Between Us...

... a monthly communication newsletter with and for our parents.

March 20, 2015 Vol. 33, No. 04

Dates Of Special Interest

March	
27	**3rd quarter ends**
	Student departure day
30-April 3	**Spring break**
April	
6 Monday	**Students return PM**
10	Student departure day
12	Students return PM
17	Student departure day
19	Students return PM
24	Student departure day
26	Students return PM
May	
1	**Parent Teacher Conferences**
	Student departure day
Sat. 2	**Prom**
3	Students return PM
8	Student departure day
10	Students return PM
15	Student departure day
17	Students return PM
22	Student departure day
Tues. 26	**Students return PM**
29	Student departure day
31	Students return PM
June	
5	4th quarter ends
	Student departure day
7	Students return PM
Wed. 10	9 AM Elem awards/graduation
	1 PM HS awards
Thurs. 11	9 AM MS awards/graduation
	1 PM Class of 2015 graduation
	Student departure day (watch for times)

Message from the Director

Alex H. Slappey

Spring
Time for Graduation

As we finally head into spring I am reminded of how spring is a renewal of the life cycle. Spring brings hope and a renewed vitality to most things. The long, dark winter months are gone and the sun shines with a stronger and warmer force.

Educational organizations such as WESP-DHH also experience a renewal this time of the year. We see less behavioral issues among the students and a brightening of their attitudes. Summer is just around the corner and the kids are looking forward to the outdoor spring sports and annual events such as the prom.

Staff also experiences these changes as we see more smiles and renewed energy in the classrooms and residential floors. Everyone is happy that spring is here.

"[Spring is] when life's alive
in everything."
Christina Rossetti

I love to walk around the campus this time of the year. WSD has a beautiful campus that is well maintained by the buildings and grounds crew. A lot of work remains to be done as the debris of winter is still on the grounds, but things are looking up and soon the gray will be replaced by green and the other vibrant colors of spring.

BETWEEN US... This is a newsletter for parents of the students of the Wisconsin School for the Deaf. Approximately six issues are planned for the 2014-2015 school year. Parents are invited to send newsworthy items to the school office.

The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

Spring is also a time when we start building up to graduation. Graduation is the pinnacle of the year for us. This is when all our hard work for the last decade comes to fruition and like a spring blossom we see our seniors in all their glory.

"Spring is when you feel like whistling even with a shoe
full of slush."
Doug Larsen

This year we will be graduating nine outstanding young adults. This is a class to be proud of with seven of the nine being accepted to four year colleges including UW-Madison, Gallaudet University, and UW-Milwaukee. The Class of 2015 has an outstanding record in academics, athletics, and in the community. We are proud of our seniors.

WSD has strong academic, athletic, and social emotional programs. The vast majority of our graduates go on to have productive careers and lives. One test of a school's success is how its alumni feel about it. WSD's alumni love the school; they show strong support for WSD and its graduates.

Another sign is the number of graduates who return to work at the school. Twenty one WSD graduates currently work at WSD including seven teachers. This says something about the way our graduates see WSD. Clearly they cherish their time as students at WSD and are proud to return to the place they received their education.

WSD is proud of the Class of 2015 and we know they will be credits to our school with their future success.

"A milestone passed,
new things begun.
Dreams shining as the sun.
A goal achieved.
A victory won!
That's Graduation!"
Unknown

WSD Birthdays

April
3 Emma Vollmar
5 Kaiden Messer
11 Ellie Lister
13 Madison Bongard
20 Jose Zepeda-Amador
Paige Sheffield
Lawson Vollmar
21 Halina Kangas
23 Riley Healy
24 Lillian Squires
30 Emma Menzel

May
12 Tyler Burckhardt

June
3 Emily Koehn
7 Molly Bracken
Mia Eldred
10 Malia Christenson
27 Thomas Robertson

Parents look for more information in the mail on:

#DrawDisability is a global campaign launched by the United Nations Secretary-General's Global Education First Initiative (GEFI), in partnership with the Global Observatory for Inclusion (GLOBI) and the United Nations Global Education First Initiative Youth Advocacy Group (GEFI-YAG).

The campaign has two main goals:

- to encourage dialogue and raise awareness on disability and related issues among teachers and students within educational environments to create a global art project focused on disability.

Children with and without disabilities are encouraged to #DrawDisability. Drawings can portray their understanding and feelings towards disability and related issues, such as accessibility, inclusion and discrimination.

The best drawings will be showcased at the World Education Forum in May 2015 in Incheon, South Korea, and the Conference of States Parties to the Convention on the Rights of Persons with Disabilities (COSP-CRPD) in June 2015 New York, USA.

Special Olympics Updates!

Congratulations to the Special Olympic basketball team as they posted a 4 -3 record for the season. It was a year of change for the team having had some experienced players graduate, but all the players stepped up and filled the gaps. Younger players are developing their skills and veterans are providing support and encouragement.

Charly Fleege will be the sole WSD representative at the Indoor State Games held April 11-12 at the University of Wisconsin-Oshkosh. She will be competing in the skills competition having earned the trip with a 3rd place finish in the area competition. Congratulations Charly and Good Luck!

A new season has started for the Special Olympians as the first track practice was held Tuesday, March 10. Athletes are outside running, throwing, putting, and wheeling along the track. Please mark your calendars with the following dates:

May 2 Hometown Games Case High School Racine 9:30
May 20 WSD vs. Lakeland School at WSD 9:30
May 27 WSD vs. Lakeland School at Elkhorn High School TBA
June 4,5,6 State Games UW-Stevens Point TBA

Boxtops For Education

Thanks to all who have been clipping and saving Boxtops for WSD. The year end total for WSD's collections this year is $330.00. This money will be added to the PSA Scholarship Fund for graduating seniors. Please continue to clip and save Boxtops throughout the summer and either send them with your son or daughter or put the in the mail addressed to WSD. Thanks for your continued support.

Dear Parent/Guardian,
We would like to inform you of a great opportunity for **free dental services for your child**!

What it is:
Operation Seal-A-Smile is a program created in collaboration with the Children's Health Alliance of Wisconsin that works to improve the overall dental health of children in Walworth County schools. They accomplish this through providing free oral health education, screening, sealant placement, and fluoride application.

Why it's important:
Tooth decay is one of the most common health problems in children; over 1/3 of children under age 18 suffer from untreated tooth decay!

Kids are drinking more soda and fruit juices than ever before, and the sugar and acid in these drinks break down enamel and form cavities. Decay causes pain that can prevent your child from eating, sleeping, and learning properly.

The good news is that tooth decay is preventable. Sealants keep out plaque and food while fluoride helps prevent early decay. Together, these treatments keep teeth healthy and strong, thus preventing the need for unnecessary fillings and other dental procedures later in life.

When it is:
Operation Seal-A-Smile will be coming to WSD and providing services in early April.

How I can ensure my child's participation:
Permission slips and an informational brochure will be sent home with students in mid to late March. Regardless of whether or not you wish to permit your child to receive these free services, we ask that you fill out the Walworth County Schools Seal-a-Smile Consent Form and Acknowledgement of Receipt of Privacy and return these forms to WSD by April 6th.

Should you have any questions or concerns you may contact Diane Nelson, WSD Nurse Supervisor at 262-728-7144.

Walworth County Department of Health and Human Services
W4051 County Road NN, PO Box 1005, Elkhorn, WI 53121
(262) 741-3200 (800) 365-1587 FAX (262) 741-3217 TTY (262) 741-3255

Public Health Division
WALWORTH COUNTY SCHOOLS' SEAL-A-SMILE CONSENT FORM

Child Last Name: _____ **First Name**: _____ **Date of Birth**: _____ **Gender**: ☐ Male ☐ Female

Address: _____ **City**: _____ **State**: ___ **Zip Code**: _____ **Phone**: _____

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or other Pacific Islander ☐ Other

Ethnicity: (check one) ☐ Hispanic ☐ Non-Hispanic

School: _____ **Child's Teacher**: _____ **Grade**: _____

Children's Health Alliance of Wisconsin and Walworth County Public Health are offering a preventative dental sealant program for children in second and fifth grades. A dental hygienist will come to the school to provide the sealant program at **no charge to you**. The program includes: a screening to determine if sealants can be done, sealants if appropriate, a fluoride treatment, and tooth brushing instructions with a new toothbrush. A follow up letter will be sent home to describe what was completed and what is recommended for future needs. All procedures will follow recommendations from the American Dental Association and Centers for Disease Control and Prevention for school-based dental sealant programs.

