Applicant Name:

PURPOSE:

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate **and should be** utilized for high school transition candidates. 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 program and reach the outcome of competitive employment.

Project SEARCH Kent County

CAPITAL SCHOOL DISTRICT APPLICATION

Selection criteria includes:

1. Students (18 – 21 age range).
2. Students with significant disabilities.
3. Students who will benefit from participation in a variety of internships.
4. Students who desire to work competitively at the completion of the Project SEARCH program.
5. Students who are motivated to use public transportation (when available) to access Project SEARCH program site.

The Selection Process includes the following guidelines:

1. District of residence completed the signature page with the understanding that the school district will be financially responsible for the tuition payable to Kent County Community School. (Page 7)
2. The Oversight Committee will review the applications. Representatives from Capital School District, Bayhealth and Division of Vocational Rehabilitation will interview each qualified candidate.
3. If accepted, the student intern must register with Kent County Community School (KCCS) for the 2020-2021 school year.
4. If accepted, an IEP will be developed with the Project SEARCH IEP Team for the 2020-2021 school year.
5. If accepted, student must be able to pass a criminal background check, drug screening and any other requirements deemed necessary by Bayhealth.

Kent County Community School
65-1 CARVER ROAD | DOVER, DE 19904 | FAX: 302-672-1967 |
SUBMIT COMPLETED APPLICATIONS BY DECEMBER 16 TO KATHLEEN.STEPHAN@CAPITAL.K12.DE.US

Project SEARCH 2020-2021 Student Application

Date: ____/____/____

Last Name: _____ First Name: _____
Address: _____
Parent/Guardian Name: _____ Phone: _____
High School: _____ School District: _____
Parent Email for Correspondence:_____

ALL REQUIRED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TOGETHER FOR CONSIDERATION ON OR BEFORE DECEMBER 16, 2019

Checklist for completion: Did you include these items?

- ☐ **Completed Application Packet**
- ☐ **Current or Most Recent Individual Education Plan (IEP)**
- ☐ **Current or Most Evaluation Summary Report (ESR)**
- ☐ **Behavior Support Plan (if applicable)**
- ☐ **One letter of reference from a school official**
- ☐ **Completed Permission for release of information**

2020-2021 Timeline of Events:

Now
- Talk to teachers, parents & others to see if Project SEARCH is right for you
- Explore the website & Facebook page: http://bit.ly/PSBayhealthKCCS & www.facebook.com/projectsearchde
- Register & attend the Delaware Transition Conference held on 12/13/19 at Dover Downs

Dec
- Project SEARCH Information Night 12/4/19 (Wednesday) from 6-8p at the Bayhealth Pavilions (Enter at Main Entrance, Second Floor)
- Application due to Capital School District, Kent County Community School, Kathleen Stephan 12/16/2019

Jan-Feb
- Student Selection Committee Meets week of January 6, 2020
- Skills Assessment & Interview on February 5 or February 6 held in the Project SEARCH Classroom
- Student Notification of Acceptance mailed no later than Friday February 28, 2020

Mar-May
- Families meet with Project SEARCH at Bayhealth partners to complete necessary paperwork for each agency
- Classroom and/or community observations conducted by skills trainers

Summer
- Registration completed for Capital School District, Kent County Community School
- New Student Intern/Family Orientation, August 2020
- First Student Day, August 2020

Student Application to be completed by Student & Family:

Vocational Experience

☐ **YES** ☐ **NO** **Are you currently employed?**

If yes, where: _____

☐ **YES** ☐ **NO** **Do you plan to continue working during Project SEARCH?**

If yes, how many hours per week? _____

Please list any job or volunteer experience you have from school, community or private sector:

Place of Experience: _____ Name of Supervisor: _____ Duties/Responsibilities: 1. _____ 2. _____ 3. _____	Title: _____ Phone: _____ Date: ____/____/_____ - ____/____/_____ Type of Experience: ☐ Paid Job ☐ Internship ☐ Volunteer
Place of Experience: _____ Name of Supervisor: _____ Duties/Responsibilities: 1. _____ 2. _____ 3. _____	Title: _____ Phone: _____ Date: ____/____/_____ - ____/____/_____ Type of Experience: ☐ Paid Job ☐ Internship ☐ Volunteer

☐ **YES** ☐ **NO** **Have you ever been fired from a job?**

If yes, please explain: _____

☐ **YES** ☐ **NO** **Have you ever quit a job?**

If yes, please explain: _____

Student Application to be completed by Student & Family:

Service Agencies

☐ YES ☐ NO Are you a U.S. citizen?

If no, are you eligible for employment in the U.S.? ☐ YES ☐ NO

Are you currently a client of any of the following agencies? Please check Yes or No:

☐ YES ☐ NO 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 Service Provider Not List: _____

Student Application to be completed by Student & Family:

Independent Living

☐ YES ☐ NO Are you or your family receiving any social security benefits?

☐ YES ☐ NO Do you have any health or medical issues that may impact a successful job placement?

