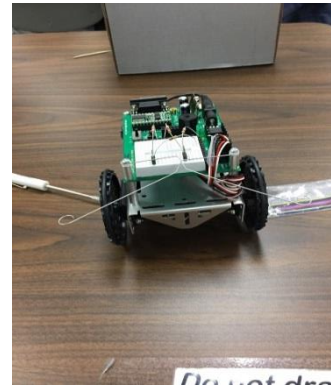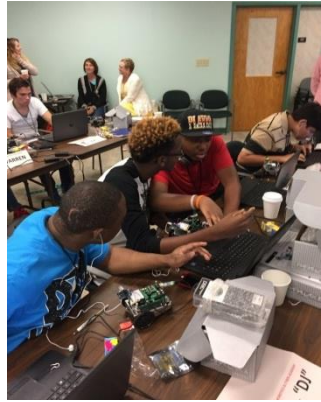# Information and Application for Dream it. Do it. Virginia Robotics and Cyber Academy
June 23-28, 2019- Join the fun and explore!

Dear Robotics and Cyber Applicant and Family:

Thank you for your interest in our Robotics and Cyber Academy 5 day summer residential program for high school students with disabilities who are served by DBVI and DARS. The academy will be held in Richmond at the Virginia Rehabilitation Center for the Blind and Vision Impaired ("VRCBVI"). We are excited to offer an interactive academy where 22 students with disabilities will learn to assemble, program and code, and then take home their own Go-Bots. Students will also learn cyber ethics and safety. Students also participate in fun evening activities that build social, communication and teamwork skills. Students will stay in private rooms in our dormitories while on campus, with all meals provided.

Last year, 22 students, most of whom had never coded or worked with Robotics before, had a blast assembling and coding their robots and then showing them off at our Friday Robot Rally. The pictures above show the students working on their bots. Curriculum is delivered by experts from the National Integrated Cyber Education and Research Center, with a fully supported classroom complete with assistive technology and classroom assistants. Laptops with any Assistive Technology needed is provided for each student to use, and students can earn their laptop to keep by completing basic homework assignments following the end of the camp.

If you are interested in joining us on this journey, please take the time to read the important information on pages 2 and 3, speak with your counselor regarding eligibility, and complete the application, which begins on page 4. Make sure you return all items on the checklist to as soon as possible since this academy has been full the past two years to your counselor.

Questions? **If you have questions, call Tish, the Academy Coordinator at 540-294-1215 or** Email **Tish.Harris@DBVI.Virginia.Gov .**

Important Information

Requirements to participate in the Academy

You will find the requirements to attend the 2019 Robotics and Cyber Dream it. Do it. Academy below. If you meet these requirements, please send the completed application packet **to Tish.Harris@dbvi.virginia.gov**. Your DARS or DBVI counselor or your Teacher for the Visually Impaired will add information to complete the application and submit to us. If you are not sure you are eligible, please contact your counselor who can answer your questions. Please note that we can only accept complete applications.   By submitting an application, you acknowledge that you meet all required criteria:

- A student with a disability
- a rising sophomore through senior year in high school during the 2018-2019 school year, or a recent graduate
- Receive services from DBVI or DARS
- Ability to actively participate in all five days of the program
- Have basic IT skills as shown on our checklist (included with application)
- Ability to participate in a program that is group structured
- Ability to work with a team mate
- Ability to be away from home and stay in residential dorms
- Ability to take care of personal care needs including administering medications independently—please note that VRCBVI does NOT provide or assist with personal medical care.
- Ability to independently travel through a campus environment

Returning Your Application: Applications should be fully completed, and must include:
- Robotics and Cyber Academy--2019 Student Application
- Student Learning Contract
- Health Questionnaire

All documents should be signed and returned to **Tish.Harris@dbvi.virginia.gov** . Your counselor, or TVI, will add additional information to your application to complete it, and confirm your eligibility, and then return to the Academy team. If you are accepted, please be aware that you will be responsible for additional paperwork, including releases that must be received prior to the academy.