Please respond to any "Yes" answers.

1. Do you have a dentist? Yes ☐ No ☐ If yes, dentist's name: _____
2. **Do you have Medicaid or Badger Care coverage? Yes ☐ No ☐ ForwardHealth 10 Digit ID#** _____
3. Do you have **private** (BCBS, Humana, United Health Care, etc.) dental insurance? Yes ☐ No ☐
4. Does your child have a medical condition? (a chronic physical, developmental, behavioral or emotional condition) Yes ☐ No ☐
   If yes, please explain: _____
5. Does your child have any allergies? Yes ☐ No ☐
   If yes, which allergies: _____
6. Is your child taking any medications prescribed by a doctor? Yes ☐ No ☐
   List Medications: _____
7. Does your child need or use more medical care than other children the same age? Yes ☐ No ☐
8. Does your child have trouble doing things most children the same age can do? Yes ☐ No ☐
9. Does your child need or get special therapy, such as physical therapy, occupational therapy or speech therapy? Yes ☐ No ☐
10. Does your child need counseling or treatment for behavior problems, emotional problems, or delays in walking, talking, or activities that other children the same age can do? Yes ☐ No ☐

If you checked Yes in boxes 4 - 10 above, has this problem lasted, or is expected to last, at least 12 months? Yes ☐ No ☐

I give my child (or am the rightful legal guardian of this child) permission to participate in the school-based oral health program and receive any preventive treatments determined to be necessary limited to a dental exam/screening, fluoride treatments and application of sealants. In addition, I give permission to bill insurance for any appropriate procedures (when applicable). **This permission is effective for <u>two years</u> from the date in which it is signed (in order to replace lost sealants when checked after one year or to have sealants applied on teeth that were not sealed this year). I have the ability to un-enroll from this program at any time by providing written withdrawal of consent.** ☐ **YES** ☐ **NO** Why? _____

_____ _____ Date ____/____/____

(Print) Parent/Guardian (Signature) Parent/Guardian

Note: No student will be refused services based on their insurance coverage even though this program participates in the state medical assistance program. **The treatment which your child will receive in this program is not meant to be an alternative to regular dental care. It is still strongly recommended that you seek out a dental home (family dentist) for routine dental care including any follow up care which may be recommended after your child has completed this school based oral health program.

Public Health
S:\Human Services\Forms\Public Health\SEAL-A-SMILE CONSENT FORM
11/02/2010; Rev. 05/31/2012, 7/16/14

"Walworth County is an Equal Opportunity Employer"

Walworth County Department of Health and Human Services
W4051 County Road NN, PO Box 1005, Elkhorn, WI 53121
(262) 741-3200 (800) 365-1587 FAX (262) 741-3217 TTY (262) 741-3255

División de Salud Pública

FORMULARIO DE CONSENTIMIENTO DEL PROGRAMA DE LAS ESCUELAS DEL CONDADO DE WALWORTH "SELLEMOS UNA SONRISA"

Apellido del niño _____ **Nombre**: _____ **Fecha de nacimiento:** _____ **Género**: ☐ Varón ☐ Mujer

Dirección: _____ **Ciudad**: _____ **Estado**: ___ **Código postal**: _____ **Teléfono:** _____

Raza del niño: ☐ Indio americano o nativo de Alaska ☐ Asiático ☐ Negro o afro americano ☐ Blanco ☐ Nativo hawaiano o de otras islas del Pacífico ☐ Otro

Etnicidad: (marque uno) ☐ Hispano ☐ No hispano

Escuela: _____ **Maestra del niño**: _____ **Grado**: _____

Children's Health Alliance of Wisconsin y Salud Pública de Walworth ofrecen un programa de sellado dental preventivo a los niños de segundo y quinto grado. Un higienista dental vendrá a la escuela a proporcionar este programa **sin cargo para usted**. El programa incluye: una evaluación para determinar si se pueden colocar los sellados, los sellados de ser adecuado, un tratamiento con flúor e instrucciones de cepillado de los dientes al igual que un cepillo nuevo. Se enviará una carta de seguimiento a la casa que describirá lo que se realizó y las recomendaciones necesarias para el futuro. Todos los procedimientos seguiran las recomendaciones de la Asociación Dental Americana y Centros para el Control y la Prevención de Enfermedades para los Programas escolares de selladores dentales.

Por favor, responda a toda pregunta que haya marcado con un "Sí".

1. ¿Tiene un dentista? Sí ☐ No ☐ Si respondió que sí, nombre del dentista: _____
2. ¿Tiene seguro privado dental? Sí ☐ No ☐ **¿Tiene cobertura de Medicaid o Badger Care? Sí ☐ No ☐**
   numero de tarjeta Medica: 10 dígitos _____
3. ¿Su hijo tiene alguna enfermedad? (una enfermedad crónica física, de desarrollo, de comportamiento o emocional) Sí ☐ No ☐
   Si respondió que Sí, por favor explique: _____
4. ¿Su hijo tiene alguna alergia? Sí ☐ No ☐
   Si respondió que Sí, qué alergias: _____
5. ¿Su hijo está tomando alguna medicación recetada por un médico? Sí ☐ No ☐
   Enumere las medicaciones: _____
6. ¿Su hijo utiliza o necesita más atención médica que otros niños de la misma edad? Sí ☐ No ☐
7. ¿A su hijo le cuesta hacer cosas que la mayoría de los niños de la misma edad puede hacer? Sí ☐ No ☐
8. ¿Su hijo necesita o recibe terapia especial, como terapia física, terapia ocupacional o terapia del habla? Sí ☐ No ☐
9. ¿Su hijo necesita terapia o tratamiento por problemas de comportamiento, problemas emocionales o demoras en caminar, hablar o actividades que otros niños de la misma edad pueden hacer? Sí ☐ No ☐

Si marcó Sí en los casilleros 3a 10 arriba, ¿este problema ha durado o se espera que dure al menos 12 meses? Sí ☐ No ☐

Doy a mi niño (o soy el guardián legal legítimo de este niño) permiso para participar en el programa de salud oral en la escuela y recibir cualquier tratamiento preventivo decidido a ser necesario limitado a un examen dental/proyección, tratamientos con fluoruro y aplicación de sellantes. Además, doy permisó de mandar la factura al seguro por cualquier procedimiento adecuado (cuando corresponda). (Este permiso tiene vigencia durante dos años para poder reemplazar los sellados que se hayan salido cuando se revise a su hijo después de un año o para aplicar sellado en los dientes que no se hayan sellado este año.) Tengo la capacidad de desubscribirse desde este programa en cualquier momento proporcionando revocación del consentimiento-por escrito **Sí** ☐ **No** ☐ ¿por qué?_____

_____ _____ Fecha _____/_____/_____

(Letra imprenta) padre/tutor (firma) Padre/tutor

Nota: No se le negarán los servicios a ningún alumno en base a su cobertura dental, aunque este programa participa del programa de asistencia médica del estado. **El tratamiento que recibirá su hijo en este programa no está diseñado para que sea una alternativa a la atención dental regular. Recomendamos firmemente que busque un dentista (dentista familiar) para los tratamientos de atención dental de rutina y para las consultas de seguimiento que se puedan recomendar después de que su hijo haya finalizado este programa de salud bucal en la escuela.

Public Health
S:\Human Services\Forms\Public Health\SEAL-A-SMILE CONSENT FORM
11/02/2010; Rev. 05/31/2012, 7/16/14

"Walworth County is an Equal Opportunity Employer"

WALWORTH COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
W4051 County Road NN, PO BOX 1005, Elkhorn, WI 53121
(262) 741-3200 (800) 365-1587 FAX (262) 741-3217 TTY (262) 741-3255

Acknowledgement of Receipt of Privacy Practices

I, (please print) _____
(client/consumer's name)

acknowledge that I have received a Notice of Privacy Practices from the above-named facility.

