

Applicant Name: _____

District: _____

Date Submitted: _____

Interview Date: _____

Project SEARCH High School Transition Program Student Application Packet 2019-2020



Project | SEARCH

Project SEARCH Application Timelines

Monday, October 29, 2018, 6-8 pm, Open House #1

Tuesday, January 22, 2019, 6-8 pm, Open House #2
(Snow Date 1/30/2019) at Kalahari Resorts, Mt. Pocono PA

Friday, February 15, 2019
Target Date to Submit Application

March 2019
Intern Interviews for 2018-2019 School Year

April 2019
Intern Selection for 2018-2019 School Year

Questions or Concerns?
Call Daniel Cullen at 610-515-6465 or email dcullen@ciu20.org
*Please see checklist on page 3 for all application requirements.

Application Purpose

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the 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 High School Transition Program and reach the outcome of competitive employment.

Application Guidelines:

1. All students are to complete this packet of information to be considered for participation in the Project SEARCH High School Transition Program. See checklist below.

2. **Submit the completed application by Friday, February 15, 2019 to:**

Daniel Cullen, Project SEARCH Supervisor
Colonial Intermediate Unit 20
6 Danforth Drive
Easton, PA 18045
Fax to 610-515-6465 or Scan to: dcullen@ciu20.org

If you have any questions or concerns, please contact Daniel Cullen at 610-515-6465 or dcullen@ciu20.org

3. All students are encouraged to attend an Open House and must visit the host business site to observe the culture, possible rotations and meet the instructor and skills trainers prior to being selected to participate in Project SEARCH.
4. The Selection Committee will review the applications, schedule interviews, and if accepted, match the student skill set and interests with Project SEARCH.
5. Up to twelve students will be accepted into Project SEARCH each year. A phone call and an acceptance letter will be sent to the newly selected interns. A letter will be sent home informing all other applicants of the decision.
6. Individualized Education Plan (IEP) will be developed with the IEP team for the 2019-2020 school year by October 2019.

*The Selection Committee may include the Project SEARCH Business Liaison and administrators, CIU20 Special Education Staff and administrators, Office of Vocational Rehab (OVR) Supervisors and Vocational Rehabilitation Counselors and representatives from Mental Health and Developmental Services, and HRC, Inc.

- **The student will be required to pass background checks.**
- **The student will have met all graduation requirements and deferred the diploma prior to the final IEP in the spring of 2019.**

Project SEARCH Application Packet Checklist

The following MUST be completed and sent with the application:

- Completed Application Pack
- Current Individual Education Plan (IEP) including Transition Goals
- Current Reevaluation Report*
*Include Most Recent Math and Reading Scores/Grade Levels
- High School Transcript with Attendance Records
- Two (2) letters of recommendation or work performance evaluations (teacher, principal, employer, guidance counselor, etc.)
- Sign attached Release forms at the end of the application packet for your school district, Office of Vocational Rehabilitation (OVR), HRC, Inc., the local Office of Mental Health & Developmental Services, Kalahari Resorts and Conventions, and Monroe County Transit Authority.
- Copy of School or PA Photo ID
- Student Survey
- Parent Survey
- Teacher Survey

***Please note: Applications received after the deadline will still be considered.**

APPLICATION FOR ADMISSION

The following information is to be completed by applicant, parent/guardian, and/or school district employee collaboratively:

Personal Data

Applicant Name: _____
Last First Middle

Address: _____
Street City Zip Code

County of Residence: _____

School District of Residence: _____ School/program currently attending: _____

SSN: _____ Male Female

Date of Birth: _____

Home Phone: _____ E-Mail address: _____

Applicant lives with: _____ Relationship: _____

Intern's Cell Phone: _____

Intern's primary language? English Sign Language
 Spanish Other _____

Parent/Guardian Information

Parent/Guardian Name: _____ Parent/Guardian e-mail: _____

Address _____
Street City Zip Code

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Place of Employment: _____

Parent/Guardian Work Number: _____ E-Mail address: _____

Preferred Contact Time and Method: _____

What is your primary language? English Sign Language
 Spanish Other _____

TRANSPORTATION:

How do you plan to get to Project SEARCH?

