

Youth Leadership Forum



Transition Services Liaison Project www.tslp.org

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Regional Transition Liaisons

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North Central Region -
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South Central Region -
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221 S Central Ave., Suite 33
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(605) 494-3611
Email:
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**YLF 2020
APPLICATION
FORM
INCLUDED!!!**



Tell Me More, Tell Me More!

Are you

- ♦ A youth with a disability?
- ♦ Interested in leadership training?
- ♦ Interested in learning about self-advocacy?
- ♦ Interested in education and employment after high school?
- ♦ Interested in having fun?
 - If so, YLF is for you!



What YLF alumni say

- *"I will remember YLF for the rest of my life—all you guys changed my life!"*
- *"It's been extremely helpful to learn about others' disabilities and learn transition techniques to work toward our future education and employment."*
- *"Thank you YLF for all that you teach & all that you inspire!"*

**Activities are developed so
ALL can participate
& enjoy!!**

What is the Purpose of YLF?

Youth Leadership Forum is a five-day leadership training and career awareness program for high school students with disabilities. It provides training in leadership, self-advocacy skills and career awareness. Approximately 45 students throughout South Dakota are selected each year.

The Youth Leadership Forum enables young adults who have a disability to learn from each other and from successful adults with disabilities who are recognized leaders and role models. Students learn more about their own disability and others' disabilities, analyze their own strengths and weaknesses and to make decisions. They also learn organizational skills, different leadership styles, the legislative process, disability laws, how to influence others, etiquette, and much more!

Is there a cost to attend?

No. The commitment of the YLF is to empower youth to grow personally, socially, and academically. No student should be denied this opportunity because of economic hardship. All costs, including transportation, are paid for through public and private donations.

Where do the students sleep while at YLF?

Delegates stay in dormitory suites on the NSU Campus. Males and females are separated and YLF leaders supervise students while at the dorm. A night time security guard is also present.

What happens if the student needs medical attention?

There is 24-hour nursing care available. Two nursing staff are on-site at the dorm overnight and also during all daytime activities. Nursing students also offer their assistance throughout the day.

What does a typical day look like at YLF?

The day generally starts with breakfast at 8:00 am in the college cafeteria. Large group presentations, hands-on activities, educational games, and small group activities fill the day hours. Every evening a special event, such as a picnic, dance, park activity, etc. is planned. The day ends with some free time, with delegates in their dorm rooms and lights out at 10:30 pm.

Is YLF a safe place?

YLF delegates are never alone. Delegates are divided into 4 teams, with each team having 3 leaders present to supervise and assist with whatever need the delegate may have. Delegates go to and from all activities in groups.

22nd Annual Youth Leadership Forum

Application Form

May 31-June 4, 2020

Deadline for postmark on mailed application: 12/20/2019

- ♦ Type or print neatly. Remember, a neat application makes a favorable first impression!
- ♦ You may have whatever assistance you need to complete this application.
- ♦ Audio or video applications are accepted provided all information is included.
- ♦ You may dictate your answers to someone and they complete the form with you.

Being selected to attend YLF is a distinct honor that you can be very proud of.

APPLICANT INFORMATION

Name		Gender M / F
Street Address		
City	State	ZIP
Phone	E-mail Address	

SCHOOL INFORMATION

Name of High School	City, State, Zip
Spec. Ed. Teacher/ Case Manager	School Phone #
Grade Level 9 10 11 12	Anticipated Graduation Date

Please tell us about your plans for after you graduate from high school.

OTHER INFORMATION

If you are currently a consumer of the SD Division of Rehabilitation Services (VR) or Service to the Blind & Visually Impaired (SBVI), please list your Counselor's name.

How did you hear about YLF?

Teacher VR Counselor Parent Friend Other _____

Are you receiving services from any of the following agencies?