Signature: _____ Date: _____

If an individual other than the client/consumer signs this acknowledgement on behalf of the individual, complete the following:

Personal Representative's Name (Parents Included): _____

Relationship to the client/consumer: _____

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DEL CONDADO DE WALWORTH
W4051 County rd NN, PO Box 1005, Elkhorn, WI 53121
(262) 741-3200 (800) 365-1587 FAX (262) 741-3217 TTY (262) 741-3255

Reconocimiento de Información de Prácticas de Privacidad
(Acknowledgement of Receipt of Privacy Practices)

Yo, (use letra de molde) _____ Fecha de nacimiento o No. de SS : _____
(nombre del cliente)

reconozco que he recibido una Notificación sobre las Prácticas de Privacidad de la agencia mencionada arriba.

Firma: _____ Fecha: _____

Si alguna otra persona aparte del cliente firma este Reconocimiento complete lo siguiente:

Nombre del Representante (Incluya los padres): _____

Parentesco con el cliente: _____

the review will not be the person who denied your request. WCDHHS will comply with the outcome of this review.

Right to Request an Amendment: If you feel that health information we have about you is incorrect, you may ask us to correct the information. Such requests must be in writing and give a reason why you believe your health information is incorrect. If we did not create the health information, or if we disagree with you and believe the health information is correct, we may deny your request.

Right to an Accounting of Disclosures: You have the right to request a list of the disclosures of your health information made by WCDHHS. To request a list of these disclosures, you must submit your request in writing to the WCDHHS Privacy Officer. Your request must state a time period of no more than six years and cannot include dates before April 14, 2003. We must comply with your request within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request this list more than once every 12 months. If you request additional lists, we will notify you what the cost will be and give you an opportunity to withdraw or modify your request before you are charged. We will not include in the list certain disclosures that we do not have to record. For example, when we disclose health information for billing purposes.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about you to a particular community provider. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request that we restrict the use or disclosure of your health information for treatment, payment or health care operations, you must make your request in writing to the WCDHHS Privacy Officer. In your request you must explain what information you want to limit, and whether you want to limit our use, or limit our disclosure, or limit our use and disclosure and to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to ask that we communicate your health information to you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications you must make your request in writing to the WCDHHS Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

Right to Obtain a Paper Copy of This Notice: You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us for a copy of this Notice at any time by contacting the WCDHHS Privacy Officer. You may also obtain a copy of this Notice at our website. http://www.co.walworth.wi.us

CHANGES TO THIS NOTICE

WCDHHS reserves the right to revise this Notice and to make the provisions of the revised Notice effective for all protected health information that we maintain. Revised Notices will be given to all open clients and other service recipients whenever there is a substantial change to any Notice requirement.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with WCDHHS and to the Secretary of the U.S. Department of Health and Human Services. You may make this complaint by asking any employee of WCDHHS for a "Complaint Report" form. You will receive a "Complaint and Appeal Procedures" form that provides you with information about how to file a complaint as well as a "Complaint Report" form. You may request assistance in completing these forms. You will not be penalized for filing a complaint.

Contact
If you have any questions about this Notice of Privacy Practices or if you require further information contact:

Privacy Officer
Walworth County Department of Health and Human Services
W4051 County Road NN
P.O. BOX 1005
Elkhorn, WI 53121-1005

(262) 741-3200

1-800-365-1587
TTY (262) 741-3255
FAX (262) 741-3217
E-MAIL walcohhs@co.walworth.wi.us
INTERNET www.co.walworth.wi.us
INFORMATION & REFERRAL
(262) 741-3423

Effective date of this Notice:
This Notice is first in effect April 14, 2003.

Intervention Services available 24 hours a day - 7 days a week

- Adult and Aging Services
- Alcohol and/or Drug Abuse Services
- Birth to 3 Services
- Child Support Enforcement
- Children and Youth Services
- Court Services
- Developmental Disability Services
- Economic Support Services
- Emergency Management Services
- Intervention Services
- Mental Health Services
- Public Health Nursing Services
- Transportation Services
- WIC Nutrition Services

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Walworth County
Department of Health & Human Services

Walworth County Department of Health and Human Services (WCDHHS) must maintain the privacy of your personal health information and provide you with this Notice of our legal duties and privacy practices concerning your health information. This Notice applies to medical/health records generated in or by WCDHHS. The terms "medical" and "health" in this Notice means information about your physical or mental health. In general, when we release your health information we may disclose only the information necessary to achieve the purpose of use disclosure. We may, but are not required to, obtain your consent for the use or disclosure of your protected health information for treatment, payment or health care operations. We are required to obtain your authorization to use or disclose your health information for other purposes or reasons. We must follow the terms of the most recent Notice.

USES AND DISCLOSURES OF MEDICAL INFORMATION

WCDHHS can use or disclose medical information about you without your written consent regarding your treatment, payment for services, or for health care operations. We will make a good faith effort to ensure that you receive a copy of this Notice of Privacy Practices.

For Treatment: WCDHHS may use health information about you for treatment purposes. We may use or disclose health information to provide care to you and may disclose your health information to others who provide care to you such as your physician or other qualified mental health professionals who are involved in your care. For example, your psychiatrist at WCDHHS may consult with your primary physician about your general health before prescribing medications. Different units of WCDHHS may share your health information in order to coordinate services you need, such as medical tests, respite care or personal assistance.

For Payment: WCDHHS may use and disclose health information about you so that treatment and services you receive from WCDHHS may be billed and payment collected from you, an insurance company or a third party. For example, information about the type of service you receive may be required by your health insurance company

before they will reimburse you or our facility. We may also tell your insurance company or health care plan about a service you are going to receive in order to obtain prior approval or to determine if the service is a covered service.

For Health Care Operations: WCDHHS may use and disclose your health information for our own purposes in order to function as a facility and as may be necessary to provide quality care to all our clients and service recipients. For example, WCDHHS may use your health information to evaluate staff performance concerning treatment and services. We may also disclose your health information to facility staff, including student interns and approved volunteers for training purposes. In some instances, we may use your health information in order to provide you or your family informational mailings or appointment reminders.

For Treatment Alternatives: WCDHHS may use and disclose your health information to tell you about or recommend treatment options or alternatives that may be of interest to you.

When Legally Required: WCDHHS may be required to disclose your health information to legal authorities, such as law enforcement, court officials or government agencies.

When There Are Risks to Public Health: WCDHHS may be required to disclose your health information to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree to the disclosure or when required or authorized by law.

To Conduct Health Oversight Activities: WCDHHS may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

In Connection With Lawsuits and Disputes: As permitted or required by state law, WCDHHS may

disclose your health information in response to a valid court or administrative order.

For Law Enforcement Purposes: As permitted or mandated by state law, WCDHHS may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or if we need to report a crime. If this information is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment) we will require a court order before disclosing this information.

To Coroners and Medical Examiners: WCDHHS may disclose your health information to coroners and medical examiners for purposes of determining a cause of death or for other functions as authorized by law.

For Research Purposes: WCDHHS may, under very restricted circumstances, use your health information for research. Before we disclose any of your health information for research, the research project will be subject to an extensive approval process, and we will first attempt to gain your written authorization before disclosing your health information.

In the Event of a Serious Threat to Health or Safety: WCDHHS may use and disclose health information about you when necessary to prevent a serious threat to the health and safety the public, or any other person. Any such disclosure would only be to someone who is able to help prevent the threat to your health and safety.

For Specified Government Functions: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials, or an inmate in a correctional institution, we may disclose your health information to the proper authorities so they may carry out their duties.

For Worker's Compensation: WCDHHS may disclose your health information when it is necessary to comply with Workers' Compensation laws.

For Organ and Tissue Donation: WCDHHS may disclose your health information to organizations involved with obtaining, storing or transplanting organs, eyes or tissues for donation or transplantation.

To Those Involved With Your Care or Payment for Your Care: If people such as family members, relatives, or close personal friends are helping to care for you or helping you to pay your medical bills, we may disclose health information about you to those people. The information disclosed to those people may include where you are, your general condition or your death. You have the right to object to such disclosure, unless you are unable to function or unless there is an emergency. WCDHHS may disclose your health information to organizations authorized to handle disaster relief so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such disclosure unless there is an emergency. It is the responsibility of WCDHHS to give you enough information so you can decide whether or not to object to disclosure of your health information to others involved in your care.

