



**15th ANNIVERSARY
ANNUAL VI TECHNOLOGY OLYMPICS
FRIDAY, APRIL 16, 2010
STUDENT APPLICATION**

Student Name: _____

Grade: _____

School District: _____

Campus: _____

V.I. Teacher: _____

V.I. Teacher
Email Address: _____

VI Phone: _____

OF YEARS PREVIOUSLY PARTICIPATED _____ OR _____ FIRST TIME PARTICIPANT

Is the student a client of the Division of Blind Services (DBS)? NO YES

If yes, please indicate caseworker or counselor _____

CHOOSE NO MORE THAN 2 Events: Check prerequisites listed on the website carefully so that your student will be entered at the correct level of testing.

Students may enter **ONLY ONE LEVEL OF AN EVENT.** If a student has previously earned a first place in an event, he/she may not enter the same event and level again. Either another event or the next level may be entered. **Check the test and circle the level of the test, where applicable.**

	<u>Beginning</u>	<u>Intermediate</u>	<u>Advanced</u>
_____ Abacus: Level 1	B	I	A
_____ Abacus: Level 2	B	I	A
_____ Abacus: Level 3	B	I	A
_____ **Computer Access: Word	B	I	A
_____ **Computer Access: Internet		I	
_____ **Computer Access: Excel	B		
_____ **Computer Access: PowerPoint	B	(8 th grade & above)	
_____ Magnifier Competition	B	I	A
_____ Notetakers: Level 1 2 3			
_____ Braille Writing: Level 1 2 3 4 (Including Braille 'n Print & Mountbatten)			
_____ Calculator (LT and/or speech): Level 1 2			
_____ Digital Media Access			
_____ Franklin Lang. Master: Level 1 2			
_____ Laptop: Level 1 2 3			
_____ Telescope Competition 1 2			
_____ Slate and Stylus			

Please Note: The Computer Access events **MUST show an access mode. Please indicate the access mode used by checking one of the items below:

_____ WINDOWS ACCESSIBILITY OPTIONS _____ BIG SHOT _____ MAGIC
 _____ JAWS _____ WINDOW EYES
 _____ ZOOMTEXT

IF ANY OTHER ACCESS MODE IS USED, PLEASE INDICATE: _____

FOR SPECIFIC TEST INFORMATION, VIEW SKILL SHEETS (*WITH MATERIALS LISTS*) & PRACTICE TESTS ON THE WEBSITE – <http://www.region10.org/ssvi/OlympicPage.html>

Test Material Media

This is the media that will contain the directions for the students.

Abacus 1 (Beginning Level) and Braille Writing 1 are the exceptions, as the Room Judge will read all directions as well as the test itself. If a test is needed in Spanish, please indicate under Special Accommodations below.

You MUST CHOOSE ONE (This also determines name tag and agenda information.)

_____ pt Font Size (ARIAL Font is used in all events.)

_____ Braille (Braille is Contracted unless otherwise requested.) _____

_____ Tape Student must bring tape recorder, earplugs/headsets and use independently.
AND _____ pt Font Size for informational materials

List any **special accommodations** this student might need: individual administration, Spanish interpretation, wheelchair access, etc. _____

Return application to:

Region 10 Education Service Center
Attention: Laura Lemaster
400 E. Spring Valley Rd.
Richardson, TX. 75081-5101 Or Fax to (972) 348-1677
NO LATER THAN: Monday, February 22, 2010

**STUDENTS!
DON'T FORGET TO ORDER YOUR T-SHIRT**



Student T-shirt Size (Please circle one)*

Y = Youth

Y-XS(2-4)

Y-S(6-8)

Y-M(10-12)

Y-L(14-16)

A = Adult

A-S(32-34)

A-M(36-38)

A-L(40-42)

A-XL(44-46)

A-XXL(48-50)

Remember to allow for proper sizing (including shrinkage). Sizes cannot be changed once ordered. Youth sizes are probably best suited to students age 10 & under.*

Student Name: _____

First

Last

2010 TECHNOLOGY OLYMPICS
Student Permission For Participation And Release Of Information

Friday, April 16, 2010

9:00 a.m. – 1:00 p.m.

Media: In permitting the student to participate, I am specifically granting permission for use of the name, voice or words, and any image created digitally or traditionally of the student and any attending family member in television, radio, films, newspaper, printed materials or websites in any form. This includes 35mm photos, videos, digital photos or any other form of image reproduction. Photos will be used in an educationally professional manner and may appear in print, on the Region 10 website, or as design elements in public displays and presentations.

Volunteers: I understand that I or my designee (i.e. school personnel, family member) need to supervise my children at all times as this event is open to the public and there are various agency and community volunteers assisting with this event.

Information: I hereby authorize the release of personally identifiable information from my child's educational records to The Division of Blind Services.

Student's Name _____

First

Last

Parent Signature: _____

Date: _____

Guest Reservation For Lunch And Release Of Information

During the awards ceremony, lunch is provided for the student, 2 guests, and 1 school representative. The school representative may be the student's CTVI, COM, or other designated staff from the district that will be responsible for assisting the student as needed in registration, locating testing rooms, exploring exhibits in the Ellis room, and lunch. To help in the planning for this event and ordering of food, guests and school representatives must register and complete the release information below.

Guests, VI Teacher, COMS or School Representative:

VI Teacher, COMS or School Representative, and all guests, print your name for registration purposes and please sign to the right to give permission to release information as stated in the release below.

Media: In attending the VI Technology Olympics, I am specifically granting permission for use of my name, voice or words, and any image created digitally or traditionally of me in television, radio, films, newspaper, printed materials or websites in any form. This includes 35mm photos, videos, digital photos or any other form of image reproduction. Photos will be used in an educationally professional manner and may appear in print, on the Region 10 website, or as design elements in public displays and presentations. Also indicate special needs in regard to media such as the agenda by circling the appropriate media (LT – large type 24 pt; BRL = Braille; or Sp – Spanish)

1. _____ (Print)	1. _____ (Signature)	LT BRL SP Special Media Needs
2. _____ (Print)	2. _____ (Signature)	LT BRL SP Special Media Needs

VI TEACHER, COM, or School Rep.: _____ (Print)	_____ (Signature)	LT BRL SP Special Media Needs
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It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, gender or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.