If yes, please explain: _____

☐ YES ☐ NO Do you have any limitations that impact employment?

If yes, please explain: _____

☐ YES ☐ NO Do you have any behaviors that need supported to ensure successful job placement?

If yes, please explain: _____

☐ YES ☐ NO Have you ever had a behavior plan? (If yes, please attach a copy of the plan.)

Student Application to be completed by Student & Family:
Student Contract

Please read, sign and date the student contract for Project SEARCH Student Interns:

Students selected to attend Project SEARCH at Bayhealth must abide by the following terms and conditions:

- I will complete at least three unpaid internship rotations within the host business.
- I will attend the program every day (Monday through Friday) during classroom and internship hours.
- I understand that Project SEARCH at Bayhealth correlates with the Capital School District calendar.
- I will dress appropriately and wear required attire.
- I will notify my instructor when I am absent or tardy.
- 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 (if applicable) Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

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

I hereby authorize the following individuals or organizations to release/receive information:
Capital School District, Project Search Partners: Bayhealth, Department of Education, Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and Community Integrated Services & Autism of Delaware

To/from the following individuals or organizations:
Capital School District, Project Search Partners: Bayhealth, Department of Education, Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and Community Integrated Services & Autism of Delaware

The type of information to be provided is:

___Educational Records/Reports	___Medical Records/Reports
___Current IEP	___Psychiatric Evaluation/Report
___Speech-Language Evaluation/Report	___Neurological Evaluation/Report
___OT/PT Evaluation/Report	___Psychological Evaluation Report
___Participation in IEP team meeting	___Other_____

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: _____

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.

Client/Student Signature*_____

Printed Name_____ **Date**_____

Parent/Guardian/Custodian Signature: _____
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 and/or 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 and Family Educational Rights and Privacy Act ("FERPA"), 34 CFR Part 99

Is Project SEARCH at Bayhealth right for you?

Adapted with permission from Delaware Department of Labor, Delaware Career Compass 2017-2018 Edition

Let's Find Out! It's as easy as 1, 2, 3!

1

Circle the number for each statement that describes you.

1. I'd rather make something than read a book.
2. I enjoy problem-solving games and working at puzzles.
3. I like helping other people when they need it.
4. I enjoy learning about new topics by reading about them.
5. I like working with my hands.
6. I like being the leader in a group of people.
7. I prefer to know all the facts before I tackle a problem.
8. I like to take care of other people.
9. I enjoy designing, inventing, and creating things.
10. I enjoy expressing myself through art, music, or writing.
11. I would like a job where I could deal with people all day.
12. I like working with materials and equipment.
13. I enjoy learning new facts and ideas.
14. I find cooperating with others comes naturally to me.
15. I like finding out how things work by taking them apart.
16. I would choose to work with things rather than with people.
17. I can usually persuade people to do things my way.
18. I enjoy building and repairing things.
19. I enjoy the research part of my projects.
20. I like interacting with people.
21. I enjoy thinking up different ideas and ways to do things.
22. I like hearing other people's opinions.
23. I enjoy learning how to use different tools.
24. I find it easy to follow written instructions.

2

Which numbers did you circle in #1?
Circle the same numbers in the three groups below.
Which row has the most circles?

A	**1**	**5**	**9**	**12**	**15**	**16**	**18**	**23**
B	**3**	**6**	**8**	**11**	**14**	**17**	**20**	**22**
C	**2**	**4**	**7**	**10**	**13**	**19**	**21**	**24**

A: I LIKE TO WORK WITH MY HANDS.

B: I LIKE TO WORK WITH PEOPLE.

C: I LIKE TO WORK WITH INFORMATION.

I like to work with

_____

3

INTERNSHIPS AT PROJECT SEARCH AT BAYHEALTH

Environmental Services	Unit 3A	Pharmacy
Plant Operations	Outpatient Physical Therapy	Lab Services
Prep Cook	Nutrition Care Assistant	Medical Records
Dish Operations	Cafe	ED: Clerical
Central Supply	Childcare	Finance
Warehouse	Education	Patient Access
Security	Diagnostic Imaging	Marketing

Signature Page

For a Project SEARCH application to be considered complete, the Director of Finance for the student's district of residence must return the signature page.

Date: ____/____/____

Student/Applicant Information:

Last Name: _____ First Name: _____

High School: _____ School District: _____

Is the referring district the student's home district? ☐ YES ☐ NO
If no, please ensure the signature page is completed by the student's home district.

School District: _____
Director of Finance: _____

Signature: _____ Date: ____/____/____

The above signature denotes the district understands and agrees to be financially responsible for the annual tuition to Kent County Community School.

Please return completed form to:
Kent County Community School
Attn: Kathleen Stephan
Project SEARCH
65-1 Carver Road
Dover, DE 19904
Fax: (302) 672-1967
Email: *Kathleen.Stephan@capital.k12.de.us*

Please direct any questions to Kathleen Stephan, Associate Principal at Kent County Community School, by calling 302.672.1960 or emailing Kathleen.Stephan@capital.k12.de.us