IMPORTANT NOTE

WCDHHS will not use or disclose your health information for any reason other than those described in this Notice, without your written authorization. You may revoke such authorization at any time, however we will not be able to take back any previous disclosures made with your authorization. If you want to revoke your authorization, submit your written request to the WCDHHS Privacy Officer.

YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: With a few exceptions, you have the right to inspect and copy your health information. This right does not apply to psychotherapy notes or notes and information compiled in anticipation of litigation. A fee may be charged to cover the processing cost of your request. We may deny your request to inspect and copy (in certain circumstances). If you are denied access to your health information because of a threat or possible harm, you may request that the denial be reviewed. Another licensed health care professional chosen by WCDHHS will review your request and the denial. The person conducting

Departamento de Salud y Servicios Humanos del Condado de Walworth
W4051 County Road NN, PO BOX 1005, Elkhorn, WI 53121
(262) 741-3200 (800) 365-1587 FAX (262) 741-3217 TTY (262) 741-3255

ESTA NOTIFICACION DESCRIBE COMO SE USARA Y SE DIVULGARA LA INFORMACIÓN MÉDICA DE USTED Y COMO USTED PUEDE TENER ACCESO A ÉSTA. POR FAVOR LEA ESTO DETENIDAMENTE

El Departamento de Salud y Servicios Humanos del Condado de Walworth (WCDHHS) debe mantener la confidencialidad de su información de salud personal y proveerle a usted una Notificación de nuestras responsabilidades legales y prácticas de privacidad concernientes a su información de salud. Esta Notificación afecta a los archivos médicos y de salud producidos en o por WCDHHS. Los términos "médicos" y "salud" en esta Notificación significan la información acerca de su salud física o mental. Por lo general, cuando divulgamos su información de salud, solamente podemos divulgar la información necesaria para lograr el objetivo del uso o la divulgación. Podemos pero, no se nos requiere obtener su consentimiento para el uso o divulgación de su información de salud protegida para tratamiento, pago o el manejo del cuidado de la salud. Se nos requiere que obtengamos su consentimiento para usar o divulgar su información de salud para otros propósitos o razones. Debemos cumplir con las condiciones de la más reciente Notificación.

Usos y Divulgaciones de la Información Médica

WCDHHS puede usar o divulgar información médica acerca de usted sin su consentimiento escrito concernientes a su tratamiento, pago por los servicios o, el manejo del cuidado de la salud. Haremos un esfuerzo en buena fe de asegurarnos que usted reciba una copia de esta Notificación de las Prácticas de Privacidad.

Para el tratamiento:

WCDHHS puede usar información de la salud de usted para los propósitos de tratamiento. Podemos usar o divulgar información acerca de la salud para que se le provea a usted cuidado y, podemos divulgar la información de su salud a otros que le provean cuidados, tales como su médico y otros profesionales calificados de la salud mental que estén participando en su cuidado. Por ejemplo su psiquiatra del WCDHHS puede consultarle a su médico de cabecera acerca de la salud general de usted antes de que se le recete medicamentos. Las diversas unidades del WCDHHS pueden tener acceso a su información de salud para que de esta manera puedan coordinar los servicios que usted necesite, tales como exámenes médicos, cuidado de alivio o asistencia personal.

Para los pagos:

WCDHHS puede usar y divulgar información de la salud acerca de usted para que los servicios que usted reciba por parte de WCDHHS puedan ser facturados y se reciban los pagos de usted, la compañía de seguros o de alguna otra parte. Por ejemplo la información acerca del tipo de servicio que usted reciba pueda ser requerido por la compañía de su seguro médico antes de que se le reembolse a usted o a nuestra institución. Quizá le informemos a su compañía de seguros o plan de cuidado de salud acerca de algún servicio que usted este a punto de recibir para así obtener una autorización previa o para determinar si dicho servicio está cubierto por su seguro.

Para el manejo del cuidado de la salud:

WCDHHS puede usar y divulgar la información acerca de su salud para nuestros propios propósitos para así poder funcionar como una agencia y cuando sea necesario, proveer un cuidado de calidad a todos nuestros clientes y a aquellos que reciben nuestros servicios. Por ejemplo, WCDHHS puede usar su información de salud para evaluar el desempeño de nuestros trabajadores concerniendo al tratamiento y a los servicios. Además podemos divulgar la información de su salud al personal de nuestra agencia, incluyendo los estudiantes que se encuentran haciendo trabajo de práctica y, a los voluntarios autorizados con el propósito

de capacitación. En algunas ocasiones, podríamos usar su información de salud para proveerle a usted o a su familia correo informativo o recordatorios de citas.

Para tratamientos alternativos:
WCDHHS puede usar y divulgar la información acerca de su salud para informarle a usted acerca de las opciones o alternativas de tratamientos que puedan servirle de interés.

Cuando sea requerido legalmente:
WCDHHS puede ser requerido divulgar información acerca de su salud a las autoridades legales, tales como organismos públicos encargados de velar por el cumplimiento de las leyes; oficiales de los tribunales o agencias gubernamentales.

Cuando se pone en riesgo la salud pública:
WCDHHS puede ser requerido divulgar la información de su salud para prevenir o controlar las enfermedades; lesiones o incapacidades, para dar aviso de nacimientos y fallecimientos, para dar informe de abuso o maltrato infantil, para dar informe de reacciones a algún medicamento o problemas con los productos, notificar a las personas de alguna corrección de los productos que puedan estar usando, notificar a una persona que quizá estuvo expuesta a una enfermedad o esté al riesgo de caer en la enfermedad o; contagiar alguna enfermedad o condición, para notificar a la autoridad gubernamental pertinente si creemos que un cliente ha sido la víctima de un abuso; negligencia o violencia doméstica. Haremos esta divulgación solamente si usted está de acuerdo con la divulgación o cuando sea requerido o autorizado por la ley.

Para supervisar a los profesionales del cuidado de la salud
WCDHHS puede divulgar a las autoridades la información de su salud para que éstas puedan supervisar, investigar, inspeccionar, disciplinar o licenciar a aquellos que trabajan en el sistema del cuidado de la salud o en los programas gubernamentales de ayuda.

En Conexión con las demandas judiciales y litigios:
Cuando la leyes estatales lo permitan y requieran, WCDHHS puede divulgar su información de salud en respuesta a una válida orden judicial o administrativa.

Para los propósitos policiales:
Cuando las leyes estatales lo permitan o requieran, WCDHHS puede divulgar la información de su salud a un agente de la ley para ciertos propósitos policiales, incluyendo, bajo ciertas circunstancias limitadas, si usted es una víctima de algún crimen o si necesitamos dar informe de un crimen. Si esta información está protegida por 42 CFR parte 2 (una ley federal que protege la confidencialidad del tratamiento del abuso del alcohol y drogas), requeriremos una orden judicial antes de divulgar dicha información.

Para los médicos forenses y examinadores médicos:
WCDHHS puede divulgar la información de su salud a los médicos forenses y examinadores médicos para el propósito de determinar la causa de un fallecimiento o por otras funciones autorizadas por la ley.

Para propósitos de investigación científica:
WCDHHS puede, bajo estrictas circunstancias, usar la información de su salud para investigación científica. Antes de que divulguemos cualquier información de su salud para fines de investigación científica, el proyecto de investigación estará sujeto a un proceso de aprobación muy detallado y, primeramente trataremos de obtener su autorización por escrito antes de divulgar su información de salud.

En el caso de una amenaza seria a la salud o a la seguridad:
WCDHHS puede usar y divulgar la información de la salud acerca de usted cuando sea necesario para prevenir una amenaza seria a la salud y seguridad de usted, del público o de cualquier otra persona. Se divulgará la información solamente a quien pueda ayudarle a prevenir la amenaza a la salud y seguridad de usted.

Para funciones especificas del gobierno:
Si usted está conectado con el cuerpo militar, de seguridad nacional o de inteligencia o, si usted esta bajo la custodia de los agentes de la ley o es un recluso en un centro reclusorio, nosotros podemos divulgar la información de su salud a las autoridades pertinentes para que puedan llevar a cabo su cometido.