- Public Transportation
 School Transportation
 Parent/Guardian
 Taxi
 Other (Please Specify) _____

EMPLOYMENT BACKGROUND

The goal is for every intern to become competitively employed during or upon graduation of Project SEARCH

Do you want to work: FULL TIME OR PART TIME

Which shift would you prefer working after graduating from Project SEARCH?

- 1st Shift
 2nd Shift
 3rd Shift

Are you willing to work: Weekends Evenings Holidays All

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

- Yes No

If YES where? _____ How many days/hours? _____

List jobs you do or have done in school or in the community (Include Work-Based Learning Experiences):

Employer / Organization	Job Title	Job Duties	Supervisor Name/Contact Number	Dates	Paid	Unpaid
		1.			<input type="checkbox"/>	<input type="checkbox"/>
		2.			<input type="checkbox"/>	<input type="checkbox"/>
		3.			<input type="checkbox"/>	<input type="checkbox"/>
		4.			<input type="checkbox"/>	<input type="checkbox"/>
		1.			<input type="checkbox"/>	<input type="checkbox"/>
		2.			<input type="checkbox"/>	<input type="checkbox"/>
		3.			<input type="checkbox"/>	<input type="checkbox"/>
		4.			<input type="checkbox"/>	<input type="checkbox"/>
		1.			<input type="checkbox"/>	<input type="checkbox"/>
		2.			<input type="checkbox"/>	<input type="checkbox"/>
		3.			<input type="checkbox"/>	<input type="checkbox"/>
		4.			<input type="checkbox"/>	<input type="checkbox"/>
		1.			<input type="checkbox"/>	<input type="checkbox"/>
		2.			<input type="checkbox"/>	<input type="checkbox"/>
		3.			<input type="checkbox"/>	<input type="checkbox"/>
		4.			<input type="checkbox"/>	<input type="checkbox"/>

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 and include if notice was given: _____

OVR (required) Yes <input type="checkbox"/> No <input type="checkbox"/> (Office of Vocational Rehabilitation) OVR application available at: https://www.jobgateway.pa.gov/	OVR Counselor Name: _____ Number: _____ Email: _____
ODP/MHDS Yes <input type="checkbox"/> No <input type="checkbox"/> (Office of Developmental Programs)	Supports Coordinator Name: _____ Number: _____ Email: _____
Applied for ODP waiver? Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for Autism Waiver? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which one? _____
Any other service providers to be a part of our team? (Mental health, vision, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____ Number: _____ Email: _____ Name: _____ Number: _____ Email: _____
Completed applications for Transportation MCTA Yes <input type="checkbox"/> No <input type="checkbox"/>	What was the result?
PA State ID (preferred) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Original SS Card (required) Yes <input type="checkbox"/> No <input type="checkbox"/>	

INDEPENDENT LIVING

Please list all medications taken by the student, including the dosage and time of day.

Medication(s)	Dosage	Time of day

What is your disability? _____

How may your disability affect job performance (behavior, sensory, communication, academic level, etc.)?

Adaptations/accommodations that you may need at work?

Medical Concerns/Allergies:

STUDENT RESPONSE QUESTION

Why do you want to come to Project SEARCH? (Student must complete in own words.)

List Three References (Non Related):

	Name	Relation to you	Phone Number	Email Address
1.				
2.				
3.				

This application has been completed by:

_____	_____	_____
Name	Title	Date

Signature		
_____	_____	_____
Student Signature		Date
_____	_____	_____
Parent Signature		Date

*Signatures indicate that this application is accurate, to the best of your knowledge, and is completed to the best of your ability.

Student Participation Contract*

I, _____, understand that I have been accepted into the Project SEARCH program and must abide by the following terms and conditions:

- I understand Project SEARCH is a one year training program and I will actively pursue competitive employment when I have completed the program.
- I will complete at least three unpaid job rotations within the host business.
- I will attend the program every day as scheduled.
- I understand that Project SEARCH program follows the Pocono Mountain School District Calendar.
- I will dress appropriately and wear required attire.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I understand that the goal is to be responsible for transportation to the host site.
- I will learn to use public transportation when available.
- If eligible, I will register with county office of mental health and developmental services.
- I will follow all the rules established by the program and host business.
- I will attend and be an active participant at our monthly meetings with my rehabilitation counselor, parents, teachers, and business staff.
- At completion of the program, I will receive my high school diploma and pursue competitive employment.

