

**New Castle County**

 **Student Application**

**2017-18**

|  |  |
| --- | --- |
| **Name** |       |
|  **High School** |  |

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

Date Received (official use only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the Project Search *Selection Committee* to properly assess each student candidate’s skills, abilities and background. A parent, student, counselor, teacher, or employer may be contacted by the *Selection Committee* to gather additional information. Our final goal is to select students who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

1. The *Selection Committee* will include the following: (1) the Project SEARCH instructor from Red Clay Consolidated School District, (2) representative(s) from the Christiana Care Health Services, (3) Division of Vocational Rehabilitation (Counselor); representative(s), (4) representatives from Outside agencies (TBD), representative(s) from Office of Special Services for Red Clay Consolidated School District.
2. This application packet is utilized for high school transition candidates.
3. Submit the completed application by **March 17, 2017** to:

**Lakia Belcher**

School to Work Transition Coordinator

Special Services, Red Clay School District

1502 Spruce Ave

Wilmington, De 19805

Lakia.Belcher@redclay.k12.de.us

1. The Selection Committee (representatives from Red Clay Consolidated School District Office of Special Services, Christiana Health Care System, DVR and community provider agencies) will review the applications, and then will interview each qualified candidate.
2. If accepted, an IEP will be developed with the IEP team for the 2017-2018 school year.
3. If accepted, student must be able to pass a criminal background check, drug screening and any other tests deemed necessary by the host business.

A selection criterion includes:

1. Students (18 – 21 age range)
2. Students who will benefit from participation in a variety of internships
3. Students who desire to work competitively at the end of the Project SEARCH program.
4. Students who are interested in using public transportation (when available) to access Project SEARCH program site.

 Application Packet Checklist

**\*PLEASE NOTE\* ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND Submitted TOGETHER FOR CONSIDERATION**

* **Completed Application Packet (including Red Clay Consolidated School District Student Data**

 **Card (SDC)**

* **Permission for release of information**
* **Current Individual Education Plan (IEP) including Transition Goals and Behavior Support Plan (if student has one)**
* **High School Transcript**
* **School Transcript from any other formal training**
* **Attendance Record**
* **Copy of Student Success Plan**
* **Copy of Student Transition Survey**
* **Photo of applicant**

 Recruitment Timeline for

 2017-2018

* Talk with teachers, students, and parents
* Applications due: November 18, 2016
* Student Selection Committee meets: Week of November 28, 2016
* Student Interviews: Weeks of December 5th and December 12th, 2016
* Student Notification: Week of January 16th, 2016
* Project SEARCH Information Session: March 8, 2017

* Meet with Respective partner responsible for job development to compete all onboarding paperwork, travel training and background checks: \_TBD (June-August 2017)
* First Student Day: \_TBD (August 2017)\_\_ ­
* Open House on: \_TBD (October 2017)\_\_

 **For more information contact:**

**Lakia Belcher @ 302-552-3767**

**Angela Hansen @ 302-733-5985**

 Application for Admission

To be completed by student and family



**Forms to be completed by the *special education case manager* and submitted to the Educational Diagnostician.**

|  |  |
| --- | --- |
|  | **Parent/Student Information:** |
|  |  |  |
|  |  |  |
|  | **1.** | Consent to Release: Red Clay Consolidated School District Information must be signed to share relevant information with participating agencies and businesses. (Attached to application packet) |
|  | **2.** | Equal Opportunity: Project SEARCH placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability. |
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|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature: |       | Date: |       |
|  |
| Student Signature |       | Date: |       |

**Students must be eighteen years of age by August 15, 2017 to apply.**

**e completed by special education case manager and submitted to To be co**

|  |  |
| --- | --- |
| **Jobseeker:** | **Date:** |
| **School District:** | **Date of Birth:** |
| **Exit Date:** | **Evaluation Report:** |
| **Disability:** | **DDDS Case Manager:****Or****DVR Counselor:** |
| **Name of Person Filling out form:** | **For how long has the interviewee known the jobseeker?**□ 1 year □ 2 years□ 3 years □ more than 3 years |
|  |
| **Positive Personal Profile- *To be completed by the special education case manager*** |
| **Dreams and Goals** | **Interests** |
|  **Talents, Skills and Knowledge** | **Learning Styles** |
| **Values** | **Positive Personality Traits** |
| **Environmental Preferences** | **Dislikes, Pet Peeves, Idiosyncrasies** |
| **Work Experiences** | **Support System** |
| **Specific Challenges** | **Solutions and Accommodations** |
| **Given the information on the profile, what ideas do you, your job seeker and their supporters have for potential jobs; job tasks; types of companies, and/or actual businesses you will target? Note: If you have already begun an active job search, describe what you have done so far?**  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

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| Contact Information:

|  |  |  |
| --- | --- | --- |
| Parent/Guardian(s) |  |  |
| Name: | Phone #: | E-mail: |
|  |  |  |
|  |  |  |
| Applicant |  |  |
| Name: | Phone #: | E-mail: |
|  |  |  |

Please rate the following on a scale of 0 (area of concern) to 5 (area of strength). ***To be completed by the special education case manager***

|  |  |  |
| --- | --- | --- |
| Characteristic/Skill | Rating | Comments |
| Communication |  |  |
| Hygiene |  |  |
| Attendance |  |  |
| Work Stamina |  |  |
| Ability to follow directions |  |  |
| Ability to work without supervision |  |  |
| Reading skills |  |  |
| Math skills |  |  |
| Ability to relate to peers and work in teams |  |  |
| Flexibility |  |  |
| Ability to transition from one activity to another |  |  |
| Dependability |  |  |
| Ability to take initiative |  |  |
| Computer skills |  |  |
| Ability to self-assess or self-evaluate |  |  |
| Self-esteem |  |  |

