

ABILITY MENTORING DAY



Dear Parent,

National Disability Mentoring Day began in Washington D.C. in 1999 to promote opportunities for employing students with disabilities. Pennsylvania seized the opportunity to sponsor its own Disability Mentoring Day in 2002. The Pennsylvania Disability Mentoring Day was modeled on the national day, providing students an opportunity to job shadow with a mentor in state government for a day in Harrisburg, Pennsylvania's capital city. The Tioga County Disability Awareness Network is offering a similar experience to students in our local schools by utilizing our local businesses. The Seventh Annual Tioga County Ability Mentoring Day (choosing to highlight students' unique "abilities" rather than "dis-abilities") will be celebrated on October 23, 2009.

There are many benefits of sponsoring an ability mentoring day. The students are encouraged to think early about their careers and develop the skills necessary to compete in the market place. The employer has an opportunity to learn more about this diverse pool of talented workers and feel the personal satisfaction that comes from mentoring a young person, as well as tap into another source of future employees.

For educators and community agency staff may, this day means a chance to motivate students with tangible experiences that will bring to life classroom instruction. It also helps staff design individual education plans around the student's career interests. Ability Mentoring Day is a step toward empowering students with disabilities, helping them to find a sense of independence and contribution, which benefits not just those directly involved, but the also the larger community and economy.

Your child has been invited to participate in the Tioga County Ability Mentoring Day on October 23, 2009. Please complete the necessary forms and return them to your teacher by September 25, 2009. For further questions, contact Stacy Kelley, 570-723-0519 for more information.

Thank you,
Tioga County Disability Awareness Network

BLAST
Intermediate
Unit 17

Northern Tioga
School District

Partners in
Progress

Southern Tioga
School District

Tioga County
Department of
Human Services

Wellsboro Area
School District



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PARENTAL CONSENT



Student Name: _____

PERMISSION TO PARTICIPATE IN TIOGA COUNTY ABILITY AWARENESS DAY

My son/daughter, _____,
may participate in Tioga County Ability Awareness Day on October 23, 2009.

Name of Parent/Guardian: _____

Address: _____

Work Phone/TTY: _____ Home Phone/TTY: _____



Signature

Date

Transportation: Transportation for my son/daughter will be provided by:

Parent/Guardian_____ School District_____ Other (explain)_____



Signature

Date

PUBLICITY RELEASE: As part of Tioga County Ability Awareness Day activities, photographs and/or videos may be taken of the participants for promotional and educational purposes. It is necessary for us to have your permission or your son/daughter's (for those 18 and over), to use this information for these purposes.

In order to participate in this event, this publicity release must be signed. Please check those for which you are giving consent.

_____ I give my permission for photographs, slides, and videos to be taken of my son/daughter.

_____ I give my permission for my son/daughter's name to be used in educational/promotional print.

_____ I give my permission for the Tioga County Disability Awareness Network to contact my son/daughter in the future to ask about employment status.



Signature of Student (18 or over) or Parent/Guardian

Date

PLEASE
RETURN TO
TEACHER

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