Para las leyes de accidente y enfermedades en el trabajo:
WCDHHS puede divulgar la información de su salud cuando sea necesario para cumplir con las leyes de accidente y enfermedades en el trabajo.

Para la donación de órganos y tejidos:
WCDHHS puede divulgar la información de su salud a organizaciones relacionadas con la obtención, almacenamiento o transplantes de órganos, ojos o tejidos con fines de donación y transplante.

Para aquellos que tengan interés en su cuidado o por el pago de su cuidado:
Si hay personas como los miembros de su familia, parientes, o amigos muy cercanos que le están ayudando con su cuidado o ayudándole a pagar sus gastos médicos, nosotros podemos divulgar la información de su salud a esas personas. La divulgación de información a esas personas podría incluir el lugar dónde usted se encuentra, su estado general o su fallecimiento. Usted tiene el derecho a objetar tal divulgación, a menos que usted no puede valerse por sí mismo o a menos que haya una emergencia. WCDHHS puede divulgar la información sobre su salud a organizaciones autorizadas a ayudar en casos de desastres para que aquellos que estén interesados por su salud puedan recibir información de dónde usted se encuentra y del estado de su salud. Podemos permitirle que esté o no esté de acuerdo verbalmente a tal divulgación, a menos que se presente una emergencia. Es la responsabilidad del WCDHHS que le dé información suficiente para que usted pueda decidir si tiene o no tiene objeción a la divulgación de la información de su salud a otras partes que tomen parte en su cuidado.

Nota importante:
WCDHHS no usará o divulgará la información de su salud por ninguna razón más que la de descritas en esta Notificación, sin su consentimiento por escrito. Usted puede revocar tal consentimiento en cualquier momento, sin embargo; no podremos retractar alguna divulgación hecha previamente con su consentimiento. Si usted quiere revocar su consentimiento, presente una notificación por escrito al Funcionario de Privacidad de WCDHHS.

Sus derechos con respecto a la información de salud

Usted tiene los siguientes derechos con respecto a la información de salud que mantenemos acerca de usted:

El derecho a inspeccionar y a hacer copias:
Con muy pocas excepciones, usted tiene el derecho a inspeccionar y hacer copias de la información de su salud. Este derecho no afecta a las notas de psicoterapia o a las notas e información compilada en anticipo a una litigación. Se le puede cobrar por el costo de procesamiento de su

solicitud. Podemos negarle la solicitud para inspeccionar y hacer copias (en ciertas circunstancias). Si se le niega acceso a la información de su salud debido a una amenaza o posible daño, usted puede solicitar que se vuelva a examinar su negación. Otro profesional del cuidado de la salud autorizado por WCDHHS examinará su solicitud y negación. La persona que llevará a cabo la reexaminación no será la misma persona que negó su solicitud. WCDHHS cumplirá con el resultado de la reexaminación.

Derecho a solicitar una rectificación:
Si usted cree que la información de salud que tenemos acerca de usted es incorrecta, usted puede pedirnos que corrijamos la información. Tal solicitud puede ser pedida por escrito y tiene que dar una razón por la cuál usted cree que la información de su salud es incorrecta.
Si nosotros no produjimos la información de su salud o, si estamos en desacuerdo con usted y si creemos que la información de salud es correcta, podríamos negarle su solicitud.

El derecho a divulgaciones de contabilidad:
Usted tiene el derecho a solicitar una lista de las divulgaciones acerca de la información de su salud hechas por WCDHHS. Para solicitar una lista de estas divulgaciones, puede presentar una petición por escrito al Funcionario de Privacidad de WCDHHS. Su solicitud debe indicar un periodo de tiempo no mayor de seis años y no puede incluir fechas antes del 14 de abril de 2003. Debemos cumplir con su solicitud dentro de los 60 días, a menos que usted esté de acuerdo con una extensión de 30 días, y quizás no le cobremos por la lista, a menos que usted solicite esta lista más de una vez cada 12 meses. Si usted solicita listas adicionales, le notificaremos del costo y le daremos la oportunidad de retirar o modificar su solicitud antes de que se le cobre. No incluiremos en la lista ciertas divulgaciones que no hayamos tenido que archivar. Por ejemplo, cuando divulgamos la información de salud para propósitos de facturación.

El derecho a solicitar restricciones
Usted tiene el derecho a solicitar una restricción o limitación sobre la información de salud que usamos o divulgamos para su tratamiento, pago o el manejo del cuidado de la salud. Por ejemplo usted puede pedir que no usemos o divulguemos información suya a cierto proveedor de la comunidad. No se nos requiere que estemos de acuerdo con su solicitud. Si estamos de acuerdo, cumpliremos con su solicitud a menos que se necesite la información para proveerle a usted tratamiento de emergencia. Para solicitar que reduzcamos a menores límites el uso o divulgación de la información de su salud para tratamiento, pago o manejo del cuidado de la salud, usted debe hacer su petición por escrito al Funcionario de Privacidad de WCDHHS. En su petición usted debe explicar qué información usted quiere limitar, y si usted quiere limitar nuestro uso, o limitar nuestra divulgación, o limitar nuestro uso y divulgación y para quién quiere que afecten estos límites.

El derecho a pedir que nos comuniquemos confidencialmente:
Usted tiene el derecho a pedir que le comuniquemos a usted la información de su salud de cierta manera o en cierto lugar. Por ejemplo, usted puede pedir que le contactemos al trabajo solamente por correo. Para pedir que nos comuniquemos confidencialmente usted debe hacer su petición por escrito al Funcionario de Privacidad de WCDHHS. Su petición debe especificar cómo o dónde usted desea que se le contacte. No le preguntaremos la razón de su petición y dispondremos de modo conveniente todas las peticiones razonables.

El derecho a obtener una copia de papel de esta notificación:
Usted tiene el derecho a obtener una copia de papel de esta notificación aunque usted haya estado de acuerdo en recibir la notificación electrónicamente. Usted puede pedirnos una copia de esta Notificación en cualquier momento contactando al Funcionario de Privacidad (véase el contacto

para la información abajo) Usted además puede obtener una copia de esta Notificación en nuestra pagina electrónica http://www.co.walworth.wi.us

Cambios en esta Notificación

WCDHHS se reserva el derecho a revisar esta notificación y poner las medidas de la Notificación revisada en vigor para toda la información de salud protegida que mantenemos. Se darán Notificaciones revisadas a todos los clientes activos y a aquellos que reciben nuestros servicios cuando haya algún cambio sustancial de alguno de los requerimientos de la Notificación.

Quejas

Si usted cree que sus derechos de privacidad han sido infringidos, usted puede presentar una queja a WCDHHS y a "Secretary of the U.S. Department of Health & Human Services" Usted puede hacer esta queja tan solo pidiéndole a cualquier trabajador de WCHHS un formulario "Complaint Report". Usted recibirá un formulario "Complaint and Appeal Procedures" el cual le provee la información acerca de cómo presentar una queja al igual que el formulario "Complain Report" Usted puede pedir que se le asista en completar estos formularios. No se le penalizará por presentar esta queja.

Contacto

Si tiene alguna pregunta acerca de esta Notificación o si requiere más información, usted puede contactar a la siguiente persona:

Sharon J. Alder, Privacy Officer
Walworth County Department of Health & Human Services
W4051 County Road NN, PO BOX 1005, Elkhorn, WI 53121-1005
(262) 741-3200 (800) 365-1587 FAX (262) 741-3217 TTY (262)741-3255
Correo electrónico: walcohhs@co.walworth.wi.us

Fecha de entrada en vigor de esta Notificación:
Esta Notificación está entrada en vigor por primera vez el 14 de abril de 2003

WCDHHS
Notificación de Privacidad
14 de abril, 2003
(Notice of Privacy Practices)

Your Child's Self-Esteem: Are You Helping or Hurting?

What does it take to raise competent, good-natured children who can feel a healthy respect for themselves? Research has shown over and over that good parenting involves two basic components. One will not surprise you, but the other one may catch you off guard.

We are very aware today that children are born with different personalities and temperaments that are not created by their parents. Nevertheless, parents do make a big difference, and here in the United States we need to get back on track regarding what children's self-esteem is really all about.