Acceptance Status: Space is limited to 22 students statewide, **so please return your completed application as early as possible**. Once received, your application will be reviewed, and we will contact you with next steps. If needed, we may have a phone interview with you and your parent/s, or request additional information. If we receive more than 22 applications, some applicants may be put on a wait list while we wait for confirmations. We will notify you and your counselor regarding your acceptance to the Robotics and Cyber Academy.

Deadline for Application: _May 14, 2018_, or **until the program is full**. Late applications may be accepted if program is not full; however, this is not usually the case. Applications are reviewed as they arrive, so please send them as quickly as possible.

Dates of Program: Students report to the dormitories on Sunday afternoon of June 23rd between 12 and 3 pm. Students have their own rooms and share a bathroom with one other student. The five day program begins Monday, June 24, 2019 and will end on Friday, June 28, 2019, after lunch and award presentations. We invite parent/s to join us for a showcase and awards lunch on Friday, June 28 to see our achievements from the week!

Attendance Requirements: Because this program is short and concentrated, we require that students who are accepted **attend all five days.** Students will be provided with breakfast, lunch and dinner. Activities, including swimming, basketball, movies, rock climbing and others will take place in the evening.

Questions: Please contact **Tish Harris at tish.harris@dbvi.virginia.gov who is the academy coordinator or Kate.Kaegi@dars.virginia.gov. Your counselor can also provide information.**

We are looking forward to a great Cyber and Robotics academy! Hope to see you there!

Robotics and Cyber Academy--2019 Student Application

<u>Applicant Information</u>

Applicant's Name:

Are you served by: _____DBVI   ____DARS

         Counselor or TVI's name:

Applicant's cell phone number:

Applicant's email:

Date of birth:

Grade during 2017-2018 school year or graduation year:

Name of School and location:

Parents Names:	Cell/work #	Email
_____		
_____		

Applicant's Mailing/Physical Address:

What is the applicant's Primary Disability:

Secondary disability, if any:

Describe any limitations that the applicant may face in a classroom, team or group setting:_____
_____

Tell us about any support needs required for participation in the academy for example: frequent breaks due to eye fatigue, reminders

_____
_____

Tell us about Assistive Technology, such as chair bands, screen readers or magnifiers, or other that you regularly use at school or home:_____

_____

How long have you used this AT?_____Are you still using this AT?_____

What type of computer do you use? Any specialized software?
_____

_____

For the dormitories, are special accommodations needed? Please specify if required.

Adapted bathroom:

Deafblind accommodations:

Other:

Has the applicant ever attended a camp or training program? If so, please list the program(s) and date(s) of attendance. _____

_____

Does the applicant have any allergies? If so, please list below.

Food Allergies: _____

Medication Allergies: _____

For Legal Guardians and/or Parents with Joint Custody:

_____Yes, I have sole custody of applicant

 _____No, I do not have sole custody. _____and _____ have joint custody of applicant.

Joint Custody: If the applicant's parents have joint custody of the applicant, all forms and documentation pertaining to the Cyber Academy program must be signed by both parents if applicant is under the age of 18.

Emergency contact :

Name:

Address:

Phone:

If the applicant is dismissed from VRCBVI or during any emergency closings, we will notify the emergency contact and the applicant will be returned to the address listed

above unless another address is noted below:

_____

If we need additional information what is the best time/method to contact parent/guardian:

Name:

Time: Method:

1-Have you determined interest in a career or career pathway yet? If so, what are your interests? You may list more than one.

_____

_____

_____

2-Do any of the following interest you? Circle any that interest you.

Assembling things   Information Technology   Building circuits

Cyber   Coding   Robotics   A STEM career

3-Do you have computer access at home?

4-Do you have internet access at home?

5-Anything else you would like us to know about you?

