

EXPANDING YOUR WORLD

Children's Vision Summit

Summit for Students with Visual Impairment/Blindness, their Parents and Educators (Birth to Adulthood)

November 2, 2019
Capital West Event Center
1308 Fairgrounds Road
Jefferson City, MO 65109

Registration opens at 8:00 am -- Program 9:00 am – 4:00 pm

The 2019 Summit will focus on expanding your world from school to post-secondary, including understanding the resources, services, and opportunities that are available for transition, employment, and independent living and community involvement. To ensure success, a blind or visually impaired child/adult must possess self-confidence and the knowledge that it is respectable to be blind, and the skills and techniques of daily living. The purpose of this conference is to provide information to students with blindness or visual impairment, their families, and service providers. We will identify available resources, services, and career opportunities. Our goal is to help parents, teachers and students understand that they can expand their world, live independently and achieve academic and vocational success.

THIS SEMINAR IS FREE!

Topics will include:

- Keynote panel of Blind Professionals on Career Experiences
 - Latest in technology
 - Adaptive Sports
- Recreation & leisure activities, including adaptive archery
 - Self-Advocacy & Accommodations
 - Disability Resource Services in College
- Career and Technical Education & Career Opportunities
 - Pre-Employment Skills
- Business Enterprise Program Career Opportunities
- CVI/NVI Diagnosis or Assessment: What's next?
 - CVI/NVI Activities to Enhance Development
 - CVI/Multiple Disability & Transition

Special Hands-on sessions:

- 1Touch Self Defense Group
 - Adaptive Yoga

For more information contact: Louis Whitworth, (573)-659-6092 or
louise.whitworth@jcschools.us

Funding Partners: Rehabilitation Services for the Blind, Missouri Council of the Blind

REGISTRATION FORM

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The Vision Summit is a one-day event from 9-4.

Summit attendance is free and includes a paid lunch so please give us an accurate count of those who will be attending and participating in meals. Please fill out the registration form and return as early as possible to allow us to predict the number attending.

Name(s): _____

Additional family members attending: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Type of Interest: (Teacher, Parent, Teacher of the Visually Impaired, Student): _____

Age of Children with Visual Impairment: _____

Alternative Format Needs: (Braille, Large Print, Electronic): _____

Lunch Option (Please note number): _____ Regular _____ Vegetarian

Return completed registration by October 18 to:

Louis Whitworth

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