



## Letter of Intent for Unified Champion Schools®

Welcome to the 2018-2019 Unified Champion School Year! We here at Special Olympics Wyoming are excited to be a part of a program that promotes social inclusion for young people with and without intellectual disabilities through Unified Sports, Inclusive Youth Leadership and Whole School Engagement.

As a participating school you will engage in activities from the following categories:

### I. Unified Sports

Unified Sports Team

Alpine Skiing

Aquatics

Basketball

Bocce Ball

Bowling

Cross Country Skiing

Cycling

Track & Field

Snowshoeing

Soccer

Other: \_\_\_\_\_

Unified PE

Young Athletes Program (ages 2-7)

Other: \_\_\_\_\_

### II. Inclusive Youth Leadership

Unified Club

Inclusive Student Council

Youth Activation Committee

Other: \_\_\_\_\_

### III. Whole School Engagement

Spread The Word To End The Word Campaign

Fans in the Stands

Jackalope Jump

SO Get Into It Curriculum

Other: \_\_\_\_\_

In addition one school Liaison will act as the main contact with Special Olympics Wyoming staff. The Liaison will be responsible for monthly reporting of Unified Champion School activities and a Final Report and Survey at the end of the school year.

In turn Special Olympics Wyoming will:

- ✓ Provide consultation, education, support and technical assistance for all program activities that promote inclusion, acceptance, respect and dignity for all students.
- ✓ Provide Special Olympic Wyoming and Unified Champion Schools processes, materials, schedules, participant paperwork and General Rules.
- ✓ Provide communications resources. Such as posters, press releases and media contacts.



## Unified Champion Schools® 2018-2019

Please complete and return to Special Olympics Wyoming by **FRIDAY, SEPTEMBER 21 2018**.

Email: [programmanager@specialolympicswy.org](mailto:programmanager@specialolympicswy.org) Fax: (307) 235-3036

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

School Level(s):  High School    Middle/ Junior High    Elementary    Preschool/CDC

Liaison Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Liaison

\_\_\_\_\_  
Date

Liaison Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Liaison Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SOWY use only

Received: \_\_\_\_\_

Contact(s) added to school list

Returning School    New School

Contact(s) added to mailing list