THE OHIO STATE UNIVERSITY
NISONGER CENTER

TOPS
TRANSITION OPTIONS IN POSTSECONDARY SETTINGS
FOR STUDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

TOPS Summer Workshop Series for Students with Intellectual and Developmental Disabilities

The TOPS program is offering 10 skills workshops for high school students with intellectual and developmental disabilities through age 25.

Each workshop will have a different independent living skill focus. Sign up for one or all 10. All workshops are 9am-1pm at the Ohio State Nisonger Center. Students will have an opportunity to gain hands-on skills during these workshops. The following workshops are available (please check which you wish to attend):

- ☐ 1. Email and Digital Learning: June 20
- ☐ 2. Mobile Technology: June 22
- ☐ 3. Transportation and Getting Around: June 27
- ☐ 4. Learning to Use the City Bus: June 29
- ☐ 5. Grocery Shopping and Couponing: July 6
- ☐ 6. Eating Out on a Budget: July 11
- ☐ 7. Basics of Kitchen Safety: July 13
- ☐ 8. Making Healthy Meals and Snacks: July 18
- ☐ 9. Physical Wellness and Healthy Habits: July 20
- ☐ 10. Taking Care of Mental Health: July 25

Each workshop costs $75. If a student enrolls in 3 or more, the cost is $65 per session. If cost is a barrier, please reach out. Transportation to and from the Nisonger Center is **not** included. Space is limited, so enroll as soon as possible.

To get started, we ask that you complete the following application for admission to our summer workshop series. We kindly ask that you have applications submitted by 5pm the Friday prior to your (first) workshop.

Send application to: transitions@osumc.edu

For more information, or an alternative format of this application, please contact our office by phone at 614-685-3185, or e-mail transitions@osumc.edu.

TOPS Summer Skills Workshop

Student Name: _____

Street Address: _____

City: _____State:_____ Zip: _____

Primary e-mail:_____

Student Phone number: (home) _____ (cell) _____

Birthdate: _____

Grade in School for 2023-2024 school year:

Level of school participation (please choose one):
- ☐ Fully included in regular courses
- ☐ Partially included in regular courses
- ☐ Attend special education courses only
- ☐ Attend special facility

Primary Disability (please be specific):

_____

Secondary Impairments (as the result of primary disability):

_____

_____

_____

Name and city of current school:

_____

Parent/guardian's name:

_____

Phone number: (home) _____ (cell)_____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Medical Information

Proof of Insurance: (Please provide copy of insurance card)

Insurance Carrier: _____

Group/Plan Number:_____

Phone: _____

Personal/Family Physician: _____ Phone: _____

Medical Conditions:

Do you wear contact lenses? _____Glasses? _____ Hearing aid? _____

Do you have asthma? _____ If so, do you use medication? _____

If yes, please specify: _____

Please check whether you have an intellectual or developmental disability?

Intellectual disabilities ☐ Developmental disabilities ☐

Do you have any additional disabilities that must be considered when identifying supports? If so, please describe the disability, limitation and history:

_____

_____

_____

Do you have any other condition that we should be aware of that may endanger, alter, or somehow limit your ability to participate in our program (e.g., walking, communicating, toileting, and attention span)? Please describe in details:

_____

_____

_____

Medications

Please list current prescription and non-prescription medications, vitamins, supplements.

Note: Program staff and facilitators cannot administer medication to students. If the applicant is currently taking medications of any sort, a Medical Action Plan (MAP) must be completed and submitted to program staff no later than the first day of the residential program.

Medication/Vitamin/Other	Dose	Times per Day

Allergies

Please list any allergies that you have.

Allergy	Reaction

Do you use medication for allergic reactions? _____

If so, what do you use? _____