



# OWLS Transition Program

TO: Parents of Students

FROM: Mary Peters, Supervisor, [mpeters@esusixteen.org](mailto:mpeters@esusixteen.org)  
Office Number: 308-284-8481, Cell Phone: 402-235-8133

Jody Cisneros, OWLS teacher, [jcisnero@esusixteen.org](mailto:jcisnero@esusixteen.org)  
Cell Phone: 308-520-4446

Date: July 2020

I hope everyone has had a good summer. The 2020-21 school year is quickly approaching. We are looking forward to school beginning on August 17, 2020 at Mid-Plains Community College. Our program will run from 9:00 a.m. -2:30 p.m. central time Monday-Friday.

Enclosed are forms to be signed and returned to the ESU 16 Office in Ogallala, in the enclosed stamp addressed envelope so that necessary paperwork can be completed before the program begins.

**PLEASE FILL OUT AND RETURN THE SIGNED PERMISSION FORMS BY AUGUST 7, 2020. THANK YOU FOR YOUR COOPERATION.**

Open House will be August 26, 2019 from 1:30 p.m.-2:30 p.m. central time at Mid-Plains Community College South Campus, Dorm room 101.



AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT THE PROGRAM

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

THIS PORTION TO BE COMPLETED BY PHYSICIAN/DENTIST/PROVIDER

Name of Medication	Dosage	Time of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

If given pm (as needed) specify the length of time between doses \_\_\_\_\_

Inhalers (indicate if student must carry on his/her person): \_\_\_\_\_

Student is capable of self-administration of medication \_\_\_\_\_ Yes \_\_\_\_\_ No

Possible side effects of medication: \_\_\_\_\_

It is safe for unlicensed staff to provide this student this medication \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency procedure in case of serious side effects: \_\_\_\_\_

I request and authorize that the above named student be administered, provided the above-identified medication in accordance with the instructions indicated above (Not to exceed the current school year), as there exists a valid health reason, which makes administration of the medication advisable during school hours.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Dentist Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Printed Name

Please note: if samples of medication are to be given, they must be labeled with the name of the student, dosage, route, and time to be given. Please check expiration date. Medication cannot be administered if expiration date has lapsed.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to give medication to my student in accordance with the health care provider's instructions written above. I understand that unlicensed staff may be assigned to provide medication to my student, and I accept ultimate responsibility for monitoring the effects of this medication.

Permission to carry inhaler \_\_\_\_\_ Yes \_\_\_\_\_ No Permission to self-administer medication \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Caretaker Signature

\_\_\_\_\_  
Phone #



## OWLS Transition Program

### Community Integration and Training activities Parent Consent Form

I give permission for (Name of student) \_\_\_\_\_ to participate in the Program's community integration training activities. I understand that the purpose of these activities is to teach (Name of student) \_\_\_\_\_ the skills that should eventually enable him/her to move about the community as independently as possible and to use community businesses and services for his/her needs and enjoyment.

I understand that community integration and training activities are planned to meet his/her individual learning priorities and needs and that appropriate training goals and objectives are included in her/his IEP. These are available to me upon request.

I understand that at all times the program will be supervised by the teacher or the teacher aide under the direction of the teacher.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## STUDENT DATA

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mother and Father's/Guardian's First and Last Name

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Email Address

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Person to Call In Case Of An Emergency \_\_\_\_\_ Phone: \_\_\_\_\_

If the following applies, please fill out.

Foster Parent/Agency \_\_\_\_\_

Service Coordinator Case Worker \_\_\_\_\_

Address \_\_\_\_\_



### MEDICAL INFORMATION UPDATE

It is important that student health record information be completed annually and when there are any changes. Please complete this form.

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

Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Street, City, State, Zip)

Parent/Guardian Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor/Health Care Provider: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Please indicate any condition that is or has been a problem for your child, Circle below

Allergies	Hearing Loss	Headaches	Cancer
Heart Problems	Cystic Fibrosis	High Blood Pressure	Diabetes
Menstruation Difficulties	Emotional Problems	Muscle/Joint Problems	Fainting Spells
Seizure Disorder	Other: _____		

Does your child have asthma? Yes No Type: Seasonal Exercise Induced Chronic

Does your child carry an inhaler?	Yes	No
Life Threatening Allergy to Bee Stings	Yes	No
If Yes, does your child carry an Epi-pen?	Yes	No
Life threatening Allergy to Food?	Yes	No
If Yes, to what foods?	_____	

Medication: Please list any medication your child takes on a regular basis: \_\_\_\_\_

Please list any vaccinations received this summer: \_\_\_\_\_

Can this information be shared with other staff? Yes No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Life Skills Medication and Illness Guidelines

### **Prescription Medications:**

Prescription medication must be in the ORIGINAL container with a pharmacy label listing the student's name, medication name, dosage and the prescriber's name.

