

2021-2022 OWLS Calendar
Housed at Mid-Plains Community College
601 West State Farm Rd., North Platte (308) 568-9843

2021

S	M	Tu	W	Th	F	S
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July						
				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

August						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
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19	20	21	22	23	24	25
26	27	28	29	30		

October						
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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						

November						
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28	29	30				

December						
			1	2	3	4
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19	20	21	22	23	24	25
26	27	28	29	30	31	

2022

S	M	Tu	W	Th	F	S
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January						
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23	24	25	26	27	28	29
30	31					

February						
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20	21	22	23	24	25	26
27	28					

March						
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20	21	22	23	24	25	26
27	28	29	30	31		

April						
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24	25	26	27	28	29	30

May						
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22	23	24	25	26	27	28
29	30	31				

June						
			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		



Calendar Key

OWLS runs Mon-Fri; 9:00-2:30

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 2021-2022

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 students IEP plan the OWLS Program may provide jobsite training in the community businesses. This would be determined by the IEP team. Based on the needs of the student, the home district will provide the job coach and transportation to and from the job site.



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.

Educational Service Unit 16 does not discriminate on the basis of sex in any educational program or activity that it operates. ESU 16 is required by Title IX (20 U.S.C. § 1681) and 34 CFR Part 106 not to discriminate in such a manner. This requirement not to discriminate also applies to admission and employment. Any inquiries about the application of Title IX may be referred to ESU 16 Title IX Coordinator, to the Assistant Secretary of the Office of Civil Rights, or both.

Title IX Coordinator: Amber Lutz, Business Manager, 314 West 1st Street Ogallala NE 69153,
alutz@esusixteen.org, (308) 284-8481.

For information regarding the ESU 16 procedure for complaints of sexual harassment including the complaint process, how to file a report or a complaint of sexual harassment, how to file a formal complaint of sexual harassment, and how ESU 16 will respond to such complaints see Board Policy; Article V, Section 1-a located at [Article V: Equity and Legal Compliance](#).



This signed receipt acknowledges receipt of the 2021-2022 Opportunities With Life Skills Transitional Program Handbook.
This receipt acknowledges that it is understood that the handbook contains student conduct and discipline rules. The undersigned, as student, agrees to follow such conduct and discipline rules.

Student Signature

Student Printed Name

Date

Parent Signature

Parent Printed Name

Date

District Representative Signature

District Representative Printed Name

Date



OWLS Transition Program

TO: Parents of Students

FROM: Molly Walz, Supervisor, mwalz@esusixteen.org
Office Number: 308-534-2416, Cell Phone: 308-530-9792

Laurie Vak, OWLS teacher, lvak@esusixteen.org
Cell Phone: 308-520-4426

Date: July 2021

I hope everyone has had a good summer. The 2021-22 school year is quickly approaching. We are looking forward to school beginning on August 16, 2021 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 stamped, addressed envelope so that necessary paperwork can be completed before the program begins.

PLEASE FILL OUT AND RETURN THE SIGNED PERMISSION FORMS BY AUGUST 9, 2021. THANK YOU FOR YOUR COOPERATION.

Open House will be August 25, 2021 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/her 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 prescriber's 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 the 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.

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

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.

Signature of Parent/Guardian

Date