_____
_____
_____

Signatures: I certify that the information provided in the attached application is true to the best of my knowledge. Applicants who are under the age of 18 must have a parent/guardian signature.

_____   _____
Applicant's Name (print)   Applicant's Signature

_____   _____
Custodial Parent/Guardian Name (print)   Custodial Parent/Guardian Signature

_____   _____
Custodial Parent/Guardian Name (print)   Custodial Parent/Guardian Signature

                        Date: _____

Computer Basic Skills Checklist

The Computer Basic Skills checklist must be completed for your application to be complete. Please include with your application.

In the past 4 months have you done the following:

For each item below, check those that describes your computer skills.	
Computer basics	
	Turn a computer on/off
	Use the mouse/trackpad/keyboard
	Open programs and files using icons and/or the Start menu
	Create/open a new folder/file
	Launch a word processor
	Type a short entry in a word processing file
	Copy and Paste Text
	Cut or Delete Text
	Name a file and save it
Web/Internet Basics	
	Locate and open a search engine
	Type web addresses in the address window
	Use the refresh button
	Use the back and forward buttons
	Open a new window/Open a new tab
	Reading/navigating around a webpage
General Navigation Basics	
	Maximize/minimize windows
Web/Internet Basics	
	Locate and open a search engine
Email basics	
	Locate and open an email program
	Compose, edit, and send email messages
	Receive and reply to messages
	Attach documents to files or email
Other Skills	
	Texting
	Use social media (Facebook, twitter, blogs)

**Student Learning Contract-
Please complete and return with your application.**

Robotics and Cyber Academy promises to be an exciting experience for students who are interested in exploring the exciting world of technology in a hands-on environment. Our primary goal is to offer an exciting and unique cyber learning experience, while providing a safe and productive training environment. We ask that parents and students review this list together. We expect:

Students shall:

1. Only leave the facility with an adult (parent, approved family/friends, or staff).
2. Let an Instructor or Center staff know about any classroom or dorm problems.
3. Treat all students and staff with courtesy and respect.
4. Not use cell phones during instructional times.
5. Not bring on campus or use tobacco products or illegal substances such as drugs or alcohol.
6. Actively participate in all aspects of the program

Please sign below to certify that you have read and understand the student expectations. Further, please be aware that failure to follow these policies can result in expulsion from the program.

_____   _____
       Student Name (print)   Student Signature

_____   _____
Custodial Parent/Guardian Name (print)   Custodial Parent/Guardian Signature

_____   _____
Custodial Parent/Guardian Name (print)   Custodial Parent/Guardian Signature

Date: _____

General Health Questionnaire

Current Medical Providers:

Physician's Name: _____

Address: _____

Phone: _____

1. Has the student had a medical hospitalization in the past year? ___Yes   ___No

   If yes, please explain the circumstances:

2. Has the student had consulted their physician/clinic/emergency room in the last 2 years? ___Yes   ___No
   If yes, please explain the circumstances:

3. What medications is the student now taking?

4. Is the student's medical condition currently considered stable? Please note, A physician's form may be requested.

5- What implication does any or all medical conditions have for this student's participation in the Robotics and Cyber Academy, specifically, addressing classroom learning and dormitory living and recreation?

6- Is the student willing to have a vocational assessment if one is needed?

7- Is the student able to take care of personal care needs including administering medications independently since VRCBVI does not provide or assist with personal or medical care needs? If no, please explain.

I affirm this information is correct.

Completed by: _____

Relationship to Applicant: _____

Phone:_____ Date: _____

Signature: _____

Application Check List:

Please make sure you have turned in the following completed paperwork

_____ Application, pages 4-7

_____ Computer Basic Skills Checklist page 8

_____ Student Learning Contract page 9

_____ General Health Questionnaire page 10-11

Please note signatures are needed on pages 7, 9 and 11.

Return completed application plus items listed above to **Tish.Harris@DBVI.Virginia.Gov**

Questions?

Email (preferred) or call Tish Harris at 540-294-1215