

**Safety Awareness**

**and Violence Prevention**

A two-day workshop on the 1Touch™ Method of Self-Defense for Visually Impaired and Blind Students between the ages of 17 and 22 years. Recommended for current high school seniors, recent HS graduates and college students.

**What Is the 1Touch™?**

The 1Touch™ is the first comprehensive descriptive self-defense program designed specifically for people who are blind. The program is a hands-on self-defense technique for dealing with assaults, aggressive behavior, and bullying.

This course is designed to provide effective techniques for maintaining safety if physical vulnerability occurs and to build confidence in using self-protection strategies. Techniques learned will improve independence, self-confidence, communication and orientation. Course will include discussion, demonstration and role-play.

Students will gain personal skills in:

* **Workplace Readiness**: teamwork, leadership, decision making.
* **Self-Advocacy**: advocating for your needs, increasing self-confidence and controlling personal growth.
* **Educational Opportunities**: sports and recreational educational opportunities.

**When:** Saturday, January 4th and January 5th, 2020. 9:30 AM – 1:30 PM (Attendance at both sessions is required). Housing available and additional afternoon/evening activity for those staying on campus will be provided.

**Where:** Carroll Center for the Blind, Technology Building Lecture Hall, 770 Centre Street Newton MA 02458.

**Prerequisites:** Participants must be able to stand for periods of 15 - 30 minutes.

**Staff:** Taught by Certified 1Touch™ coaches Katrena and Tim Traut-Savino.

**To register Contact Maureen Foley, at 617-969-6200**

 **email:** **maureen.foley@carroll.org****.**

**Eligible for PRE-ETS funding through your state Vision Rehabilitation counselor.**

Safety Awareness and Violence Prevention

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9:30 AM – 1:30 PM

(Attendance at both sessions is required)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_

MCB COUNSELOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TVI NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM ABLE TO ATTEND BOTH SESSIONS: \_\_\_\_Y \_\_\_\_N

I AM ABLE TO STAND FOR 15-30 MINUTES: \_\_\_\_Y \_\_\_\_N

I WILL NEED HOUSING TO ATTEND: \_\_\_\_Y \_\_\_\_N

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STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_

NOTE: If under the age of 18 years, parent/guardian signature is required:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_