



Project | SEARCH

MAT-SU REGIONAL
MEDICAL CENTER



PROJECT SEARCH APPLICATION

Mat-Su Project SEARCH located at
Mat-Su Regional Medical Center

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 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

A selection criterion includes:

- Students with intellectual/developmental disabilities ages 18-21
- Students who will benefit from participation in a variety of internships
- Students who desire to work competitively at the end of the Project SEARCH program.

The Selection Process includes the following guidelines:

- The Project SEARCH selection committee will review the applications. Representatives from the School District, Host Business, Vocational Rehabilitation Services, and CRP will interview each qualified candidate.
- If accepted, the student intern must be registered with the providing district for the school year they will be attending Project Search.
- If accepted, an IEP will be developed with members of the Project SEARCH Team for the incoming school year.
- If accepted, student must be able to pass a criminal background check, drug screen and any other requirements deemed necessary by the Project SEARCH host site.

Please return completed application and requested information by the **2nd Monday of December** to your teacher or case manager who will forward it to:

Kim Shangraw, NBCT
Project SEARCH Instructor
Mat-Su Day School
907-861-6995/907-315-7958
kimberly.shangraw@matsuk12.us

Date: ____ / ____ / ____

Last Name: _____ First Name: _____

Age: _____ Current Grade: _____

School District: _____ Program: _____

- I will be receiving/earned a diploma
- I will be receiving/earned a Certificate of Completion

ALL REQUIRED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TOGETHER FOR CONSIDERATION ON OR BEFORE:

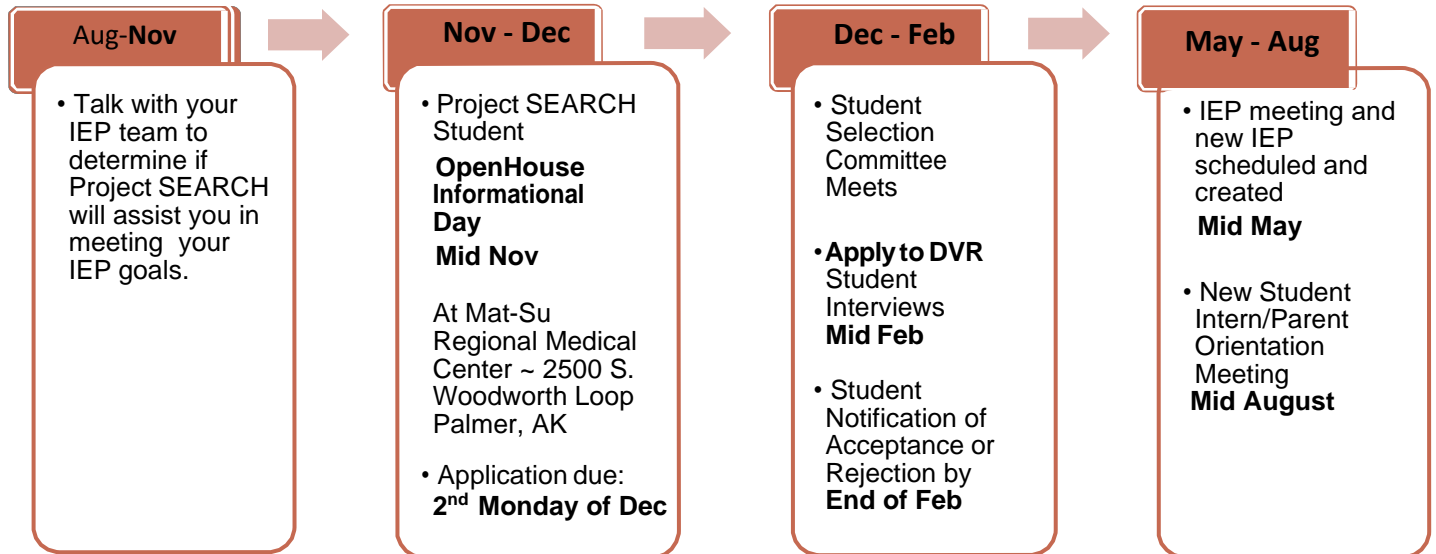
Checklist for completion: Yellow Highlighted items your teacher/case manager/records specialist will provide.

Did you include these items?

- Completed Application Packet
- Release of information
- Two letters of recommendation
- High School Transcript
- Current IEP and ESER
- Career Assessment (examples include: TPI, Worksite Observation Checklist, Student Interest Inventories, DVR Vocational Assessment, etc)
- DVR Questionnaire
- Photo ID Photo of Applicant
- Shot/ Immunization Record
- Teacher rating form
- Attendance Record

Timeline of Events

Site visits available upon request 907-315-7958



Work 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 had:

Place of Experience: _____ Name of _____ Supervisor: Duties/Responsibilities:	Title: _____ Phone: _____ Date: ____/____/____ - ____/____/____ Type of Experience: <input type="checkbox"/> Paid Job <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer
Place of Experience: _____ Name of _____ Supervisor: Duties/Responsibilities:	Title: _____ Phone: _____ Date: ____/____/____ - ____/____/____ Type of Experience: <input type="checkbox"/> Paid Job <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer

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:

CURRENT SERVICES

Are you currently receiving services of any of the following agencies? Please check Yes or No:

- YES NO Developmental Disability Services (DD)
 YES NO Division of Vocational Rehabilitation (DVR)
 YES NO State Services for the Blind and Visually Impaired (SSB)
 YES NO Other Service Provider Not Listed: _____

Providers Name and Contact Information (phone or e-mail):

DVR: _____ Contact: _____

Care Coordinator: _____ Contact: _____

INDEPENDENT LIVING

YES NO Are you currently taking any medications?