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| *\*A rating lower than 5 in any category requires a comment***Additional comment regarding the student’s strengths and weaknesses:** |
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|  |
|  |
|  |
| Signature: |       | Date: |       |

**EMPLOYMENT BACKGROUND:** Application 2017-2018

 **Application for Admission**

 **To be completed by student, family, school**

Do you plan to work during the school year, in addition to being in the Project SEARCH Program?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes where? |       | How many days/ hours? |       |

List jobs you do or have done in school or in the community:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Job Title** | **Job Duties** | **Supervisor Name** | **Contact Number** |  Was this a Paid Position? |
|  |  | 1.  2. 3. |  |  | YesNo |
|  |  | 1. 2. 3.  |  |  | YesNo |

Have you ever been fired from a job?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

If yes, please explain:

|  |
| --- |
|       |
|       |

Have you ever quit a job?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

If yes, please explain:

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| --- |
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**SERVICE AGENCIES:**

Are you current a client of any of the following agencies?

**Division of Developmental Disability Services (DDDS) Yes No**

**Division of Vocational Rehabilitation (DVR) Yes No**

**Division of Visually Impaired (DVI) Yes No**

**Division of Family Services (DFS) Yes No**

**Department of Labor Yes No**

**Division of Adult Mental Health Yes No**

**Other Private Service Providers: Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you receiving any social security benefits? Yes No**

**INDEPENDENT LIVING:**

Medications/ dosage/ Time of day taken by student

|  |  |  |
| --- | --- | --- |
| **Medication** | **Dosage** | **Time of day** |
|       |       |       |
|       |       |       |
|       |       |       |

List any health, medical issues or limitations that may require additional support at a worksite:

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| --- |
|       |
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|       |

**BEHAVIORAL SUMMARY:**

Do you have any behaviors that require additional support at a worksite?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

**Please Explain:**

|  |
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Have you had or do you currently have a behavior plan?

Yes No

**If yes, please attach.**

##

 Application for Admission

 To be completed by student and family

## STUDENT RESPONSE QUESTION

Why do you want to come to Project SEARCH? (Complete in your own words with or without a person assisting you to write your responses.)

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##### The person assisting the student to complete this application is:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Name | Title | Phone Number | Date |
| Organization | Phone Number | Email contact |  |

|  |
| --- |
|  |
| Signature of person assisting the student to complete this application |



S Student Contract

**Student Contract**

Read the student contract below and sign and date.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that students in the Project SEARCH program must abide by the following terms and conditions:

* I will complete at least three unpaid job rotations within the host business.
* I will attend the program every day (Monday through Friday) during the project hours.
* I understand that the Project SEARCH program correlates with the Red Clay Consolidated School District calendar.
* I will dress appropriately and wear required attire.
* I will call my instructor when I am absent or tardy.
* I understand that I will be responsible for transportation to and from the host site.
* I will learn to use public transportation when available.
* I will follow all the rules established by the program and host business.
* I will attend scheduled meetings with my rehabilitation counselor, parents, teachers, and business staff.
* I will be an active participant and communicate any issues at our meetings.
* I will meet regularly / as scheduled with my DVR counselor/ DDDS Case Manager to pursue employment.
* I will meet regularly with my Job Developer to pursue employment.

I have read the above and understand that I must agree to these terms IF I am accepted in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

 (as applicable)

**RED CLAY CONSOLIDATED SCHOOL DISTRICT**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

|  |  |
| --- | --- |
| **CLIENT/STUDENT:**   | **DATE OF BIRTH:**  |

|  |
| --- |
| **I hereby authorize the following individuals or organizations to release/receive information:**  |
| Red Clay Consolidated School District,  |
| Project Search Partners: Christiana Care Health System, Department of Education, |
| Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and |
| Respective Partner responsible for job development |
| **To/from the following individuals or organizations:** |
| Red Clay Consolidated School District,  |
| Project Search Partners: Christiana Care Health System, Department of Education, |
| Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and |
| Respective Partner responsible for job development |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The type of information to be provided is:**

|  |  |
| --- | --- |
| **\_x\_\_**Educational Records/Reports | **\_x\_\_**Medical Records/Reports |
| **\_x\_\_**Current IEP | \_x\_\_Psychiatric Evaluation/Report |
|  x \_Speech-Language Evaluation/Report | **\_x\_\_**Neurological Evaluation/Report |
| \_x\_\_OT/PT Evaluation/Report | \_x\_\_Psychological Evaluation Report |
| **\_x\_**Participation in IEP team meeting | **\_ \_\_**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **The purpose of providing this information is*:*** *to gather records and information to assist in the development of your child’s educational program.* |

|  |
| --- |
| **This authorization is valid until:** \_\_\_ One year from the date of signature \_\_\_ The following date or event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **In signing this authorization I understand:*** This authorization is voluntary and services are not dependent on my authorization.
* I have a right to receive a copy of my authorization.
* This authorization may be revoked at any time by writing to the originating agency. The revocation will be effective on receipt, but will not affect actions taken prior to receiving my revocation.
* If I request release of information to individuals or organizations that are not subject to state or federal privacy regulations, the information could be re-disclosed without privacy protections.
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| **Client/Student Signature**\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Representative Signature** (Parent, Guardian, Custodian [Circle One]) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

\*The signature of a minor client (under age 18) is required for the release of information which is, for example,

* from a school-based Wellness Center
* protected by federal regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records

Records protected under Delaware law or federal privacy regulations cannot be disclosed without written authorization unless otherwise provided for in the regulations. See, for example,

* Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2
* Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164
* Family Educational Rights and Privacy Act (“FERPA”), 34 CFR Part 99