What are the two parenting ingredients that make for good self-esteem? First, good parents are warm and sensitive to a child's needs. They understand their child's positive as well as negative feelings. They are comforting in times of crisis and pain, as well as appreciative in times of triumph and Accomplishment. They are supportive of a child's individuality and encourage his or her growing independence.

That's no big news flash.

Good Parents are Also Demanding

What we often overlook, though, is that good parents are also demanding. They clearly communicate high—but not unrealistic—expectations for their children's behavior. Good behavior and achievements are appreciated and reinforced when they occur. When the kids act up, on the other hand, Mom and Dad respond with firm limits, but not with fits of temper or righteous indignation. After a child makes a mistake, the parents' message is, "I'm sure you'll do better next time."

Parents whose child-rearing philosophy involves both warmth and "demandingness" tend to produce competent children. There are of course no guarantees, but their kids will have a better chance of becoming more self-reliant, self-controlled and happier. They will have a better chance of being accepted and well-liked by their peers, and of having a sense of belonging.

Sometimes, though, parents have blinders on. We're so busy, we don't have time—or take the time—to do some of the things that will really foster self-esteem. Such as what? Such as helping our children develop social skills and academic and physical competence. Your kids' self-esteem is ultimately going to be earned or not earned in the real world—not in a fantasy world.

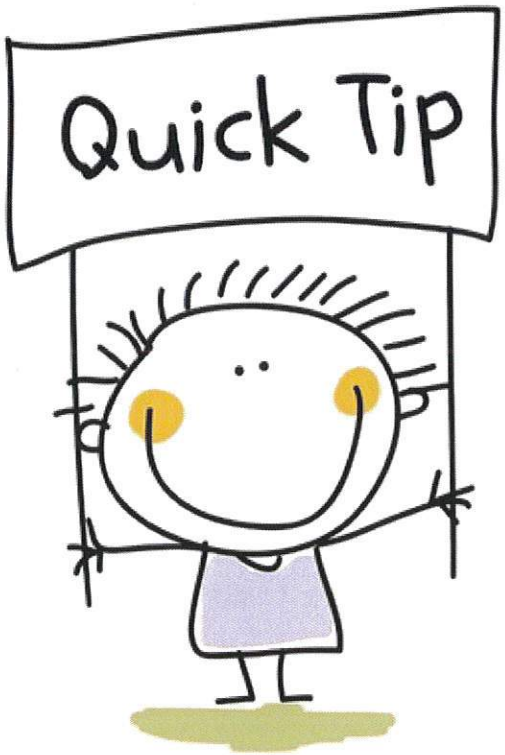
Kids Do Better When They Learn Boundaries

The demanding part of the parenting equation implies not only that parents ask more of their kids, but also that parents ask more of themselves. We often follow the misguided belief that self-esteem and creativity are both higher when children can 'do their own thing' and when they are not exposed to external limits imposed by adults.

On the contrary, kids feel better about themselves and perform better, creatively and otherwise, when they learn the boundaries for reasonable behavior. The world has all kinds of limits and rules, and parents are the ones who introduce children to life's boundaries. How parents establish rules and set limits—or fail to set limits—has a tremendous effect on the self-esteem of a child. Your kids may not like all the rules and regulations you must teach them, but if they don't recognize and work within these constraints, they will get hurt badly.

However, not all self-esteem building strategies involve unpleasant or hard work. One of the best "tactics" for encouraging healthy self-respect in children is fun. We need to take time with our kids. Keep in mind that one-on-one time having fun together is one of the most potent self-esteem builders. That's one parent with one child. Kids really like having a parent all to themselves.

Encouraging Good Behavior, and Strengthening Your Relationship With Your Child, require that parents be supportive and nurturing while at the same time they are expecting constructive behavior as well as hard work from their kids.



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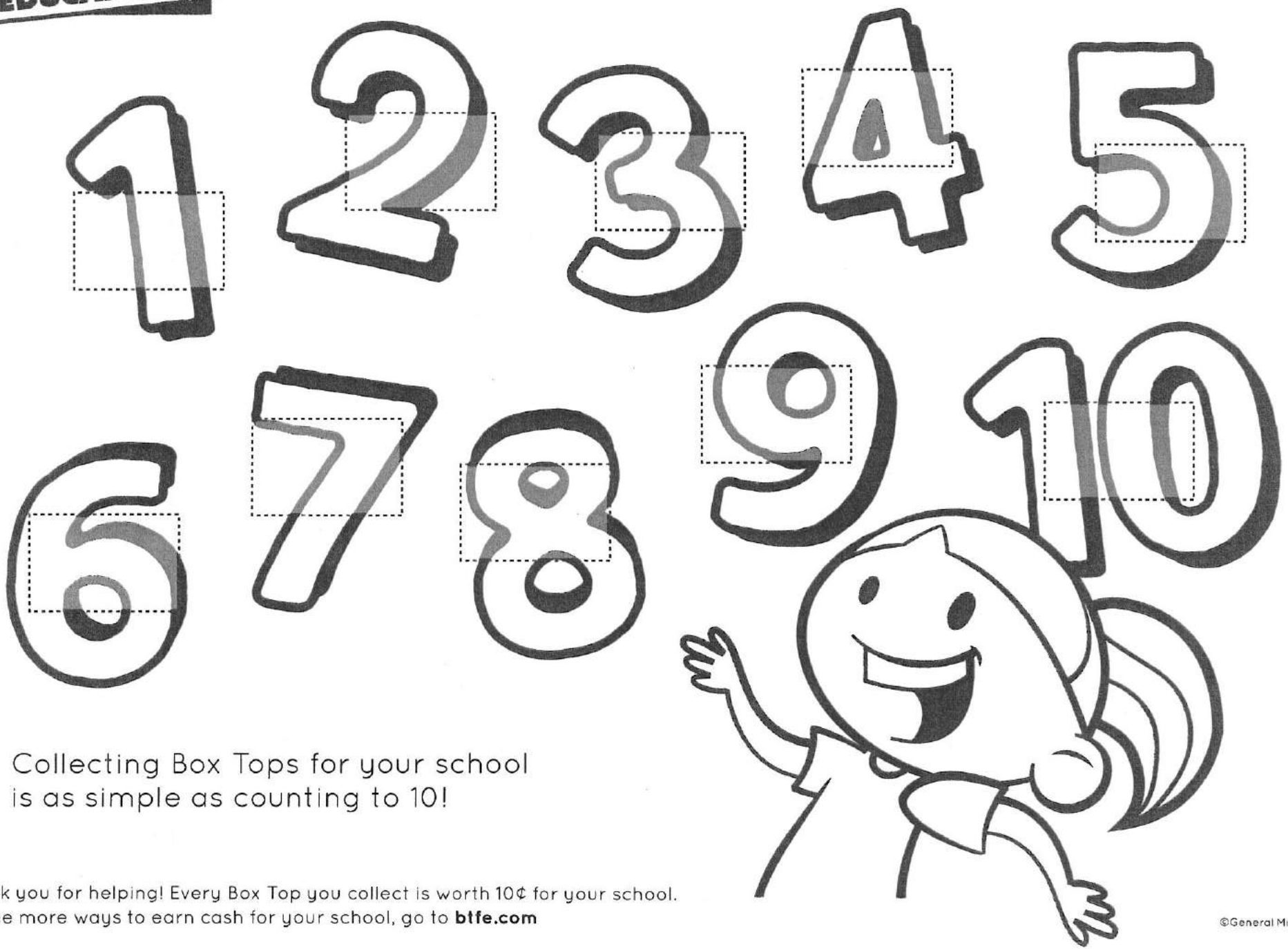
Healthy Self-Esteem

Healthy self-esteem is based on four elements:

1. Good relationships with other people
2. Competence in work and self-management
3. Physical skills and caring for one's body
4. Character: courage, effort, following the rules and concern for others

BOX TOPS REALLY COUNT!