The prescription container shall serve as the prescribers original order since the prescription is on file at the pharmacy. A WRITTEN order from the prescriber must accompany ANY change in medication dosage.

A medication form must be signed by the parent/guardian prior to any medication being administered.

Please check the expiration date. Medication cannot be administered if the expiration date has expired.

### **Over the counter medication (OTC)**

Parent-supplied OTC medication must be in its original container and labeled with the student's name. A medication form MUST be signed prior to any usage by the student during school hours.

Please check the expiration date. Medication cannot be administered if the expiration date has expired.

### **Illness**

To protect all children from communicable illnesses, students infected with certain diseases are not allowed to come to school while they are contagious. Students should be symptom-free for 24 hours before returning to the program.

In addition, when a student is sent home with an elevated temperature they must be FEVER FREE FOR 24 HOURS, without medication, before re-entry.

If your student becomes ill at our program it is the responsibility of the parent/guardian to come to the program and transport the student home.

When a child is sent home with an elevated temperature the teacher or school nurse will notify the home school district that the student has been sent home. The parent/guardian will contact the home district when then student is symptom-free and ready to return to the program.

For readmission, some diseases may require a statement from the student's physician affirming that the student is not contagious.



## PROOF OF INSURANCE

Dear Parents:

Students enrolled in the Program may be scheduled, with parent permission, to participate in job awareness, job exploration, and community integration activities. These activities may be within the North Platte or home district community.

Students participating in these activities must have proof of medical insurance that provides accident coverage. Proof of insurance purchased through the school district or a family medical policy is acceptable.

Before your child can participate in the activities you will need to complete the bottom portion of this form and return it to ESU 16.

1) My son/daughter \_\_\_\_\_ is covered by family medical insurance:

\_\_\_\_\_  
Name of Family Medical Insurance Company and Policy Number

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

2) My son/daughter \_\_\_\_\_ is covered by student insurance.

\_\_\_\_\_  
School District and Policy Number

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

3) My son/daughter \_\_\_\_\_ is not covered by any medical insurance at this time.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## OWLS Transition Program

### PARENT/GUARDIAN APPROVAL FOR USE OF PHOTOGRAPHS/VIDEOS FOR EDUCATIONAL PURPOSES

ESU 16 is requesting permission from you to use your child's photograph for the reason specified below. If permission is granted, we will use the photograph or video for the purposes only.

Permission to use your child's photograph carries the assurance that the video and/or photographs will be used for the purpose of conveying to the public meaningful information about services being provided for your child and will be done with dignity.

Permission is hereby granted to use \_\_\_\_\_'s  
Student's name

video/photograph for

1. Education/Community Presentations (PowerPoint video, etc.)
2. Print (newspaper, brochures, etc.)
3. Teacher/employer in-services and seminars
4. Educational/Community/Agency Websites
5. Other \_\_\_\_\_

Please indicate if there is any situation that you do not want your child's image used or identified.

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Please indicate if there is any situation that you do not want your child's name identified.

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I understand that neither ESU 16 nor the school district expects to gain monetarily and I/we as parents agree that I/we do not expect or request any reimbursement.

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Signature of Parent/Guardian

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Date



**2020-2021 OWLS Calendar**  
**Housed at MidPlains Community College**  
**601 West State Farm Rd., North Platte 308-568-9843**

2020

S	M	Tu	W	Th	F	S
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2021

S	M	Tu	W	Th	F	S
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<b>July</b>						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

<b>January</b>						
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

<b>August</b>						
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

<b>February</b>						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

<b>September</b>						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

<b>March</b>						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

<b>October</b>						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

<b>April</b>						
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

<b>November</b>						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

<b>May</b>						
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

<b>December</b>						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

<b>June</b>						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



<b>Calendar Key</b>						
OWLS will run M-F 9-2:30						
Highlighted Days = NO OWLS						



# OWLS

## Opportunity With Life Skills Transitional Program

EDUCATIONAL SERVICE UNIT 16

*"Serving students from Arthur, Brady, Hershey, Hyannis, Maxwell, McPherson, Mullen, North Platte, Ogallala, Paxton, Perkins, South Platte, Sutherland, Stapleton, Thomas County, and Wallace"*

## STUDENT HANDBOOK 2020-2021

OWLS is an enriched transition program for high school students with intellectual disabilities, (ages 16-21), located on the campus of Mid Plains Community College in North Platte, NE.