Vocational Rehabilitation Mental Health Agency Family Support 360 Community Support Provider

Other _____

SCHOOL & COMMUNITY ACTIVITIES

ACTIVITY	ADULT CONTACT	SCHOOL YEAR INVOLVED

WORK EXPERIENCE

JOBS	SUPERVISER	DATES WORKED

DISABILITY INFORMATION (This info allows us to include delegates with a diversity of disabilities.) Check all that apply:

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> ADHD
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Blind/Visually Impaired <input type="checkbox"/> I read with Braille. <input type="checkbox"/> I read with large print.	<input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> I use sign language. <input type="checkbox"/> I read lips.
<input type="checkbox"/> Learning Disability <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written Expression	<input type="checkbox"/> Mental Health <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Neuromuscular/Orthopedic <input type="checkbox"/> I use a wheelchair. <input type="checkbox"/> I cannot walk upstairs. <input type="checkbox"/> Long distances are hard.	<input type="checkbox"/> Multiple Disabilities (please list) <hr/> <hr/>

Other: _____

Required Essays

Please choose **two** of the topics below. Type or record your responses to the two topics on separate paper and attach to your completed application packet. If you have difficulty writing, you may have someone type your responses for you or you may submit a recording.

- Explain why you feel you are qualified to be a delegate to YLF, and why you want to attend.
- Tell us about two people who have positively influenced your life as a leader and why. (Families, teachers, counselors, friends, public officials or celebrities are appropriate examples.)
- Describe two important experiences you have had as a young person with a disability.
- Describe your plans for after high school graduation. (Please be specific about your examples.)

Personal References Forms

Select two individuals to provide references for you. These individuals must be over the age of 21 and not related to you. **Have them complete the enclosed reference forms and mail them with your application.** Individuals to be a reference for you may be a representative from your high school, church or community.

Youth Leadership Forum

Additional Information:

- All applicants will be interviewed in January-February, 2020. Transition liaisons will call the student or school to schedule an appropriate time. For contact information on your local transition liaison, go to—www.tslp.org.
- All applications are reviewed by a selection committee, and students will receive written notice in March of whether they are accepted or not.
- Students will be receiving a letter by March 15, 2020 stating whether they are selected or not. If selected, students will be required to fill out additional forms, and additional information will be provided.
- If selected, all appropriate expenses will be paid for by YLF; including travel, lodging, food, interpreters, and/or personal assistants as needed.

Use the chart below to make sure your application is complete!	
REQUIRED ITEMS	CHECK IF ENCLOSED
1. Neatly Completed Application Form (pp 3 & 4)	
2. Two Completed Reference Forms	
3. Written Response to Two Topics	

Thank you for completing this application.

If you have any questions, please contact Dan Rounds at (605) 494-3618.

Please mail completed application by December 20, 2020 to:

**Youth Leadership Forum
Black Hills Special Services
221 S. Central Ave., Suite 33
Pierre, SD 57501**



**Check out 2019 YLF video at:
www.tslp.org**

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Youth Leadership Forum (YLF)
Black Hills Special Services
221 S Central Ave., Suite 33
Pierre, SD 57501

REFERENCE FORM

(Please give to reference)

APPLICANT INFORMATION

PLEASE PRINT NEATLY

Name: _____

City: _____ State _____ Zip Code _____

FOR THE INDIVIDUAL PROVIDING REFERENCE INFORMATION

Youth Leadership Forum is a week-long leadership training and career awareness program for high school students with disabilities. YLF enables young adults to learn from each other and from successful adults with disabilities who are recognized leaders and role models. YLF will be held on Northern State University campus, May 31—June 3, 2020.

The person named above has applied for the SD Youth Leadership Forum. The Committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help. Please return this form to the applicant so he can submit it with his completed application by December 20, 2019

Name of Reference : _____ Position/Title: _____

School/Firm/Organization: _____ Phone Number: _____

INFORMATION

1. For how long and in what capacity have you known the applicant? _____

2. What do you consider the applicant's primary talents or strengths? _____

3. Comments on the applicant's relationships with his or her peers _____

4. Please use the scale below to compare the applicant with other high school students you have known. Place a X in the column that best describes your knowledge of the applicant.

	Excellent	Good	Average	Poor	Unable to Judge
Character					
Concern for others					
Responsibility					
Leadership					
Self-Initiative					
Curiosity					
Ability to work with others					
Maturity					
Communication Skills					
Determination					
Interest in Community Affairs					

5.

5. Please comment generally on the applicant's ability to communicate with others, his or her behavior in a group setting (participant or observer?), interest in community affairs and potential for becoming a community leader. Attach an additional sheet if necessary.

Signature of Reference

____/____/____
Date



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Signature of Reference

____/____/____
Date