



Information for Students and Parents/Guardians

Student must:

- Be a client of Vocational Rehabilitation or in the process of becoming a client.
- Have a disability, which negatively impacts their ability to obtain a job independently or with minimal supports.
- Have met all requirements for graduation and deferring receipt of their standard diploma (documented in most recent IEP).
- WANT TO PARTICIPATE IN **UNPAID** INTERNSHIPS THROUGHOUT THE COURSE OF THE ENTIRE SCHOOL YEAR.
- Submit a complete Project SEARCH application packet to either:
 - Leigh Ann Hale, St. Johns County ESE Program Specialist for Transition
LeighAnn.hale@stjohns.k12.fl.us
 - OR**
 - Byron Pennington, Project SEARCH Instructor
mark.pennington@stjohns.k12.fl.us
 - OR**
 - SJCSD ESE Dept c/o Leigh Ann Hale
40 Orange Street
St. Augustine, FL 32084

Application Information

- Submission deadline- **March 1st, 2019.**
- Applications will be reviewed by the transition committee, which will make recommendations for acceptance or other programming options.
- Students must participate in a hands-on interview process/skills assessment day as apart of the application process, date TBA.

St. Johns County School District Project SEARCH Student Application

| Student Information | | |
|--|--|-----------|
| <i>Student Name:</i> | <i>Date of birth:</i> | |
| <i>Student Address: Street City Zip Code</i> | <i>Contact Information Home phone Student cell # Student email address</i> | |
| <i>Primary Disability:</i> | <i>Other disability (-ies):</i> | |
| <i>Is the student his or her own guardian? Yes or No</i> | | |
| <i>If no, please attach related court documentation.</i> | | |
| Parent/Guardian Information | | |
| <i>Parent/Guardian 1 Name:</i> | <i>Parent/Guardian 2 Name:</i> | |
| <i>Address</i> | <i>Address</i> | |
| <i>Phone Number Work Home Cell Email Address</i> | <i>Phone Number Work Home Cell Email Address</i> | |
| Educational Information | | |
| <i>Student's High School:</i> | | |
| <i>Will the student have all credits necessary to graduate at the end of this academic year?</i> | <i>Yes</i> | <i>No</i> |
| <i>Does the student have a current Functional Behavioral Assessment and Behavior Intervention Plan?</i> | <i>Yes</i> | <i>No</i> |
| <i>Has the student ever been suspended from high school?</i> | <i>Yes</i> | <i>No</i> |
| <i>Does the student's IEP designate "constant adult supervision" in the special education services or supplementary aids and services section? If so, for what activities/purposes throughout the day?</i> | <i>Yes</i> | <i>No</i> |

| | | |
|--|------|------|
| Has the student ever been involved in the court system? If yes, please explain: | Yes | No |
| Other than in the public school system, has the student received any additional form of job training? (VR, Arc, APD, etc...) If yes, please describe the list and dates of the training: | Yes | No |
| Employment Needs and Goals | | |
| Does the student plan to pursue employment in the community after graduation from high school? If so, what are some job interests of the student? | Yes | No |
| Does the student want to work full-time or part-time Full time- approximately 40 hours per week Part time- approximately 20 hours per week | Full | Part |
| Is the student currently employed? If yes, please explain below: Location of employment: Dates of employment: Hours worked per week: Supervisor's name: Supervisor's contact information: Assigned duties: | Yes | No |
| Has the student previously been employed? If yes, please explain below: Location of employment: Dates of employment: Hours worked per week: Supervisor's name: Supervisor's contact information: Assigned duties: Reason for leaving: | Yes | No |
| Has the student ever been fired/terminated/let go from a job? If yes, please explain: | Yes | No |

List any specific disability accommodations requested for purposes of participation in Project SEARCH:

Please list jobs in the hotel/hospitality industry the student would be interested in:

Please list any *unpaid* work experiences below:

| Location | Job Duties | Hours/week | Supervisor | Contact Information |
|-----------------|-------------------|-------------------|-------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Support Services

Is the student eligible for services from the following agencies:

Vocational Rehabilitation

Current client? Yes or No

If yes, does the student qualify for Supported Employment? Yes or No

Agency for Persons with Disabilities

Current Client on the Medicaid Waiver? Yes or No

On the Medicaid Waiver wait-list? Yes or No

| | | |
|--------------------------------------|-----|----|
| Is the student SSI or SSDI eligible? | Yes | No |
|--------------------------------------|-----|----|

| | | |
|--|-----|----|
| Has the student utilized services from other agencies in the past? If yes, please provide the details requested below: (counseling, behavioral services, wrap around care, hospital stays, etc...) | Yes | No |
|--|-----|----|

| Location | Service(s) Provided | Agency Contact | Phone # | Dates |
|----------|---------------------|----------------|---------|-------|
| | | | | |
| | | | | |
| | | | | |

Living Arrangements and Daily Care

Who does the student live with?

| | | |
|--|-----|----|
| Does the student set and use an alarm clock independently? | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Does the student get up in the morning on his/her own? If no, how does he/she wake up? | Yes | No |
|--|-----|----|

Does the student perform daily care on his/her own? (Bathing, shaving, grooming, dressing, feminine care, etc...)

The student completes these tasks with- (please select one)

| | | | |
|---------------|--------------------|-----------------------|------------------|
| No assistance | Minimal assistance | Occasional assistance | Total assistance |
| | | | |

If assistance is needed, who assists the student and to what degree?

What chores/responsibilities does the student complete independently at home?

Medical History

Please list the student's medical and psychological diagnosis (es):

| |
|--|
| |
| |
| |
| |
| |

| | | |
|--|-----|----|
| Does the student require on-going, continuous medical assistance throughout the school day? If yes, please explain: | Yes | No |
|--|-----|----|

Please list any hospitalizations or surgeries that the student has had:

| Date(s) | Reason |
|---------|--------|
| | |
| | |
| | |
| | |
| | |

| | | |
|---|-----|----|
| Does the student have allergies? If yes, to what? Please describe severity and if there is a need for medication. | Yes | No |
|---|-----|----|

Please list kind of supports or assistive technology the student uses to accommodate any physical disability:

| |
|--|
| |
| |
| |

Please list any medication the student takes on a regular basis:

| Medication | Purpose | Dosage Amount | Dosage Schedule |
|------------|---------|---------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|--|-----|----|
| Does the student have an emergency care plan? If yes, please attach: | Yes | No |
| Does the student wear glasses or contacts? If yes, please explain the nature of his/her visual impairment. | Yes | No |
| Does the student use any devices/aids to assist with his/her hearing? If yes, please explain the nature of his/her hearing impairment. | Yes | No |
| Does the student use sign language or any other non-traditional forms of communication? If yes, please explain. | Yes | No |
| Transportation Planning | | |
| Does the student currently hold a driver's license? | Yes | No |
| Is the student/family willing to utilize public transportation to attend Project SEARCH (with provided training)? | Yes | No |
| Would a family member or someone else be willing to provide transportation to and from the Project SEARCH site? | Yes | No |
| References | | |
| Please include a minimum of two (2) references from non-family member, relating to the student's ability and desire to be employed. | | |

By signing below, I/we agree that all information is correct and that this application is complete.

Parent/guardian _____ Date _____

Student _____ Date _____

By initialing below, I/we understand that:

____ Project SEARCH is an UNPAID program.

____ Project SEARCH is a yearlong program and the student must participate for the entire duration of the school year.

____ The student must be eligible for supported employment through Vocational Rehabilitation.