This program began its first year in the Fall of 2015,

and is a cooperative program made possible by:

- Educational Service Unit 16
- Local School Districts in ESU 16 area
- Mid Plains Community College

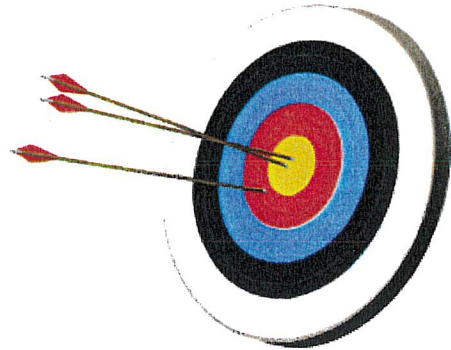
The program is located in the Mid Plains Community College South Campus, Pod 1, Room 101



## Goals and Vision of the Program:

1. To prepare students for the workforce through academics, social skills, life skills, and vocational skill development
2. To increase independence in all environments
3. To promote student self-determination and self-advocacy
4. To promote lifelong learning
5. To provide agency linkages for adult services

## GOAL SETTING



## Student Eligibility for the Program:

The IEP team members drive the decision regarding participation in the OWLS program. Discussions should begin at least by age 16 when the Transition Plan within the IEP is established. The IEP team should take into consideration the student's intellectual disability, transition outcomes, strengths, needs, and graduation plan. Some students may graduate "socially" with their peers in the ceremony, but remain under IEP services until age 21 when their educational eligibility ends.

Additional considerations will be: regular school and work attendance, maturity level of the individual, the ability and desire to hold a job in the community, the capacity to be on a college campus and access environments, the willingness to participate in college activities, and respecting and following the rules of the program.

## Program Curriculum:

Each student's individually designed program is based upon measurable post-secondary goals identified by the student, parent, and other members of the educational team. It could include activities such as:

### Academic:

- Math/Financial Management
- Life Skills Reading
- Skills for Independent Living
- Enroll in MPCC Courses with Support

### Social:

- Social Skills Training
- Involvement in activities on campus
- Develop Self-Advocacy Skills
- Engage in Social activities

### Recreation/Leisure:

- Explore hobbies and special interests
- Use community athletic facilities
- Attend college athletic events
- Attend concerts, plays, and shows on campus and in the community

### Enrichment:

- Access current technology
- Learn skills in the community

### Vocational:

- Improve vocational skills
- Engage in Service Learning
- Learn how to get and keep a job
- As part of the student's IEP plan the OWLS Program may provide jobsite training in the community businesses. This would be determined by the IEP team and the home district will provide the job coach and transportation to and from.



## Staff:

Program staff includes 1 certified teacher, and 1 Educational ParaProfessional. Related Service Staff are also available per the student's IEP. These may include: Physical Therapists, Occupational Therapists, and Speech / Language Pathologists.

## The School Day:

The school day for students begins at 9 a.m. and ends at 2:30 p.m. central time Monday-Friday.

## Lunches:

Students will learn to prepare their lunches, eat at the college cafeteria or in a restaurant.

OWLS staff will provide supervision throughout the lunch period. The lunches prepared by the student will be paid for through the OWLS program. The lunches at the college cafeteria and lunches at restaurants students will be required to send money. A notice will be sent to parents.

## Payment for the Program:

Your home school district pays tuition for your attendance in the OWLS Program. This payment to ESU 16 includes academic instruction, assistive technology, training in the community, and specialized related services, (such as speech, occupational therapy, physical therapy) as identified in your IEP.

## Transportation:

Transportation to and from the home school district to the program site is furnished by that district. It is the responsibility of the student/family to notify the home school district should you decide not to use the provided transportation from time to time.

Transportation to and from community training will be provided through community transportation system (Public Transit) or by one of the home districts. If medical, mental health, or other appointments are scheduled through the school day, it is the responsibility of the student/parents to provide transportation to meet the need.

Students may be trained to use specialized transportation systems such as Handi-Bus, as part of their transportation (travel) training.

During the learning phase of this routine, the associated costs will be paid by the OWLS program.

Since transportation is provided by the home district, the use of personal cars is discouraged.

## School Calendar:

The OWLS calendar will follow the home district calendar very closely. OWLS Program will be 5 days a week from 9 – 2:30 CT.

A calendar will be made available the spring of the prior year for IEP teams to review



## Student Conduct:

Expectations for OWLS students:

### *Attendance:*

OWLS expects students to attend every meeting of the classes. Attendance is essential to success. You are expected to follow the attendance policy of your home district. Your daily attendance is reported to your school district monthly. Excessive unexcused absences will result in a meeting of the IEP team. The team will implement strategies to deal with the absences, which may include student removal from the program because of lack of continuity needed to meet designated post-secondary goals. Since OWLS students are young adults, they themselves are instructed to notify their OWLS teacher, (if appropriate) by phone or text in the event of an absence.

### *Behavior:*

OWLS students will behave in an appropriate adult manner at all times, using language that is appropriate. Extreme aggressiveness, profanity, and inappropriate gestures are not acceptable. Students will treat staff members, other students, and visitors with respect. Students will respect the privacy, personal property, and personal space of their classmates. Students will dress appropriately. Shirts displaying drug and alcohol messages are not permitted, and undergarments should not be seen.

