

**2020 Leadership Development Program
for the Deaf & Hard of Hearing**

Thursday, June 18th at 1:00 PM to Sunday, June 21st at 12:00 PM

Applications have to be postmarked by March 2, 2020. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED** (Application and References)

Name: (First) _____ (M.I.) _____ (Last) _____

Gender: _____ Birth Date _____ Race (Optional) _____ T-Shirt Size _____

Email Address _____

Mailing Address _____

City _____ Zip _____ County _____

Phone _____

Current Grade _____ Expected Graduation Date _____

High School _____ School Phone _____

Parent / Guardian _____ Phone _____

Parent Email _____

Please check the ones that apply:

How did you learn about the Program?

School Friend Internet/Email/Social Media Transition Event Other _____

I am a Vocational Rehabilitation (VR) Client Yes No Don't Know

I am a DMH Regional Office client Yes No Don't Know

Have you participated at your local Center for Independent Living (CIL)?

Yes No Don't Know

Please check **ALL** that apply:

<p>Deaf / Hard of Hearing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I use sign language <input type="checkbox"/> I use assistive listening devices <input type="checkbox"/> I use real time captioning <input type="checkbox"/> I use lip reading <input type="checkbox"/> I need interpreter services <input type="checkbox"/> I use note takers <input type="checkbox"/> Certified Deaf Interpreter (CDI) <p>Please specify any additional details _____</p> <p>Blind / Visually Impaired:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I read with Braille <input type="checkbox"/> I read with large print <input type="checkbox"/> I need assistance with mobility <input type="checkbox"/> I prefer electronic format <p>Mobility Disability (e.g. spinal cord injury, muscular dystrophy, other):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I use a wheelchair / scooter <input type="checkbox"/> I cannot walk upstairs <input type="checkbox"/> I use a walker, cane, or crutches <input type="checkbox"/> I cannot walk long distances <p>Immune Disability:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's syndrome <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Mental Health Disability (e.g. anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other) <input type="checkbox"/> Neuro/Muscular Disability <input type="checkbox"/> Learning Disability (e.g. dyslexia, dyscalculia, ADD/ADHD, other...) <p>___Reading ___Math ___Written</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other) <input type="checkbox"/> Chemical / Environmental Sensitivity <input type="checkbox"/> Other (describe) <p>_____</p>
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Please list all accommodations needed to participate (interpreter, personal care attendant, special diet, etc.)

1. What organizations or activities are you involved in with your school and/or community? This may include any offices you held, club memberships, after school activities, work experience, church activities, community volunteer, etc.

2. List 3 goals that you have for your future.

3. List 3 leadership strengths that you possess.

4. References

Please list three references that we may contact by phone. One reference must be a high school principal, counselor, or a teacher. The other references may be any adult who knows you well, other than a parent or relative, for example, scout leader, employer, coach, community leader, etc. At least one reference must be from outside the school.

1. Name (School) _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

- Application is completed.
- 3 References with good contact numbers are given
- Must be submitted online or postmarked by March 1, 2020.

References will be contacted by phone between Mid-March and beginning of April. Please make sure they are aware about being a reference and that their contact information is correct and updated if necessary.

Application may be submitted online. If unable to submit online you may email, fax, or mail your documents to:

Governor's Council on Disability
Leadership Development Program (LDPDHH)
PO Box 1668
Jefferson City, MO 65102
rachel.rackers@oa.mo.gov
<http://disability.mo.gov>
Phone: 800-877-8249
Fax: 573-526-4109