I have read the above terms and conditions and agree to accept my placement 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

****The student will be asked to sign this upon acceptance into the program at the IEP revision meeting.***

COLONIAL INTERMEDIATE UNIT 20
A Regional Service Agency
6 Danforth Drive, Easton, PA 18045-7899
610-252-5550

FERPA AUTHORIZATION FOR RELEASE/EXCHANGE OF EDUCATIONAL INFORMATION

Student's Name: _____ DOB: _____

I hereby authorize Colonial Intermediate Unit 20 to exchange written or verbal information with:

Name of Individual or Entity: Office of Vocational Rehabilitation (OVR)

Address: _____

_____ Telephone: _____

For the purpose of: consultation on the above-named student's educational needs.

If for other reason(s), please describe: Project SEARCH High School Transition Program

- The information to be **RELEASED** (*Verbal and/or written*) is:
- General Information (directory information, school district, days attending school)
 - Individual Education Program (IEP)
 - Evaluation Report (ER)
 - Other (specify) To provide your contact information and discuss vocational planning.

- The information to be **OBTAINED** (*Verbal and/or written*) is:
- Medical Report (evaluations & summaries only – no charting needed)
 - Psychological Report Speech Report
 - Educational Report OT Report
 - Audiological Report PT Report
 - Vision Report Behavior Plan
 - Other (specify) To provide Individualized Plan for Employment and discuss vocational planning.

HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information.

I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for 1 year after the date of my signature, unless specified below. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming.

This consent shall be in effect from _____ until _____.

Signature of Parent/Legal Guardian Authority/Relationship Date

Signature of Parent/Legal Guardian Authority/Relationship Date

Witness

Copies given to: _____

COLONIAL INTERMEDIATE UNIT 20
A Regional Service Agency
6 Danforth Drive, Easton, PA 18045-7899
610-252-5550

FERPA AUTHORIZATION FOR RELEASE/EXCHANGE OF EDUCATIONAL INFORMATION

Student's Name: _____ DOB: _____

I hereby authorize Colonial Intermediate Unit 20 to exchange written or verbal information with:

Name of Individual or Entity: Office of Developmental Programs (ODP) / County MHDS

Address: _____

Telephone: _____

For the purpose of: consultation on the above-named student's educational needs.

If for other reason(s), please describe: Project SEARCH High School Transition Program

- The information to be **RELEASED** (*Verbal and/or written*) is:
- General Information (directory information, school district, days attending school)
 - Individual Education Program (IEP)
 - Evaluation Report (ER)
 - Other (specify) To provide your contact information and to discuss coordination of services.
- The information to be **OBTAINED** (*Verbal and/or written*) is:
- Medical Report (evaluations & summaries only – no charting needed)
 - Psychological Report Speech Report
 - Educational Report OT Report
 - Audiological Report PT Report
 - Vision Report Behavior Plan
 - Other (specify) To provide Individualized Services Plan (ISP) and to discuss coordination of services.

HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information.

I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for 1 year after the date of my signature, unless specified below. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming.

This consent shall be in effect from _____ until _____.

Signature of Parent/Legal Guardian	Authority/Relationship	Date
------------------------------------	------------------------	------

Signature of Parent/Legal Guardian	Authority/Relationship	Date
------------------------------------	------------------------	------

Witness

Copies given to: _____

COLONIAL INTERMEDIATE UNIT 20
A Regional Service Agency
6 Danforth Drive, Easton, PA 18045-7899
610-252-5550

FERPA AUTHORIZATION FOR RELEASE/EXCHANGE OF EDUCATIONAL INFORMATION

Student's Name: _____ DOB: _____

I hereby authorize Colonial Intermediate Unit 20 to exchange written or verbal information with:

Name of Individual or Entity: Human Resource Center, Inc. (HRC)

Address: _____

Telephone: _____

For the purpose of: consultation on the above-named student's educational needs.

If for other reason(s), please describe: Project SEARCH High School Transition Program

- The information to be **RELEASED** (*Verbal and/or written*) is:
- General Information (directory information, school district, days attending school)
 - Individual Education Program (IEP)
 - Evaluation Report (ER)
 - Other (specify) To provide your contact information and to discuss coordination of services.

