Abilities Awareness Club

Dear student and family,

Are you **curious** about what disabilities are and how it impacts an individual? Have you ever had questions that you didn't know how to ask or who to ask them to? This club will **teach you about disabilities** from a perspective of *dignity*, *respect*, *appreciation*, and *inclusion*.

This club will provide a safe and comfortable environment for you to learn about various disabilities, **raise awareness**, encourage positive interactions with students who have disabilities and how to do that, and help you understand more about individuals in your daily environment.

This club will offer special activities, volunteer speakers, and simulation activities so you can take a walk in the shoes of someone who has a disability. This club will help you learn in a **fun interactive** way and, for some, may help decide if they would like a career in this field.

This club will meet on the specified dates below from 2:30-3:30 in Rm 5. Pick up time is promptly at 3:30 in front of the school. The specific dates are listed below. Please be aware that meeting dates may (probably will) change due to sports and other activities but plenty of notice will be given:

**There is NO club fee for Abilities Awareness Club

| December | 11th, 16th, 19th |
|----------|-----------------------|
| January | 16th, 23rd, 30th |
| February | 6th, 13th, 20th, 27th |
| March | 5th, 12th, 18th |
| April | 16th, 23rd, 30th |
| May | 7th, 15th |

Miss Jennifer Yeager

Special Education M.Ed.

2015-2016 New Jersey Special Education Teacher of the Year

Abilities Awareness Club

I give my child/children permission to join the "Abilities Awareness Club" which will take place on the dates noted on this flyer and Miss Yeager's website. The club will meet in Miss Yeager's room, Rm 5. I am aware that **pick up** time is at **3:30** in front of the school.

| Student's name: | |
|------------------------------|--|
| Parent/Guardian Name: | |
| Parent/Guardian Cell Number: | |
| Parent/Guardian Email: | |
| Date: | |

Picture Consent for "AAC" - Abilities Awareness Club

Please Circle:

| I <u>allow</u> my child to have his/her <u>picture taken</u> while participating in this club | yes | no |
|---|-----|----|
| I <u>allow</u> my child to have his/her <u>picture and name</u> in <u>school</u> <u>paper/website/Twitter Site</u> while participating in this club | yes | no |
| I <u>allow</u> my child to have his/her <u>picture and name</u> in a <u>local</u> <u>newspaper</u> article while participating in this club | yes | no |