



Braille Brush-up for Students in Grades 1-12 Improve your Literacy Skills!

When: Saturday, January 26th, 2019
Drop-off: 9:00 AM | **Pick-up:** 3:00 PM

*IMPROVE skills in ~ Braille Reading & Writing ~ Spelling ~ Proofreading
Tactile Graphics ~ Speed Brailleing
Instruction in Book Port Plus and/or Victor Reader Stream**

*Students who attend will be well prepared for the 19th Annual New England Regional Braille Challenge on Saturday, March 2nd
(Separate registration required by January 31st, 2019 at www.carroll.org)*

*Students in grades 5 through 12 are required by the Braille Institute of America's contest rules to use the Book Port Plus or Victor Reader Stream for the speed and accuracy part of the Braille Challenge.

WHAT TO BRING:

- **All students in Grades 5-12:** Digital recorders, i.e. Victor Reader Stream or Book Port Plus.
- **All students in all Grades:** braille writers, braille notetakers and white canes.
- **All students:** Lunch provided (Students with specific food requirements should bring their own lunch)

Advance registration, with payment, is required by January 14th, 2019.

Eligible for Pre-ETS funding through your state Vision Rehabilitation counselor; scholarships available.



BRaille BRUSH-UP 2019

Saturday, January 26

Date: _____

STUDENT: _____ **DOB:** _____ **Grade:** _____ F M

Street: _____ **City:** _____ **State:** _____

Will student bring a cell phone to the program?

Phone: YES NO **Student's Cell #:** _____

Student's Email: _____

PARENT/

GUARDIAN 1: _____ **Email:** _____

Phone: H: _____ C: _____ W: _____

PARENT/

GUARDIAN 2: _____ **Email:** _____

Phone: H: _____ C: _____ W: _____

NAME OF TEACHER OF STUDENTS

WITH VISUAL IMPAIRMENTS: _____

Email: _____

School: _____

NAME OF STATE AGENCY COUNSELOR:

PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR COUNSELOR THAT YOU INTEND TO REGISTER FOR BRAILLE BRUSH-UP.

VISION HISTORY:

Visual Diagnosis: _____

Low Vision Aids Used: _____

OTHER INFORMATION:

Please list any dietary restrictions, allergies, limitations or restrictions: _____

How will you be transported to the Carroll Center?: _____

PERMISSIONS:

PHOTO OPS & SOCIAL MEDIA:

The Carroll Center for the Blind has always sought to promote positive, productive images of individuals who are visually impaired or blind. We ask your permission and consent for your child to be photographed and/or videotaped by the Carroll Center to be used for presenting the programs of the Carroll Center or to demonstrate the abilities of persons who are blind or visually impaired.

- Yes, I give permission for photos/video as described above.
- I do NOT give permission for photos/video.

AUTHORIZATION:

I hereby signify that I have read the above information and give my permission for my child to participate in the Carroll Center Program.

Signature of Parent or Guardian: _____

Please return this registration to Nancy Sharon at nancy.sharon@carroll.org or fax to 617-969-6204.