- The information to be **OBTAINED** (*Verbal and/or written*) is:
- Medical Report (evaluations & summaries only – no charting needed)
 - Psychological Report Speech Report
 - Educational Report OT Report
 - Audiological Report PT Report
 - Vision Report Behavior Plan
 - Other (specify) To provide your contact information and to discuss coordination of service.

HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information.

I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for 1 year after the date of my signature, unless specified below. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming.

This consent shall be in effect from _____ until _____.

Signature of Parent/Legal Guardian	Authority/Relationship	Date
------------------------------------	------------------------	------

Signature of Parent/Legal Guardian	Authority/Relationship	Date
------------------------------------	------------------------	------

Witness

Copies given to: _____

COLONIAL INTERMEDIATE UNIT 20
A Regional Service Agency
6 Danforth Drive, Easton, PA 18045-7899
610-252-5550

FERPA AUTHORIZATION FOR RELEASE/EXCHANGE OF EDUCATIONAL INFORMATION

Student's Name: _____ DOB: _____

I hereby authorize Colonial Intermediate Unit 20 to exchange written or verbal information with:

Name of Individual or Entity: Student's Home School District: _____

Address: _____

_____ Telephone: _____

For the purpose of: consultation on the above-named student's educational needs.

If for other reason(s), please describe: Project SEARCH High School Transition Program

- The information to be **RELEASED** (*Verbal and/or written*) is:
- General Information (directory information, school district, days attending school)
 - Individual Education Program (IEP)
 - Evaluation Report (ER)
 - Other (specify) To provide your contact information and to discuss coordination of services.

- The information to be **OBTAINED** (*Verbal and/or written*) is:
- Medical Report (evaluations & summaries only – no charting needed)
 - Psychological Report Speech Report
 - Educational Report OT Report
 - Audiological Report PT Report
 - Vision Report Behavior Plan
 - Other (specify) Transcripts and attendance records.

HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information.

I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for 1 year after the date of my signature, unless specified below. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming.

This consent shall be in effect from _____ until _____.

Signature of Parent/Legal Guardian Authority/Relationship Date

Signature of Parent/Legal Guardian Authority/Relationship Date

Witness

Copies given to: _____

COLONIAL INTERMEDIATE UNIT 20
A Regional Service Agency
6 Danforth Drive, Easton, PA 18045-7899
610-252-5550

FERPA AUTHORIZATION FOR RELEASE/EXCHANGE OF EDUCATIONAL INFORMATION

Student's Name: _____ DOB: _____

I hereby authorize Colonial Intermediate Unit 20 to exchange written or verbal information with:

Name of Individual or Entity: **Kalahari Resorts and Conventions**

Address: _____

_____ Telephone: _____

For the purpose of: consultation on the above-named student's educational needs.

If for other reason(s), please describe: **Project SEARCH High School Transition Program**

- The information to be **RELEASED** (*Verbal and/or written*) is:
- General Information (directory information, school district, days attending school)
 - Individual Education Program (IEP)
 - Evaluation Report (ER)
 - Other (specify) **To provide your contact information and to discuss coordination of services.**

- The information to be **OBTAINED** (*Verbal and/or written*) is:
- Medical Report
 - Psychological Report
 - Educational Report
 - Audiological Report
 - Vision Report
 - Other (specify) **To provide your contact information and to discuss coordination of services.**
 - Speech Report
 - OT Report
 - PT Report
 - Behavior Plan

HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information.

I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for 1 year after the date of my signature, unless specified below. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming.

This consent shall be in effect from _____ until _____.

Signature of Parent/Legal Guardian Authority/Relationship Date

Signature of Parent/Legal Guardian Authority/Relationship Date

Witness

Copies given to: _____

COLONIAL INTERMEDIATE UNIT 20
A Regional Service Agency
6 Danforth Drive, Easton, PA 18045-7899
610-252-5550

FERPA AUTHORIZATION FOR RELEASE/EXCHANGE OF EDUCATIONAL INFORMATION

Student's Name: _____ DOB: _____

I hereby authorize Colonial Intermediate Unit 20 to exchange written or verbal information with:

Name of Individual or Entity: Monroe County Transit Authority (MCTA)

Address: _____

_____ Telephone: _____

For the purpose of: consultation on the above-named student's educational needs.