Students will not use or have in their possession alcohol, illegal substances, mind altering substances, look-alike drugs or weapons while on the premises of OWLS. Any student suspected of possessing or being under the influence of any illegal substances will be referred to the Superintendent's office of their home district.

OWLS students are expected to conduct themselves as responsible law-abiding citizens. Examples of misconduct for which students are subject to disciplinary action include but are not limited to the following:

1. Dishonesty in any form such as cheating, furnishing false information or misuse of funds.
2. Obstruction or disruption of any academic, social, or administrative activity.
3. Threats, physical harm, or verbal abuse of any person on MPCC/ESU Property or at a MPCC/ESU activity
4. Theft or damage of property of MPCC/ESU
5. Unauthorized entry to, or use of, any MPCC/ESU facilities.
6. Disorderly conduct or lewd, indecent, racial or obscene conduct or expression on MPCC/ESU property or functions.
7. Gambling on MPCC/ESU property
8. Failure to comply with the directions of MPCC/ESU officials.
9. Theft, abuse, or other misuse of computer time or facilities, including but not limited to:
  - A. Unauthorized entry into a file or program to use, read, or change the contents or for any other purpose.
  - B. Unauthorized transfer of a file. Downloading apps or e-books without staff authorization.
  - C. Unauthorized use of another student's ID and password.
  - D. Use of computing to interfere with the work of another student, faculty, or staff member
  - E. Use of computing to send abusive messages or engage in sexting.
  - F. Use of computing to interfere with the normal operation of the MPCC/ESU computing system.
  - G. Use of computing to visit inappropriate websites. (including on-line gaming)





## Medical Concerns:

There are no medical services on the MPCC campus and in the OWLS program. The teacher in the OWLS program will be trained in dispensing medication. Nebraska State Law requires that all students be immunized. These immunization records exist at the home school district. The nurse will secure these records with your assistance.

All medications should be given at home if at all possible. If you have medication needs during the designated program hours, please convey that information to the OWLS teacher. Since students are age 16 and older, they are permitted to take over the counter medication. Please visit with your son/daughter's case manager if you have specific questions/directions for use of over the counter medications. We ask you to complete an emergency contact form to keep on file. Please take the responsibility to keep information on the emergency form up-to-date.

## College Mentors:

Students may be paired with a peer mentor as they become available. This program design is intended to provide opportunities for additional forms of support, as well as social relationship and friendship development. Each peer mentor will be referred by a counselor, professor, or appropriate person from the community. References will be checked to ensure that mentors are of high moral and ethical character. Mentors may spend from 1 hour to 12 hours weekly with OWLS students, depending upon the needs and schedules of both individuals. Some anticipated activities of mentors having lunch, attending social functions, or spending time with students in the OWLS classroom area.

## Emergency Procedures:

### *Tornado Drill Procedures:*

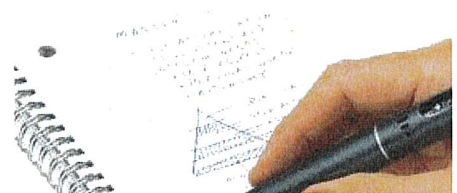
OWLS will conduct tornado drills in accordance with the MPCC. We will quickly and quietly proceed to the appropriate room where students will assume the position required for tornado safety. At the conclusion of the drill, we will quietly return to the OWLS dorm room.

### *Fire Drill Procedures:*

In compliance with State Fire Marshal regulations, OWLS will hold monthly fire drills. During these drills, students and faculty will exit the building in a quiet, orderly fashion through the door that offers the safest exit. Students should then proceed to the parking lot on the south end of the building at a safe distance from the building. Students are to remain in this area until they receive an all-clear signal from an authorized person.

## Weather and School Cancellation or Dismissal:

Listen to KNOP TV for information on MPCC cancellation, OWLS Cancellation, and/or cancellation of your local school district. If your home school district is closed due to weather, emergency, or the district has determined it is not safe travel conditions, you will not be expected to attend the OWLS program. Please notify the OWLS teacher by calling 305-568-9843.





## Use of Specialized Technology:

The OWLS classroom has available the latest formats of assistive technology. Staff is fully trained and able to teach the use of technology to students.

Specialized programs and devices are available to assist students with reading and writing challenges. For more information on possible options, visit with your case manager. This will also be discussed at the IEP team meeting.



## Media Coverage:

Newspapers, television and other media or groups sometimes wish to take and publish pictures of the program and its students. In addition, the OWLS staff and students may make conference presentations or other presentations as requested by groups in the community and state. ESU 16 also has a website and facebook page which includes pictures of youth. You will be asked to sign a release to photograph and publish. You may opt out, if desired.