

## Important to Know: Eligibility



- ~Students, 16-21 years of age, who are blind or visually impaired, and attended high school in Wisconsin for the 2008-2009 academic school year, are eligible to attend.
- ~Students must abide by the Rules of Conduct of WCBVI.
- ~Students will participate in 20 hours per week of **COMPETITIVE PAID EMPLOYMENT** during final four (4) weeks.

**Note:** On March 25, Registration paperwork will be sent to selected applicants. Those not accepted into program will receive a letter letting them know they are on the Wait List.

For more information contact:  
David Ballmann, Program Coordinator  
866-284-1107, ext. 35 or 608-758-6149  
[david.ballmann@wcbvi.k12.wi.us](mailto:david.ballmann@wcbvi.k12.wi.us)

For information about other WCBVI sponsored activities, visit our website:

[www.wcbvi.k12.wi.us](http://www.wcbvi.k12.wi.us)

For Questions about Programs contact:

Stacy Grandt, Outreach Director

[stacy.grandt@wcbvi.k12.wi.us](mailto:stacy.grandt@wcbvi.k12.wi.us)

Toll free: 866-284-1107 ext. 2

Fax: 608-758-6169

1700 W State Street, Janesville WI 53546

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The Wisconsin Center for the Blind and Visually Impaired is a part of the Wisconsin Department of Public Instruction, Division for Learning Support: Equity and Advocacy.



**2009 EmployAbility Summer Program**  
(formerly Employment Skills Experience)  
July 5 to August 14, 2009  
WCBVI / WSVH Campus, Janesville WI



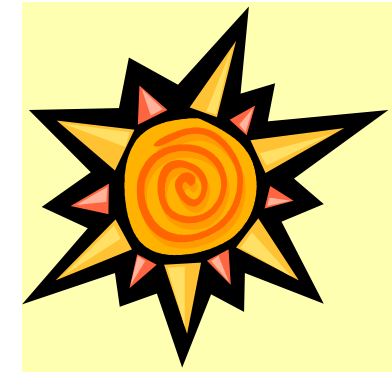
Wisconsin Center for the Blind and Visually Impaired  
1700 W State Street  
Janesville WI 53546  
[www.wcbvi.k12.wi.us](http://www.wcbvi.k12.wi.us)

Wisconsin Center for the Blind  
and Visually Impaired-  
Outreach presents...

## 2009 EmployAbility Summer Program

(formerly Employment Skills Experience)

**July 5-August 14**



**A six-week summer  
experience focusing  
on employment skills.**

**WCBVI / WSVH Campus  
Janesville WI**

### Program Details

**Cost:** There is no cost for the program, although we strongly encourage families to allow \$20.00 per week for incidentals and money management experiences.

**Who Will Benefit:** Students who plan to receive services from DVR as opposed to the adult service system. After graduation these students are likely to live, work or go to school with minimal support.

**Transportation:** Transportation of students to and from Janesville is the responsibility of the family or designated caregiver.

**Number of Participants:** Up to twelve (12) participants maximum.

**Age:** 16-21 years old.

**Focus:** Enhancing the "life skills" needed for employment such as time and personal management, effective communication, assistive technology, travel, socialization, and job seeking-and-keeping skills.

**Recreation:** Students will participate in group recreational and educational activities throughout the program.

**Meals:** Students will be expected to prepare their own breakfast, lunch & dinner. Instruction will be provided as needed.

**Lodging:** All participants will be residential students for this six-week program. Students will remain in Janesville all weekends.

Since 2002, the WCBVI Outreach Summer "EmployAbility" Program has given high school students throughout Wisconsin an opportunity to hone and fine-tune their job skills.

***All applicants will be considered for participation.***

YOU CAN  
(learn to)...

...make a  
real  
difference.

...have a  
positive  
impact.

...be a  
quality  
employee.



Help  
Wanted

Priority is given to Juniors first and Sophomores second who have not previously participated in the program.

#### **Interview Checklist:**

- ✓ Reliable
- ✓ Punctual
- ✓ Friendly
- ✓ Hard worker

### **EmployAbility Summer Program INTEREST FORM**

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

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

#### Reading materials:

Braille ( Contracted or Uncontracted)

Print  Large Print Other: \_\_\_\_\_

Medical info or other concerns: \_\_\_\_\_

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

Parent Contact Numbers (Work, Cell):  
(W \_\_\_\_\_) (C \_\_\_\_\_)

Parent E-mail: \_\_\_\_\_

School District: \_\_\_\_\_

School Attending: \_\_\_\_\_

Vision Teacher Name: \_\_\_\_\_

Teacher Phone: \_\_\_\_\_

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

Please complete this INTEREST FORM  
and **return by March 23, 2009** to:  
WCBVI Outreach -- Attn: David Ballmann  
1700 W State Street  
Janesville WI 53546  
Or FAX 608-758-6169