If for other reason(s), please describe: Project SEARCH High School Transition Program

- The information to be **RELEASED** (*Verbal and/or written*) is:
- General Information (directory information, school district, days attending school)
 - Individual Education Program (IEP)
 - Evaluation Report (ER)
 - Other (specify) To provide your contact information and to discuss coordination of services.

- The information to be **OBTAINED** (*Verbal and/or written*) is:
- Medical Report
 - Psychological Report
 - Educational Report
 - Audiological Report
 - Vision Report
 - Other (specify) To provide your contact information and to discuss coordination of services.
 - Speech Report
 - OT Report
 - PT Report
 - Behavior Plan

HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information.

I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for 1 year after the date of my signature, unless specified below. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming.

This consent shall be in effect from _____ until _____.

Signature of Parent/Legal Guardian Authority/Relationship Date

Signature of Parent/Legal Guardian Authority/Relationship Date

Witness

Copies given to: _____



Partners: Kalahari Resorts, & Conventions, OVR, Carbon-Monroe-Pike Mental Health & Developmental Services, Human Resource Center, INC. Colonial Intermediate Unit 20

Project SEARCH Potential Intern Student Survey

Dear Project SEARCH Applicant:

Please fill out this checklist. If you need help, please ask your teacher or a parent. Fill out each section with the best information about yourself and your skills. That will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words.

The Project SEARCH Staff

Name:	Birthday:
School District:	Email Address:
Home Phone:	Cell Phone:
Home Address:	

School Status

- I have all my credits for graduation ___Yes or ___No
- I still need the following classes in order to graduate (Please fill out the classes still needed for graduation)
 - _____
 - _____
 - _____
- I still have one or more years of school eligibility ___Yes or ___No ___

Commitment to Community Employment

- I want to get a job ___Yes or ___No
- My family supports my goal of competitive community employment ___Yes or ___No
- I have an original Social Security Card ___Yes or ___No
- I have a State ID or a driver's license as a picture ID ___Yes or ___No
- I can pass a pre-employment drug screen ___Yes or ___No
- I can pass a criminal background check ___Yes or ___No
- I can be contacted through an answering machine or voice mail which has a business like greeting ___Yes or ___No
- I have a businesslike email address that I check at least weekly ___Yes or ___No
- I receive SSI and/or SSDI or other forms of public assistance ___Yes or ___No
- I have had a benefits analysis and/or I understand the impact of earned income on the benefit ___Yes or ___No

Attendance (check box that best applies to you)

- I have had no absences or tardies within the past school year
- I have had 1 – 5 absences or tardies within the past school year
- I have had 5 – 10 absences or tardies within the past school year
- I have had 10 or more absences or tardies within the past school year
- I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days)
- If yes to 10 or more days:

Reasons why I have missed so much school: _____

Independent Daily Living and Self Care Skills

On a scale of 1 – 5 (1 = I need a lot of help to complete and 5 = I can do on my own) how much help do you need in each of these areas (from a parent/ guardian/ caregiver)?

Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Shower/Bath	1	2	3	4	5
Appropriate amount of sleep for school and work schedule	1	2	3	4	5

Appearance and Professional Presentation

- I arrive at school and/or work daily with:
 - Clean and combed hair ___Yes or ___No
 - Clean clothing and underwear ___Yes or ___No
 - Brushed teeth/oral hygiene ___Yes or ___No
- I wear appropriate clothing for the weather ___Yes or ___No
- I follow my school dress code ___Yes or ___No
- I am willing to follow the designated dress code of my employer including rules on:
 - Appropriate clothing ___Yes or ___No
 - Shoes ___Yes or ___No
 - Facial hair ___Yes or ___No
 - Facial and body piercings ___Yes or ___No
 - Tattoos ___Yes or ___No
 - Jewelry ___Yes or ___No
 - Fingernail polish and length ___Yes or ___No

Transportation (check all that apply to you):

- I have reliable transportation to get to work.
- I have my own car, driver's license and insurance.
- I know how to use public transportation.
- I'm willing to learn to use public transportation.
- I use a door-to-door or para-transit system independently and can make my own appointments.
- I use a door-to-door or para-transit system and a family member/other person helps to make the appointments.
- I have a family member/other who is willing to provide on-going transportation.
- I am eligible for disability related transportation assistance.
- Other transportation options _____