Collecting Box Tops for your school
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Thank you for helping! Every Box Top you collect is worth 10¢ for your school.
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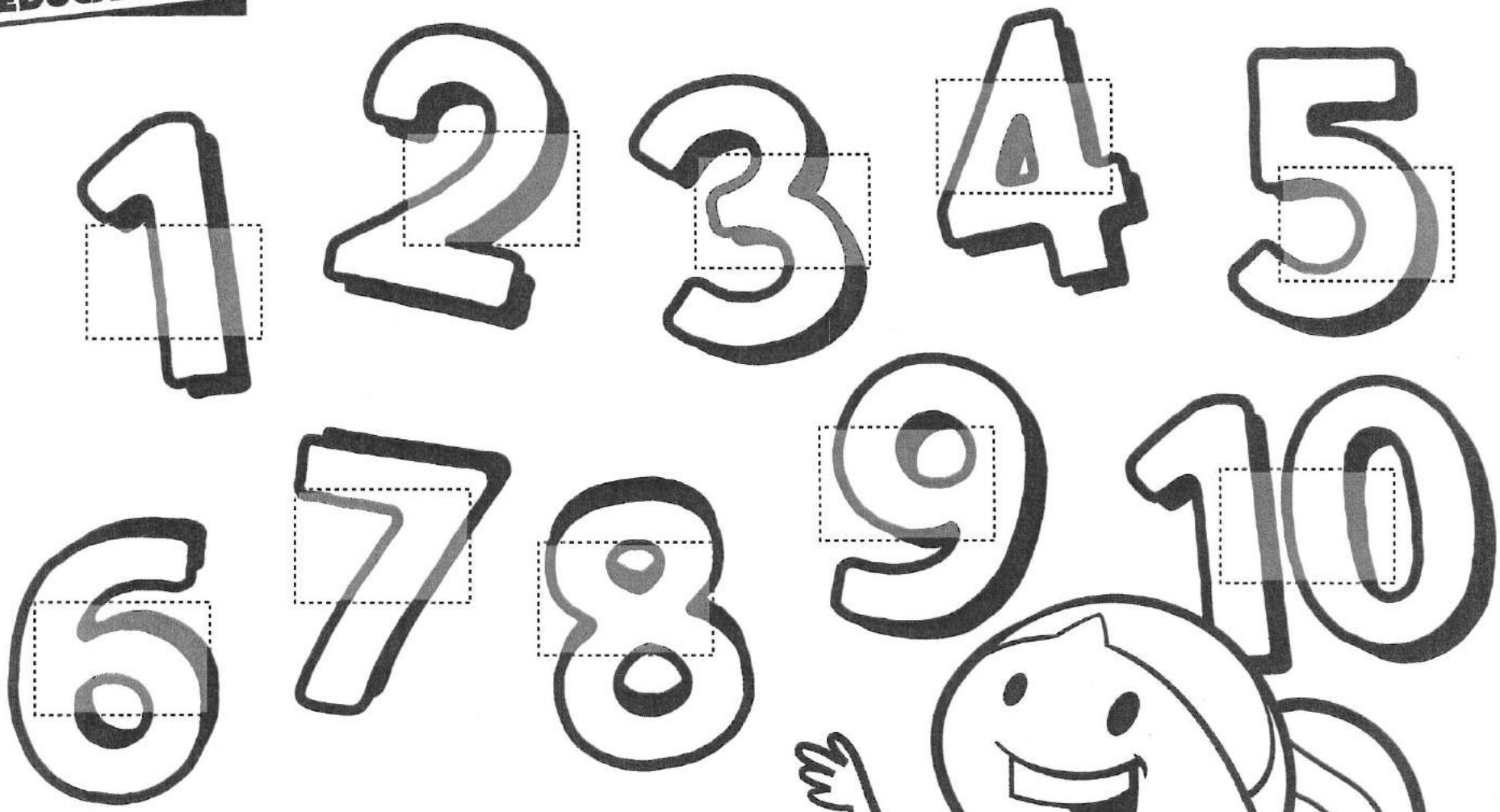
¡LAS TAPAS DE CAJA REALMENTE CUENTAN!



¡Recolectar tapas de caja para tu escuela
es tan fácil como contar de 1 a 10!

¡Gracias por tu ayuda! ¡Cada tapa de caja que juntas vale 10¢ para tu escuela!
Para ver más maneras de ganar dinero para tu escuela, puedes ir a **btfe.com.**

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Wisconsin School for the Deaf

www.wsd.k12.wi.us

Summer Camp Programs

309 W. Walworth Ave
Delavan, WI 53115

Telephone: 262-740-2066 **VP:** 262-724-8179

DATES:

July 19 – 24
Grade Level: 6-8

July 26 - 31
Grade Level: 9-12

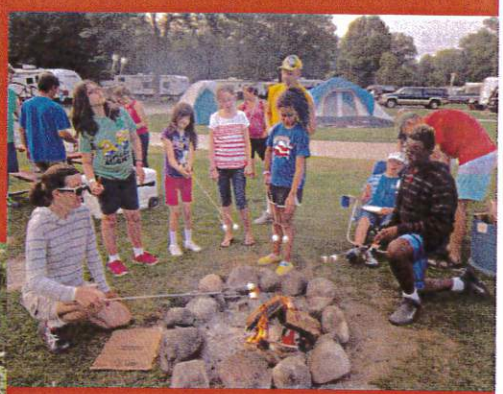
August 2 - 7
Grade Level: 1-5

Grade levels are based on your child's anticipated grade in the fall of 2015.

ADVENTURE CAMP 2015

STUDENT LIFE

NEW LANGUAGE



NEW FRIENDS

ENTERTAINING

Tentative Events

Residence Hall

After 4 PM, the Department of Student Life will provide various activities for the campers. Activities will be provided by staff as follows: Pizza party, movies, bowling, roller or ice skate rink, blind volleyball, dodge ball, water ski show, cook out, Beloit Snappers or Milwaukee Brewers game, outdoor water games, mini-golf, and ice cream party.

like us on facebook

WIsDPI.WSD

Adventure Camp

Sign up form

Student's Name:_____, _____ DOB:_____/_____/_____ Female ( ) Male ( )
Last First

Address:_____ _____, WI _____
Street City Zip

Parent or Guardian's name: (print please) _____

Phone # (_____) _____ - _____ Voice ___ Videophone ___ Text ___

Email:_____

T-shirt size - Youth: _____ Adult:_____ S_____ M_____ L_____ XL_____

Please check the appropriate grade level box ☐ Elementary School (1 - 5) ☐ Middle School (6 - 8) ☐ High School (9 - 12)
Grade levels are based on your child's anticipated grade in the Fall of 2015.

Deadline is April 24, 2015.

☐ Please enclose a money order or check in the amount of $25 payable to WSD Summer Camp. This fee is non-refundable.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

The Department of Public Instruction does not discriminate on the basis of sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disabilities.

Wisconsin School for the Deaf WSD

Adventure camp is a week full of fun educational activities such as field trips, academic problem solving skills, team building skills and learning experiences. This year, we will be including an overnight camp (excluding elementary students). This camp is designed for Wisconsin's Deaf & Hard of Hearing students grade 1-12. Come and join us for an exciting week of outdoor adventures, educational programs, and meet new friends.

Cost of the Camp
The only cost for attending summer camp is a $25 registration fee.
This program is limited to the first 30 registrants with payment of $25.
This fee is non-refundable.

If your child has a medical condition or handicap in addition to deafness, you must also submit a written doctor's consent that your child is eligible to participate safely and independently in activities with this form.

Tentative Event Schedule

Sunday, July 19, July 26 & August 2

4:00 PM - Campers arrive: Registration and Welcome
6:30 PM Evening activities: Ice Breaker Party

Adventure Camp Schedule: 8 AM - 4 PM

Meal Schedule
7:30 AM 12:00 PM 5:30 PM

What time should my child be there on Sunday? **After 4 PM**
What time does my child need to be picked up on Friday? **3 PM**

Residence Hall Schedule
4 PM to 8 AM

Wisconsin School for the Deaf

www.wsd.k12.wi.us

Summer Camp Programs

309 W. Walworth Ave
Delavan, WI 53115

Telephone: 262-740-2066 **VP:** 262-724-8179

DATES:

July 19-24
Grade Level: 1 - 5

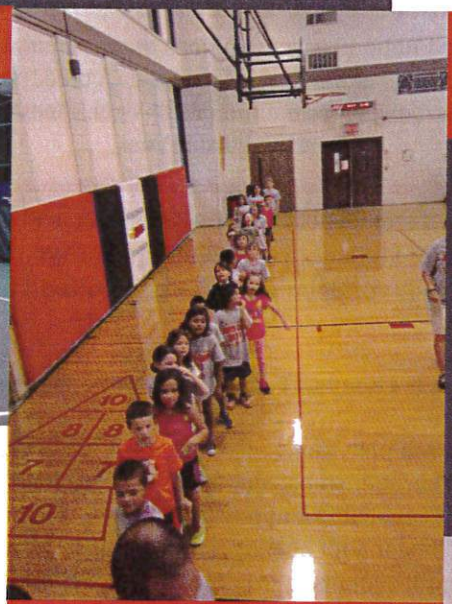
July 26 - 31
Grade Level: 6 - 8

August 2 - 7
Grade Level: 9– 12

Grade levels are based on your child's anticipated grade in the fall of 2015.

