

TRANSITIONING YOUTH: From School to County

Lee Lonzo – Director of Champions Together

Jeff Mohler - COO

Special Olympics
Indiana



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By the numbers, 2016-17 ...



- 473 schools (K-12)
- 185 new schools (K-12)
- 1542 athletes (K-8)
- 719 athletes in Unified Track & Field (HS)
- 148 athletes in Unified Bocce (HS)

2409 ATHLETES !!!

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Goals for 2017-18 . . .



- 567 schools (K-12)
- 165 new schools (K-12)

5000 ATHLETES !!!

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K-8 Application



Special Olympics
Indiana

UNIFIED CHAMPION SCHOOLS APPLICATION FOR PARTICIPATION

This is a permanent form that must be completed before a student participates in Unified Champion Schools training or events.

Return to: Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278;
Fax +1 317 328 2018; or Email: entries@soindiana.org Retain a copy for school files. Use pen and print legibly.

SECTION A: GENERAL INFORMATION

STUDENT NAME: _____ GENDER: MALE FEMALE
 SCHOOL: _____ DATE OF BIRTH: ____/____/____
MONTH DAY YEAR
 CURRENT GRADE LEVEL: _____ GRADUATION YEAR: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME(S): _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____ HOME PHONE: (____) _____
 EMAIL: _____ CELL PHONE: (____) _____

WOULD YOU LIKE MORE INFORMATION ON THE LOCAL SPECIAL OLYMPICS PROGRAM IN YOUR COMMUNITY? YES NO


EMERGENCY CONTACT INFORMATION (IF OTHER THAN PARENT/GUARDIAN)

NAME: _____ CELL PHONE: (____) _____
 RELATIONSHIP: _____

SECTION B: ELIGIBILITY STATEMENT

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K-8 Application



RELATIONSHIP: _____

SECTION B: ELIGIBILITY STATEMENT

Students are Special Olympics athletes provided they have been identified by a school, an agency, or medical professional as having an intellectual disability or having a closely related developmental disability such as those who have functional limitations, both in general learning and adaptive skills such as recreation, work, independent living, self-direction, or self-care. (Note: Students with functional limitations based solely on a physical, behavioral, emotional, specific learning disability, or sensory disability are considered Unified Partners.)


Does this student receive special education services? Yes No


SECTION C: CONSENT / RELEASE STATEMENT

I, the parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant") or adult Entrant in Special Olympics, here-

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K-8 Application





Special Olympics Indiana

SOLICITUD DE PARTICIPACIÓN PARA EL UNIFIED CHAMPION SCHOOLS

Este es un formulario permanente que debe ser completado antes de que un estudiante participe en la formación o eventos del UNIFIED CHAMPION SCHOOLS.
 Devuélvalo a: Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278;
 Fax +1 317 328 2018; o Email: entries@soindiana.org conserve una copia. Escriba de forma legible.

SECCIÓN A: INFORMACIÓN GENERAL?

NOMBRE DEL ESTUDIANTE: _____ SEXO: VARÓN MUJER

ESCUELA: _____ FECHA DE NACIMIENTO: ____/____/____

GRADO PRESENTE: _____ AÑO DE GRADUCION: _____ MES DÍA AÑO

INFORMACIÓN DE LOS PADRES / GUARDIÁN

NOMBRE DE PADRE(S) / GUARDIÁN: _____

DIRECCIÓN: _____

CIUDAD / ESTADO / CÓDIGO POSTAL: _____ TELEFONO: (____) _____

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K-8 Application



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SECTION B: ELIGIBILITY STATEMENT

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So then what?



- Applications arrive in April / May.
- Copies of "YES" applications sent to Counties.
- Send a quick email before Summer Games.
- Send information on summer sports.
- Email them the Medical Form.

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Youth All-Stars



Here are some ideas for:

- Soccer
- Tee-Ball
- Summer Games track & field

WHAT ARE YOUR THOUGHTS?

QUESTIONS?

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