Appropriate Social and Behavior Skills (check all that apply to you):

- I do not engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing.
- I do not swear or use profanity in a school or work setting.
- I show respect to my peers and adults.
- I work cooperatively with others.
- I accept correction and criticism without a negative reaction.
- I have lost my temper in a school or work environment.
- I have displayed aggressive behavior in a school or work setting:
 - Screaming or yelling
 - Hitting/Punching
 - Spitting
 - Kicking
 - Fighting
 - Biting

Interpersonal Communication (check all that apply to you):

- I respond when someone speaks or asks questions.
- I make eye contact.
- I use an appropriate tone of voice.
- I engage in appropriate conversation in a school or work environment.
- I use appropriate body language in the school or work environment.
- I do not use inappropriate hand gestures.
- I sit appropriately in a chair with good posture.
- I respect personal space.
- I use a cell phone and electronic equipment appropriately according to the school or business policy including refraining from talking and answering the phone, texting, and listening to music.

Verbal Communication (check all that apply to you):

- I am easily understood by others.
- I sometimes have trouble getting my message across to others.
- I use adaptive equipment to communicate.
- I am willing to learn to use adaptive equipment to communicate, if appropriate.
- I use an interpreter and/or use sign language to communicate.
- I talk about the same topics over and over again.

Recreational and Leisure Activities:

I participate in organized group activities (check all that apply to you):

- Sport(s), list _____
- Band
- Choir
- Theatre
- Scouts
- Church youth group
- Community recreation and/or Special Olympics
- Computer or electronic games
- Other(s), list _____

I like to exercise on my own (walking, running, biking, etc.). ___Yes or ___No

I exercise 3 to 5 times each week for at least thirty minutes each time. ___Yes or ___No

I like sit-down activities such as (check all that apply to you):

- Computer or electronic games
- Watching television
- Reading
- Scrap booking
- Other(s), list _____

List any other hobbies that have not been covered: _____

Physical Limitations:

- I have difficulty walking.
I need to use the following to help me walk/navigate:
 - Cane
 - Walker
 - Wheelchair
 - Scooter
 - Other _____

- I have limited use of my arms and/or hands.
- I have other physical limitation that may affect employment: Please list:

Production Rate and Work Quality:

- At work or at school, I get all my tasks finished on time and I turn things in by the due date.
- At work or at school, it is difficult to get all my tasks finished or turned in by the due date.
- At school or work I get most of the tasks correct.
- At school, on chores, or on my job my work is organized and neat.

Employability Skills:

- I get to school, work or other appointments on time and independently. ___Yes or ___No
- After lunch or a break, I get back to class or work on time. ___Yes or ___No
- I know how to tell and keep track of time. ___Yes or ___No
- I stay on a task until it is finished. ___Yes or ___No
- If I am interrupted, I can return to the task and finish it. ___Yes or ___No
- I can access the necessary information to fill out a paper application. ___Yes or ___No
- I can have experience in filling out an on-line application. ___Yes or ___No
- I know how to answer common interview questions. ___Yes or ___No
- I can tell my boss or co-workers ways that I learn best or tools that help me be a good worker. ___Yes or ___No
- Please list ways that help you learn best or tools you use to be successful at school or on the job:

Academic Skills:

- My favorite subjects in high school were/are: _____
- I like to read books for fun. ___Yes or ___No The last book I read was: _____
- I use a calculator when I do math problems or for everyday use. ___Yes or ___No
- I like to read the newspaper and magazines for news, job hunting and other information. ___Yes or ___No.
- I like to write or keep a diary/journal. ___Yes or ___No

Computer/Electronic Skills (check all that apply to you):

- I have basic keyboarding skills and use correct typing techniques.
- I have basic keyboarding skills and use only two fingers (hunt and peck).
- I can use Microsoft Word to create letters and other documents.
- I can use Microsoft Excel to create spreadsheets and other documents.
- I can use Microsoft Publisher to create cards, newsletters, flyers and other documents.
- I can use email correctly.
- I can access the internet to get information, find services such as map quest and use various search engines.
- I use a computer to play games, watch TV shows, listen to on-line streaming, etc.
- I have no computer skills.
- I use a cell phone to talk to others.
- I use a cell phone for texting.

