

**2023**

**Summer Work and**

**Learning Program**

**Student Registration Forms\***

**\*Please return completed forms to District Special Education office for distribution to the Summer Work program. Thank you.**

**North River Collaborative**

**Summer Work and Learning Program Overview**

**2023**

The North River Collaborative’s Summer Work and Learning Program offers a broad range of transitional services for students between the ages of 14-21 with intellectual impairments, developmental disabilities, behavioral challenges, and autism. The program is designed for students to attend one or more summers and is differentiated based on students’ transitional needs. The program is located at Abington Middle-Senior High School and local job sites. A broad range of transitional services are integrated with academic support and remediation through hands-on instruction and opportunities for work experiences such as retail, building maintenance, shipping and receiving, office practices and food service.

Students participate daily in a variety of activities offering instruction in life skills for independent living including: **Daily Living Skills** (managing money; use of common household tools/appliances; time management; personal health and safety; basic meal preparation; leisure/recreation activities; community experiences), **Social Thinking** **Skills**, **Job Exploration** (job training and placement/opportunities, developing/maintaining appropriate work skills and behavior), **Health and Fitness** **for Life** and **Academic Tutoring** related to successful employment.

Based on student interest and availability, students will report to unpaid job sites to explore career interests, gain vocational skills and apply academic skills to real world settings. Students may make community trips and participate in travel training. Students will attend daily meetings with peers and staff members during which they share successes about solving problems at job sites, brainstorm perplexing job site issues and assess personal progress towards attaining work readiness skills. Employment expectations, compensation, and self-advocacy skills are also reviewed. The program utilizes the Massachusetts Work-based Learning Plan to assess student progress toward reaching vocational goals.

**PROGRAM INFORMATION 2023**

|  |  |
| --- | --- |
| **Location** Abington Middle-Senior HS  **Student Hours**: **8:00 am-2:00 pm**  **Transportation:** Provided by your child’s sending district | **Week 1 Mon -Thurs July 10-13**  **Week 2 Mon -Thurs July 17-20**  **Week 3 Mon -Thurs July 24-27**  **Week 4 Mon -Thurs July 31-August 3**  **Week 5 Mon -Thurs August 7-10**  **NO PROGRAM on FRIDAYS** |

**I would like my child to participate in North River Collaborative’s Summer Work and Learning Program.**



Student’s Name Parent Signature

**Job Type Preferences For Students**

This information will help us in designing groups to address specific skills.

**Please mark your preference for future job types: 1 = first, 2 = second, 3 = third**

\_\_\_\_\_ Retail \_\_\_\_\_ Building Maintenance \_\_\_\_\_ Shipping and Receiving

\_\_\_\_\_ Food services (ServSafe certification training available) \_\_\_\_\_ Office Practices

**I understand job site placements are unpaid.**

**North River Collaborative**

**SUMMER WORK and LEARNING PROGRAM**

**MEDICAL/EMERGENCY INFORMATION**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_ School Currently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY, YOU WOULD LIKE US TO CALL:**

Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Address Phone

Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

**List two neighbors or nearby relatives who will assume temporary care of your child including picking up at school if you cannot be reached.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name address phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name address phone

In case of an accident or serious illness, I request that the school contact me. If unable to reach me, I authorize you to call the physician indicated below and to follow his/her instruction. If it is impossible to contact this physician, in an emergency, I give permission for my child to be treated by any licensed medical practitioner(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature Date Email address

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**~ MEDICAL INFORMATION ~**

Does your son or daughter have any medical problem that we should be aware of? (For example, allergies to bee stings) ❒ Yes ❒ No

If yes, please describe:

List medications and dosage:

Is your son/daughter on any medication that:

1. Could impair his/her handling of equipment? ❒ Yes ❒ No b) Is taken during the day? ❒ Yes ❒ No

**Medication must be sent in original prescription bottle. *\*If medication is taken during the Program, a note from a physician is required.*** *Tylenol* ***may not*** *be given without a note from parent/guardian on file.*

I give permission for my son/daughter to be given Tylenol ❒ Yes ❒ No

I give permission for my son/daughter to be given Advil ❒ Yes ❒ No

To ensure protection to all workers, tetanus should be up to date. Date of last Tb immunization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_