



Berger Health System Project SEARCH: It's About Community Employment

Student Information Application for Pickaway-Ross CTC Project SEARCH 2017-2018

Application must also include the following:

IEP
 ETR
 High School Transcript

Student

Name: _____

First
Middle
Last

Today's Date:

Student DOB: _____ Gender: M F

Student Address:

Street:

City-State-Zip Code

Student Cell Number:

Parent /Guardian Address (if different)

Street:

City-State-Zip Code

Student Email:

Associate School District – Signature and Title

Student Social Security #:

Disability Code #: _____ Related Service #: _____

IEP Case Manager:

Parent / Guardian Information

Father/Guardian

Home Phone:

Cell Phone:

Place of Employment:

Work Phone:

Email Address:

Mother/Guardian

Home Phone:

Cell Phone:

Place of Employment:

Work Phone:

Email Address:

Legal Guardian Information

Is the student his or her own guardian?	YES	NO
If no, please attach court documents.		

Educational Needs and Goals:

Student's High School:

Has the student participated in the Option IV Program or any other Career/Tech Program?	YES	NO
If so, list the program name.		

Does the student understand that they need to defer their high school diploma	YES	NO
Anticipated date to exit school services:		

Will the student have all credits necessary to meet graduation requirements at the end of this academic year?	YES	NO
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Has the student ever been placed on a behavioral plan while in high school?	YES	NO
If so, please attach to the application.		

Has the student ever been suspended/excluded/removed from high school?	YES	NO
If yes, please describe:		

Other than public education, has the student received any additional formal training?	YES	NO
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If yes, list substance, date, and location of any additional formal training:

Employment Needs and Goals

What are the student's employment goals? (Circle)	Competitive Employment	Supported Employment	Full-Time (40hrs/week)	Part-Time (20hrs/week)	
Does the student plan to work during the school year outside Project SEARCH? If YES, where? How many hours per week?			YES	NO	
Does the student currently work over the summer break? If yes, will this employment continue through the Project SEARCH year? If YES, how many hours?			YES YES	NO NO	
Does the student have previous paid work experience <u>OUTSIDE</u> of the school programming? If YES, provide the details requested below:			YES	NO	
Employer	Job Title	Hours / Week	Supervisor	Phone #	Dates of Employment
Did the student receive job coaching or other support in previous jobs? If so, what type? How many hours/week?			YES	NO	
Did the student receive any disability accommodations in previous jobs? If so, what type?			YES	NO	
Has the student obtained any previous jobs without assistance?			YES	NO	
Has the student ever been fired from a job? If so, why?			YES	NO	
Has the student ever quit a job? If so, why?			YES	NO	
List any student disability accommodations requested for purposes of Project SEARCH:					

Other Experience

Does the student have previous volunteer experience? If so, provide the details requested below:			YES	NO	
Organization	Volunteer Duties	Hours / Week	Supervisor	Phone #	Dates of Service

School Work –Study Experiences

Organization	Duties	Hours / Week	Supervisor	Phone #	Dates of Service

Support Services

Is the student eligible for services from the County Board of DD? If YES, list their SSA name and phone number.	YES	NO
	Name:	Phone#
Is the student eligible for services from OOD? If YES, list the OOD counselor.	YES	NO
	Name:	Phone#

Has the student utilized services from other agencies in the past? YES NO

If so, provide the details requested below: (such as job coaching, mental health, etc.)

Agency	Services Provided	Agency Contact	Phone #	Dates of Service
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Living Arrangements and Daily Care

Who does the student live with?

Does the student utilize a watch? YES NO

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

Does the student have allergies?
If yes, what? (medical, seasonal, or food? Please describe severity.) YES NO

Please list kinds of aids/supports or assistive technology that the student uses to support a physical disability.

Does the student take medication on a regular basis?
If so, provide the details requested below: YES NO

Medication	Purpose	Dosage Amount	Dosage Schedule	Prescribing Physician	Physician Phone #

Does the student have an Emergency Health Plan?
If yes, please attach. YES NO

Does the Student wear glasses or contacts?
If so, explain the nature of his/her vision impairment: YES NO

Does the Student use any devices or aids to assist with his/her hearing?
If so, explain the nature of his/her hearing impairment: YES NO

Does the student use sign language? YES NO
Do parents/guardians/family members sign? YES NO

Future Planning and Partners

Does the student currently hold a Driver's License or Temporary License? YES NO

Will the student obtain a Driver's License within the next year? YES NO

Will a family member provide the student with transportation to the workplace after Project SEARCH? If so who? YES NO

Can the student travel to the workplace using public transportation? YES NO

