Benjamin Franklin

CONNECT ENGAGE ACT

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ENVISION CONSENT AND RELEASE

As parent/guardian of the student – (please initial each statement)

☐ I hereby release Envision, Wichita State University, Go Baby Go, Go Create, Butler Community College, Newman University and all volunteer Level Up Program staff from any and all claims and liability arising from any injury, illness, damages or loss or destruction of personal property, which may occur as a result of my child’s participation in or traveling to or from the program activities.

☐ I give my permission for me and my child to be added to The Envision Research Institute research database for future research participation opportunities.

ENVISION CONSENT TO USE NAME AND LIKENESS

THIS CONSENT TO USE NAME AND LIKENESS given by:

By signing below, I ___________________________ grant unto ENVISION, INC. and its subsidiaries and affiliates (the “Grantee”), their successors and assigns, the right to take, use, and publish for advertising, commercial, and other lawful purposes, the photographic portraits, photographic likenesses, pictures and sound recordings of Grantor (the “Rights”), including, without limitation, portraits, photographic likenesses, pictures and sound recordings created by Grantee in whole or in part, in composite or other form, in conjunction with Grantor’s own or a fictitious name, and in all forms and media now known or hereafter created, including but not limited to motion pictures, video recordings and tapes, and print advertisements. The grant by Grantor to Grantee of such Rights to be perpetual and without additional consideration and compensation.

Grantor waives any right that Grantor may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

Grantor releases and discharges Grantee and the photographer, director, video technicians or other employees or agents of Grantee, their successors and assigns and all persons acting under their permission or authority, from any liability by virtue of any blurring, distortion, alteration, effects or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, recording of the sounds, or in any processing tending toward the completion of the finished product.

Grantor/Parent or Guardian Signature: ___________________________ Date: ________________
MEDICAL HISTORY REQUIRED

May - Aug 2020 — FAX: (316) 440-1540

Student Name: ____________________________________________________________

Physician’s Name: ____________________________ Phone Number: ________________

ALLERGIES

Medication: ________________________________________________________________

Reaction: _________________________________________________________________

Food: _________________________________________________________________

Reaction: _________________________________________________________________

Other to include: insect stings, bee stings, hay fever, animal dander, etc...

___________________________________________________________

Reaction: ________________________________________________________________

IMMUNIZATION HISTORY

All immunizations must be up to date. Give date of last boosters

Your child’s current school health record will suffice and can be submitted with this form

DPT: ____________________________ Polio OPV (Sabin): ____________________________

Measles ________________________ Tetanus: ____________________________

Mumps: _________________________ Tuberculin Test: ____________________________

Medical Personnel Signature __________________________________________ Date: ____________

In case of medical emergency, I grant permission for my child to receive medical treatment.

Parent or Guardian Signature __________________________________________ Date ______________

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# HEALTH ASSESSMENT

*Please check the boxes that apply to your Child*

If you *answer YES* to any questions below, please explain and add additional comments on a separate page if necessary.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Was child born blind? If no, at what age?</td>
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<td>2. Have diabetes?</td>
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<td>3. Have asthma?</td>
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<td>4. History of seizures?</td>
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<td>5. History of heart problems?</td>
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<td>6. Have a hearing impairment? If yes, wear a hearing aid?</td>
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<td>7. Have an orthodontic/orthopedic appliance? (circle)</td>
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<td>8. Have problems with diarrhea/constipation?</td>
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<td>9. History of heartburn or other stomach problems?</td>
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<td>10. Have frequent headaches?</td>
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<td>11. Have frequent ear infections?</td>
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<td>12. Gets sick or dizzy following physical activity?</td>
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<td>13. Have problems with joints?</td>
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<td>14. Have any skin problems?</td>
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<td>15. Have a chronic/recurring illness or condition?</td>
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<td>16. Have problems with sleepwalking/sleeping? (circle)</td>
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<td>17. Have bed wetting/incontinence?</td>
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<td>18. Have an eating disorder?</td>
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<td>19. Afraid of the dark?</td>
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<td>20. Has successfully stayed away from home over night?</td>
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<td>21. Performs personal activities unassisted?</td>
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<td>(dressing, showering, feminine hygiene, grooming, etc.)</td>
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JAN 2020
REQUEST TO ADMINISTER MEDICATION

Medication is administered during youth events only upon written request from both a parent or lawful custodian and a licensed physician or dentist. Guidelines for Medication Administration can be found through the National Association of School Nurses. www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-medicati

Parents, please provide the following information:
Name of Youth: ___________________________ Birth date: ________________

I certify that the child named above has received at least one dose of the medication requested below and has not had adverse reactions to it. I agree to the procedures outlined in the Guidelines for Medication Administration. I authorize appropriate Program staff and/or nurse to exchange information regarding this medication request with the health care provider(s) listed below and with the dispensing pharmacy identified on the medication label.

Date: ______________________ Signature: ______________________
Parent or Legal Custodian

Home Phone ________________ Cell Phone ________________ Work Phone ________________

Physician, please provide the following information for each medication:

Printed Name of Physician/ARNP/PA ________________________________

Office Phone #________________________ Office Fax #________________________

1. ______________ needs to receive the following medication during day time hours for the diagnosis of ____________________________ .

Medication: __________________________ Dosage Amount: __________________________

Time: ______________ Other directions for administering: __________________________

Date: ______________________ Signature: ______________________
Physician/ARNP/PA

________________________________________
Supervising Physician (required for ARNP or PA)
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<th>序号</th>
<th>姓名</th>
<th>需要接受以下药物在白天时间段内进行治疗</th>
<th>诊断</th>
<th>药物</th>
<th>用药剂量</th>
<th>时间</th>
<th>其他用药说明</th>
<th>日期</th>
<th>签名</th>
<th>监督医师（要求为 ARNP 或 PA）</th>
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