

## **Get a “STEP” Ahead With NCECBVI’s Short-Term ECC Program**

### **Program Information and Paperwork**

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#### **Program Details**

**Short-Term Program:** Let’s Make Lunch!

**Date of Short-Term Program:** Thursday, October 23, 2025

**Location:** ESU 7 in Columbus, NE

**Time:** 10:00 a.m. - 2:00 p.m.

**Cost:** \$30 (includes training and lunch for both the student and the staff member attending with the student, and supplies)

**Registration Deadline:** Monday, October 10, 2025

#### **Description of the Short-Term Program, “Let’s Make Lunch!”**

This short-term program is designed to teach students who are blind or have low vision how to prepare food safely and confidently. Participants will explore a variety of kitchen tools and assistive technologies that support independence in the kitchen. In addition to food preparation, students will also learn effective clean-up techniques. It's a great opportunity for hands-on learning, building life skills, and having fun alongside peers!

Main ECC areas that will be focused on include:

- Independent Living Skills (food preparation, personal hygiene, cleaning skills)
- Assistive Technology (tools and technologies to support independence in the kitchen)
- Self-Determination (encourage students to make their own choices and advocate for their needs)

**For School to Complete:**

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**TVI Name:** \_\_\_\_\_ **TSVI Phone:** \_\_\_\_\_

**Additional Student Information:**

Necessary Health Information (Include pertinent information, medical diagnoses, health plans, etc):

\_\_\_\_\_  
\_\_\_\_\_

Any Accommodations Needed:

\_\_\_\_\_  
\_\_\_\_\_

Dietary Needs or Restrictions:

\_\_\_\_\_

**School Staff Member Accompanying Student:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Any Accommodations Needed for the School Staff Member:

\_\_\_\_\_  
\_\_\_\_\_

Dietary Needs or Restrictions for the School Staff Member:

\_\_\_\_\_

**Special Education Director (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Education Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Parent to Complete:**

**Parent/Guardian Consent**

Prior to, during, and following the short-term program, NCECBVI is requesting parental consent to share records and provided information about the student, \_\_\_\_\_ (student name), between NCECBVI and the school district \_\_\_\_\_

As the parent/guardian of the above named student, I give permission to release the above listed information with the district and NCECBVI staff prior to, during, and following the short-term program. I understand I may revoke this release at any time with a written notice.

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name and Phone Number (If different than parent/guardian):**

\_\_\_\_\_  
\_\_\_\_\_

**Photo/Video Release**

As the parent/guardian of the above named student, I hereby authorize NCECBVI staff to allow the use of pictures and/or videos during the Short-Term Program for public relations, school publicity, and other beneficial endeavors as long as such usage is not for the financial or personal benefit to any individual and/or groups or private company. This includes posting of photos on the NCECBVI Facebook page. I understand I may revoke this release at any time with a written notice.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_