School and Community Supports (check all that apply to you):

I receive Related Services through my school district

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Other: _____
- I have an OVR Counselor. Name of counselor: _____
- I am eligible for services from Carbon-Monroe-Pike Mental Health / Disability Services
Name of Supports Coordinator: _____

Who else helps to support me in my life?
Please list other names and phone numbers below:

Name	Title	Phone Number

Problem Solving and Conflict Resolution: Please give us some examples of how you would solve these problems. *If someone writes the answers for you, have them do it in your own words.*

I missed my bus ride when I was going someplace. To get where I was going I would do the following:

I was sweeping (vacuuming) and the sweeper quit working or got clogged. In order to finish my task I would do the following:

I lost my house key. In order to get in my house I would do the following:

I was using my computer and it stopped working. I would try to:

My parents were not home. It was dinner time and I was hungry. What would I do?

Someone teased me or was mean to me. I would react by:

Thank you for your work to finish this information and checklist. We appreciate it!



Partners: Kalahari Resorts, & Conventions, OVR, Carbon-Monroe-Pike Mental Health & Developmental Services, Human Resource Center, INC. Colonial Intermediate Unit 20

Project SEARCH Potential Intern Teacher/Parent Survey

Student Name:	School District:
Name of person filling out form:	Relationship to Student:
Your Phone:	Your Email:
Your Address:	

Please be honest when filling out this information to help us appropriately place the student.

School Status:

- Student has all needed credits for graduation.
- School district allows deferred graduation.
- Student still needs the following classes in order to graduate. (Please fill out the classes still needed for graduation.)

- Student has one or more years of school eligibility.

Commitment to Community Employment:

- Student wants to get a job.
- Family supports the goal of competitive community employment.
- Student has a Social Security Card.
- Student has a State ID and/or driver's license in addition to a school ID.
- Student can pass a pre-employment drug screen.
- Student can pass a criminal background check.
- Student can be contacted through an answering machine or voicemail which has a business like greeting
- Student has a professional working email address. Please list: _____
- Student receives SSI and/or SSDI or other forms of public assistance
- Student has had a benefits analysis and/or understands the impact of earned income on the benefits

Attendance

- Student has had no absences or tardies within the past school year.
 - Student has had 1 – 5 absences or tardies within the past school year.
 - Student has had 5 – 10 absences or tardies within the past school year.
 - Student has had 10 or more absences or tardies within the past school year.
 - Student has had a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days).
 - If yes to 10 or more days
Why has the student missed so much school: _____
-

Independent Daily Living and Self Care Skills

On a scale of 1 – 5 (1 = student needs a lot of help to complete and 5 = student can do on his/her own) how much help do you need in each of these areas (from a parent/teacher/guardian/caretaker)?

Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Shower/Bath	1	2	3	4	5
Appropriate amount of sleep for school and work schedule	1	2	3	4	5

Appearance and Professional Presentation (Check all that apply.)

Student arrives at school and/or work daily with:

- Clean and combed hair
- Clean clothing
- Brushed teeth/oral hygiene
- Student wears appropriate clothing for the weather
- Student follows the school dress code

Student willingly follows the designated dress code of employer including rules on:

- Appropriate clothing
- Shoes
- Facial hair
- Facial and body piercings
- Tattoos
- Jewelry
- Fingernail polish and length

Transportation (Check all that apply.)

- Student has his/her own car, driver's license and insurance.
- Student knows how to use public transportation.
- Student is willing to learn to use public transportation.
- Student uses a door-to-door or para-transit system independently.
_____ Parent or other guardian makes appointment for student.
_____ Student makes own appointments
- Student is eligible for disability related transportation assistance.
- Student has a family member/other who is willing to provide on-going transportation.
- Other transportation options _____

Appropriate Social and Behavior Skills (Check all that apply.)

- Student does not engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing.
- Student does not swear or use profanity in a school or work setting.
- Student shows respect to peers and adults.
- Student works cooperatively with others.
- Student accepts correction and criticism without a negative reaction.
- Student has appropriate behavior with adult supervision but may not be appropriate in all independent situations (or needs some adult prompts on an on-going basis).
- Student has lost temper in a school or work environment.
- Student has acted aggressively in a school or work setting:
 - Screaming or yelling
 - Hitting/Punching
 - Spitting
 - Kicking
 - Fighting

Interpersonal Communication (Check all that apply.)

