 **Project SEARCH Application**

 **Montgomery and Chester Counties**

Student Name Home Phone Street address City State Zip \_\_\_\_\_\_\_

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

Parent/Guardian Information

Father/Guardian name Home Phone Place of employment & phone # E-mail

Mother/Guardian name Home Phone Place of employment & phone # E-mail

School District Contact person name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any Student disabilities that should be considered for purposes of Project SEARCH below

List any Student disability accommodations requested for purposes of Project Search below

List schools the Student attended

|  |  |  |
| --- | --- | --- |
| Has the Student deferred his/her high school diploma? (circle one) | YES | NO |
| Anticipated graduation date Does the Student have all credits necessary to graduate? (circle one) | YES | NO |
| List credits or classes the Student still needs to complete before graduating |  |  |

Has the Student ever been placed on a behavioral plan in school? (circle one) YES NO

If so, describe plan

Has the Student ever been suspended/excluded/removed from school? YES NO If so, describe circumstances

Other than public education, has the Student received any formal training? YES NO

If so, describe training, including date, location and details

# Employment needs and goals

What are the Student’s employment goals? (circle one) Full Time Part time

Does the Student plan to work during the school year outside Project SEARCH? YES NO If so, where Hours per week

Does the Student have previous paid work experience? (circle one) YES NO If so, provide the information requested below

Employer name Supervisor Job title Hours Dates of employment & phone number per week

Did the Student receive job coaching or other support in previous jobs? YES NO If so, what type? how many hours per week?

Did the Student receive any disability accommodations in previous jobs? YES NO If so, what type?

Has the Student obtained any previous jobs without assistance? YES NO If so, which ones?

Has the Student ever been fired from a job? YES NO If so, why

Has the Student ever quit a job? YES NO

If so, why?

# Other experience

Does the Student have volunteer experience? YES NO If so, provide the information requested below

Organization Supervisor Duties Hours Dates of service & phone number per week

# Transportation

Does the Student currently hold a Driver’s License or Temporary License YES NO

If so, when does it expire?

Will the Student obtain a Driver’s License within the next year? YES NO If so, when?

Upon graduation will a family member provide the Student with transportation to the workplace? YES NO

If no, what other resources will your son/daughter have to get to the workplace?

Can the student use public transportation to travel to the workplace? YES NO What method?

# Support Services

Does the Student have an Office of Vocational Rehabilitation Counselor? YES NO If so, list counselor name and contact information

Is the student registered with the County Department of Intellectual and Developmental Disabilities?  YES    NO

If so, list the Supports Coordination agency and Supports Coordinator

Has the Student utilized services from other agencies in the past? YES NO If so, provide the information requested below.

Agency Service provided Contact information Dates of service

# Living arrangements & daily care

Who does the Student live with?

Does the Student get up in the morning on his/her own? YES NO If not, how does he/she wake up?

Does the Student wear glasses or contacts? YES NO If so, explain vision impairment

Does the Student use any devices or aids to assist with hearing? YES NO If so, explain hearing impairment

Does the student use sign language? YES NO Do parents/guardian/family members use sign language with Student? YES NO

Does the Student perform daily care (bathing, grooming, etc.) on his/her own? YES NO If not, who assists the Student?

# Medical conditions

Does the Student have any allergies? YES NO If so, what?

If the Student has physical disability, please list aides, supports or assistive technologies used

Does Student take medication on a regular basis? YES NO If so, provide the information below

Medication Purpose Dosage Schedule Prescribing Physician

Is the Student able to self-administer his/her medication? YES NO

# Student questions

Answers require 2 or more sentences written by the Student without assistance

What do you know about Project SEARCH?

Why do you think Project SEARCH would be beneficial to you? What do you hope to gain from Project SEARCH?

# Student contract

I, , understand that if I am accepted into Project SEARCH that I will be subject to a 45-day trial period to determine whether I meet the eligibility criteria for competitive employment, I understand that I must abide by the following terms and conditions during my participation in Project SEARCH:

* I will complete at least 3 unpaid job rotations within the host business
* I will attend Project SEARCH from 8:00am to 2:30pm Monday through Friday based on the Norristown Area School District calendar.
* I will dress appropriately and wear required attire and/or protective gear for my jobs including masking in keeping with CDC guidelines and/or the requirements of the business.
* I will inform my instructor and department supervisors when I will be absent or tardy.
* I will make-up any time missed due to excused absences if asked to do so by the Skills Trainer/Instructor.
* I will arrange transportation to the worksite during the academic year with the support of the district and KenCrest. I will be responsible for transportation to my job after completion of the program
* I will learn to use public transportation and use that when available.
* I will follow all the rules established by the program and host business.
* I will attend and participate in monthly meetings with my OVR counselor, parents, teachers and business staff, I will communicate any problems or issues I have at that meeting
* At the completion of Project SEARCH, I will receive my high school diploma.

I have read the above terms and conditions and agree to accept my placement in Project SEARCH. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions

# Student Signature

# Parent/Guardian Signature

# This application must be completed by the IEP team including:

sign and date by title below

# Administrator

**Teacher**

**Parent/Guardian**

**Student**

**Other**

**Other**