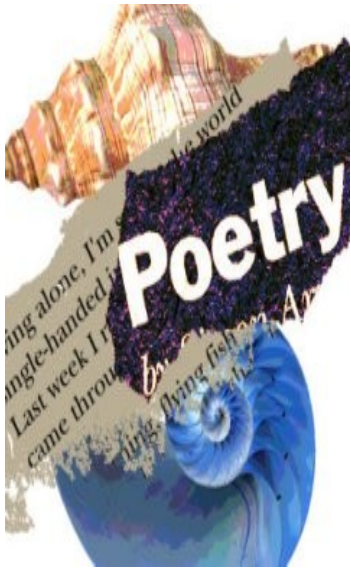
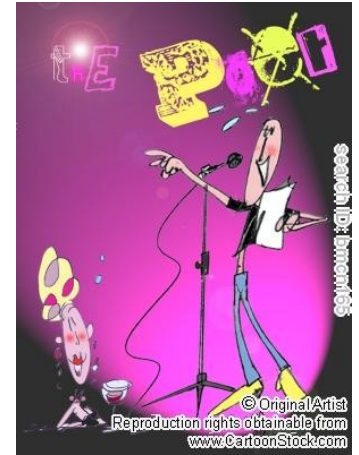


Nebraska Regional Program for Students who are Deaf and Hard of Hearing



Poetry Recitation



Who: Students in 9-12th grade who are Deaf and Hard of Hearing

What: Poetry Recitation

Why: Have fun with your friends and enjoy the art of poetry.

EXPRESS YOURSELF

Share your talent of reciting poetry with your peers across the state and Iowa School for the Deaf (ISD)

- ASL, SEE or Orally (any communication style appreciated and accepted)
- School Competition at ISD
- Separate Winners for the state of Nebraska and Iowa

What do you need to do?

- Send attached registration form to Natasha by due date
- Go to <http://www.poetryoutloud.org/>
- Select two poems to interpret and recite/perform
- Practice, Practice, Practice

MRP students can meet with Natasha afterschool to work on their poems and MRP will work find mentors as well.

Important Information & Dates:

Registrations due to
Natasha by
December 6, 2011:

January 10, 2011
School Competition at Iowa
School for the Deaf

We will be using the format
of Poetry Out Loud.
Nebraska Students will NOT
be competing in the National
Competition called Poetry
Out Loud.

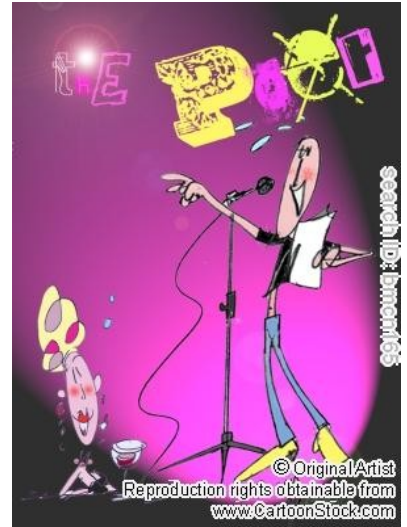
We will join Iowa School for
the Deaf where their
students will be competing
in the Poetry Out Loud
competition.

***Space is limited to the
first ten (10) Nebraska
students to register***



Poetry Recitation

Return To:
Natasha Kraft
MRP Activity Coordinator
6949 S. 110th Street
Omaha, NE 68128



Registration Form for Nebraska Regional Program Students

Registration Deadline: December 6, 2011

Space is LIMITED to the first 10 students

Student Name _____ Male _____ Female _____ Age _____ Grade _____

School District _____ Deaf Educator's Name _____

Preferred Method of Communication: Oral Sign Language

Method of poem delivery: Oral Recitation SEE Recitation ASL Recitation

Accommodations Needed: _____

Extra curricular activities (football, chess club etc): _____

Favorite school subject: _____

Is there anything specific staff should know about your child? _____

Parent/Guardian Name(s) _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Work Phone: _____

Do you need to update your child's 2011-2012 Nebraska Regional Program health/permission forms?
(i.e. phone numbers, addresses, emergency contact, medicine, etc.)

_____ No _____ Yes (An update form will be sent to you)
_____ I have not completed the forms for this school year (Forms will be sent to you)

** I understand my child must be in good academic/behavioral standing in order to attend this activity.*

Parent/Guardian Signature: _____ **Date:** _____