- Student responds when someone speaks or asks questions.
- Student makes eye contact.
- Student uses an appropriate tone of voice.
- Student engages in appropriate conversation in a school or work environment.
- Student uses appropriate body language in the school or work environment.
- Student respects personal space.
- Student uses a cell phone and electronic equipment appropriately according to the school or business policy including refraining from talking and answering the phone, texting and listening to music.

Verbal Communication (Check all that apply.)

- Student is easily understood by others.
- Student sometimes has trouble getting message across to others.
- Student uses adaptive equipment to communicate.
- Student is willing to learn to use adaptive equipment to communicate, if appropriate.
- Student uses an interpreter and/or uses sign language to communicate.
- Student talks about the same topics over and over again.

Recreational Activities (Check all that apply.)

Student participates in organized group activities:

- Sports (please list) _____
- Band
- Choir
- Theatre
- Scouts
- Church youth group
- Community recreation and/or Special Olympics
- Computer or electronic games
- Other _____
- Student likes to exercise on own (walking, running, biking, etc.)
Exercises _____ each week for at least thirty minutes each time.
- Student enjoys sit-down activities such as:
 - Computer or electronic games
 - Watching television
 - Reading
 - Other _____

Student has the following hobbies not already covered: _____

Physical Limitations:(Check all that apply.)

- Student has difficulty walking. Student uses the following to walk/navigate:
 - Cane
 - Walker
 - Wheelchair
 - Scooter
 - Other _____
- Student has limited use of arms and/or hands.
- Student has other physical limitations that may affect employment. Please list:

Production Rate and Work Quality (Check all that apply.)

- At work or school, student completes all tasks by due date.
- At work or school, it is difficult for the student to get all tasks finished or turned in on time.
Please list strategies that have assisted the student to complete and turn in work on time

- At school or work the student gets most of the tasks correct.
If no, please explain: _____
- At school, with home chores or on the job the student's work is organized and neat.
Other comments: _____

Employability Skills (Check all that apply.)

- Student gets to school, work or other appointments on time.
- After lunch or a break, the student gets back to class or work on time.
- Student knows how to tell and keep track of time.
- Student is able to count money and make change accurately.
- Student stays on a task until it is finished.
- If interrupted, the student can return to the task and finish it.
- Student can access personal information to complete a paper application.
- Student has had experience with completing on-line applications.
- Student knows how to answer common interview questions.
- Student can tell his/her boss or co-workers what help is needed on their job.

Please list strategies that have been successful and leads to success and independence:

Academic Skills (Check all that apply.)

- Student's favorite subjects in high school were/are: _____
- Student likes to read books for pleasure. The last book read was: _____
- Student uses a calculator when doing math problems or for everyday use.
- Student likes to read the newspaper and/or magazines.
- Student likes to write or keeps a diary/journal.

Computer/Electronic Skills (Check all that apply.)

- Student has basic keyboarding skills and uses correct typing techniques.
- Student has basic keyboarding skills and uses only two fingers (hunt and peck).
- Student can use Microsoft Word to create letters and other documents.
- Student can use Microsoft Excel to create spreadsheets and other documents.
- Student can use Microsoft Publisher to create cards, newsletters, flyers or other documents.
- Student can use email correctly.
- Student can access the internet to get information, find services, and use various search engines.
- Student uses a computer to play games, watch TV shows, listen to on-line streaming, etc.
- Student uses a cell phone to talk to others.
- Student uses a cell phone for texting.

Additional School and Community Supports (Check all that apply.)

The student receives Related Services through the school district

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Other: _____

Note: Related Services are only available on a consult basis once the student is enrolled in a Project SEARCH program

The student has an OVR Counselor. ___Yes or ___No

Please list name: _____

If not already involved with OVR, are you willing to apply for OVR Services? ___Yes or ___No

The student is eligible for services from CMP MHDS (Carbon, Monroe, Pike Mental Health/Disability Services) ___Yes or ___No

Please list Supports Coordinator: _____

If not already involved with MHDS, are you willing to apply to determine eligibility?

Problem Solving and Conflict Resolution

Please give us some examples of the student's problem solving abilities and/or how they handle conflict:

Home situation:

School situation:

Community or work situation:

Thank you for your work to finish this information and checklist. We appreciate it!