SPORTS CAMP 2015

FUN



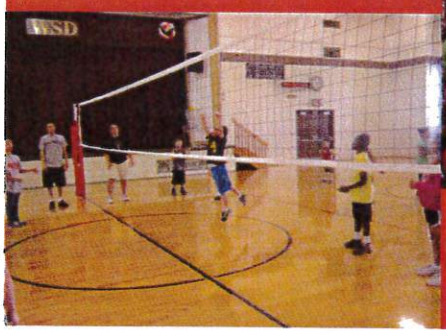
NEW LANGUAGE

STUDENT LIFE

ACTIVITIES

LEARN

NEW FRIENDS



Tentative Events

Residence Hall

After 4 PM, the Department of Student Life will provide various activities for the campers. Activities will be provided by staff as follows: Pizza party, movies, bowling, roller or ice skate rink, blind volleyball, dodge ball, water ski show, cook out, Beloit Snappers or Milwaukee Brewers game, outdoor water games, mini-golf, and ice cream party.

like us on facebook

WIsDPI.WSD

Sports Camp

Sign up form

Student's Name: _____ (Last), _____ (First) DOB: ____/____/____ Female ( ) Male ( )

Address: _____ (Street) _____ (City), WI _____ (Zip)

Parent or Guardian's name: (print please) _____

Phone # (_____) _____ - _____ Voice ___ Videophone ___ Text ___

Email: _____

T-shirt size - Youth: _____ Adult: _____ S____ M____ L____ XL_____

Please check the appropriate grade level box ☐ Elementary School (1 - 5) ☐ Middle School (6 - 8) ☐ High School (9 - 12)
Grade levels are based on your child's anticipated grade in the Fall of 2015.

Deadline is April 24, 2015.

☐ Please enclose a money order or check in the amount of $25 payable to WSD Summer Camp. This fee is non-refundable.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

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Wisconsin School for the Deaf WSD

Wisconsin School for the Deaf proudly offers Sports Camp. It is specifically designed for Wisconsin's Deaf and Hard of Hearing elementary / middle school students who want to improve basic fundamental sports skills. Among the activities will be flag football, volleyball, tee-ball, basketball and soccer and much more!

Firebirds Sports Camps Teach More than Just Sports Skills

While all Firebirds Sports summer camps teach physical skills, kids leave our programs with more. For one, playing sports teaches kids valuable life skills. It teaches them sportsmanship, teamwork, leadership, respect, responsibility and many other positive attributes. Plus there are the benefits gained from physical activity. Encouraging kids to stay active while they are young is a great way to encourage them to develop into healthy, happy adults. If you would like to give your kids a summer experience they'll remember forever, join summer sports camp! You'll find it's about a lot more than just sports!

Cost of the Camp

The only cost for attending summer camp is a $25 registration fee.

This program is limited to the first 30 registrants with payment of $25.

This fee is non-refundable.

If your child has a medical condition or handicap in addition to deafness, you must also submit a written doctor's consent that your child is eligible to participate safely and independently in activities.

Tentative Event Schedule

Sunday, July 19 & July 26, August 2

4:00 PM - Campers arrive: Registration and Welcome
6:30 PM - Evening activities: Ice Breaker Party

Daily Sports Camp Schedule: 8 AM - 4 PM

Meal Schedule

7:30 AM 12:00 PM 5:30 PM

What time should my child be there on Sunday? **After 4 PM**
What time does my child need to be picked up on Friday? **3 PM**

Residence Hall Schedule

4 PM to 8 AM

Wisconsin School for the Deaf

www.wsd.k12.wi.us

Summer Camp Programs

309 W. Walworth Ave
Delavan, WI 53115

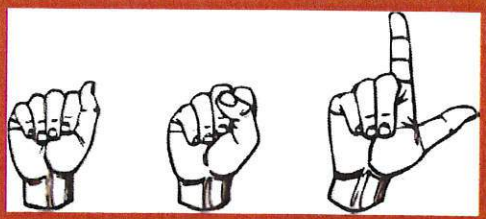
Telephone: 262-740-2066 **VP:** 262-724-8179

DATES:

July 26 - 31
Grade Level: 1 - 5

Grade levels are based on your child's anticipated grade in the fall of 2015.

SIGN LANGUAGE CAMP FOR BEGINNING SIGNERS 2015

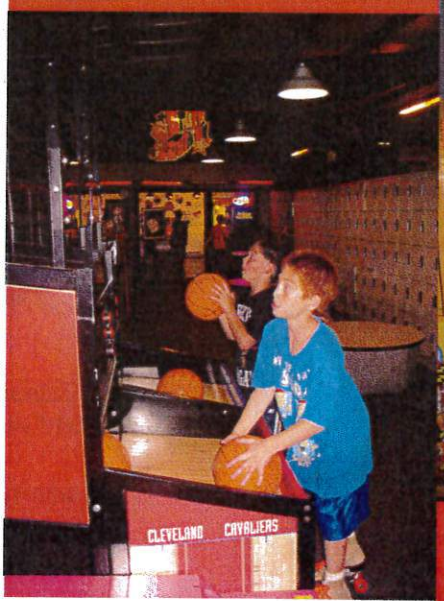


STUDENT LIFE ACTIVITIES

Tentative Events

Residence Hall

After 4 PM, the Department of Student Life will provide various activities for the campers. Activities will be provided by staff as follows: Pizza party, movies, bowling, roller or ice skate rink, blind volleyball, dodge ball, water ski show, cook out, Beloit Snappers or Milwaukee Brewers game, outdoor water games, mini-golf, and ice cream party.



LEARN

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Sign Language Camp for Beginning Signers

Sign up form

Student's Name:_____, _____ DOB:_____/_____/_____ Female ( ) Male ( )
Last First

Address:_____ _____, WI _____
Street City Zip

Parent or Guardian's name: (print please) _____

Phone # (_____) _____ - _____ Voice ___ Videophone ___ Text ___

Email:_____

T-shirt size - Youth: _____ Adult:_____ S_____ M_____ L_____ XL_____

This program is limited to the first 30 registrants with a payment of $25.
Grade levels are based on your child's anticipated grade in the Fall of 2015.

Deadline is April 24, 2015.

☐ Please enclose a money order or check in the amount of $25 payable to WSD Summer Camp. This fee is non-refundable.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

The Department of Public Instruction does not discriminate on the basis of sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disabilities.

Wisconsin School for the Deaf WSD

Sign Language Camp for beginning signers is specifically designed for Deaf and Hard of Hearing students who have limited exposure to American Sign Language and/or are beginning signers. The campers will have opportunities to learn ASL in a fun, informal setting while interacting with students who have similar as well as more advanced skills. Campers with cochlear implants, oral backgrounds or spoken English as a first language are welcome!

Cost of the Camp
The only cost for attending summer camp is a $25 registration fee.
This program is limited to the first 30 registrants with payment of $25.
This fee is non-refundable.

Tentative Event Schedule
Sunday, July 26

4:00 PM - Campers arrive: Registration and Welcome
6:30 PM Evening activities: Ice Breaker Party

Sign Language Camp Schedule: 8 AM - 4 PM

If your child has a medical condition or handicap in addition to deafness, you must also submit a written doctor's consent that your child is eligible to participate safely and independently in activities.

Meal Schedule
7:30 AM 12:00 PM 5:30 PM

What time should my child be there on Sunday? **After 4 PM**
What time does my child need to be picked up on Friday? **3 PM**

Residence Hall Schedule
4 PM to 8 AM