If yes, please list medication, dosage and time of day to be taken:

Medication	Dosage	Time of day

Do you have any health or medical issues that may impact a successful job placement?

YES NO

If yes, please explain:

Do you have any limitations that impact employment?

YES NO

If yes, please explain:

Do you have any behaviors that need supported to ensure successful job placement?

YES NO

If yes, please explain:

Do you have a behavior plan? YES NO (If yes, please attach a copy of the plan.)

STUDENT CONTRACT

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

I understand that student in the Project SEARCH program must abide by the following conditions:

- I will complete at least (3) three unpaid, ten week 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 School District calendar.
- I will be groomed and dressed appropriately daily.
- I will notify my instructor and supervisor when I am absent or tardy.
- I will follow all the rules established by the Project SEARCH model and host business.
- I will attend scheduled IEP and Employment meetings with my Division of Vocational Rehabilitation Counselor, parents, teachers, business staff and others.
- I will be an active participant and communicate any issues at our meetings.
- I will meet regularly with selected Community Rehabilitation Services 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

I understand as the Parent/Guardian, that my son/daughter needs to demonstrate the skills as listed above. I also understand that there are update and planning meetings during the school year that require my attendance. By signing this form, you agree to be an active participant in this experience.

Parent/Guardian Signature

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

STUDENT:	DATE OF BIRTH:										
I hereby authorize the following individuals or organizations to release/receive information: Mat- Su Project SEARCH Selection Committee (Collaboration of Organizations below)											
To/from the following individuals or organizations:											
School District Staff, Project Search Partners: Host Business, Department of Education, Developmental Disabilities Services, Vocational Rehabilitation Services.											
The type of information to be provided is: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Educational Records/Reports</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Medical Records/Reports</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Current IEP</td> <td style="border: none;"><input type="checkbox"/> Psychiatric Evaluation/Report</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Speech-Language Evaluation/Report</td> <td style="border: none;"><input type="checkbox"/> Neurological Evaluation/Report</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> OT/PT Evaluation/Report</td> <td style="border: none;"><input type="checkbox"/> Psychological Evaluation Report</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Participation in IEP team meeting</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> Educational Records/Reports	<input type="checkbox"/> Medical Records/Reports	<input type="checkbox"/> Current IEP	<input type="checkbox"/> Psychiatric Evaluation/Report	<input type="checkbox"/> Speech-Language Evaluation/Report	<input type="checkbox"/> Neurological Evaluation/Report	<input type="checkbox"/> OT/PT Evaluation/Report	<input type="checkbox"/> Psychological Evaluation Report	<input type="checkbox"/> Participation in IEP team meeting	<input type="checkbox"/> Other _____
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The purpose of providing this information is: <i>to gather records and information to assist in the development of your child's educational program.</i>											
This authorization is valid for: <input type="checkbox"/> Ten months from the date of signature											
In signing this authorization, I understand: <ul style="list-style-type: none"> 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. 											
Student Signature* _____ Printed Name _____ Date _____ Parent/Guardian/Custodian Signature: _____ Printed Name _____ Date _____											

POSITIVE PERSONAL PROFILE

Tell us a little more about yourself by completing the boxes below, use the back for additional space if needed

<p>What are your goals for employment?</p> <p>1.</p> <p>2.</p>	<p>List some of your personal interests?</p>
<p>What talents, skills or knowledge do you have?</p>	<p>How do you learn best?</p> <p><input type="checkbox"/> Visual: Learn by seeing</p> <p><input type="checkbox"/> Auditory: Learn by listening</p> <p><input type="checkbox"/> Kinesthetic: Learn by doing, moving</p> <p><input type="checkbox"/> More than one of the above (mark them)</p>
<p>What values are important to you?</p> <p><input type="checkbox"/> Honesty</p> <p><input type="checkbox"/> Respect</p> <p><input type="checkbox"/> Responsibility</p> <p><input type="checkbox"/> Compassion</p> <p><input type="checkbox"/> Teamwork</p> <p><input type="checkbox"/> Other: _____</p>	<p>What are some of your positive personality traits?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>
<p>Where do you prefer to work?</p> <p><input type="checkbox"/> Office or quiet location</p> <p><input type="checkbox"/> Outside</p> <p><input type="checkbox"/> Inside but not an office</p> <p><input type="checkbox"/> Working with people and/or public</p> <p><input type="checkbox"/> Warehouse or supply area</p> <p><input type="checkbox"/> Working with things not people</p>	<p>What are some things that you do not like?</p> <p>1. —</p> <p>2. —</p> <p>3. —</p> <p>4. —</p> <p>5. —</p> <p>6. —</p>
<p>Looking at all of your work experiences, what did you enjoy most and why?</p>	<p>Who do you normally ask for help if needed?</p> <p><input type="checkbox"/> Parents or family members</p> <p><input type="checkbox"/> Teachers, school staff</p> <p><input type="checkbox"/> Job coaches, outside agencies</p> <p><input type="checkbox"/> Other: _____</p>
<p>What challenges have you faced?</p>	<p>How did you solve the challenge you faced?</p>

Student Name:	Date of Birth:
Mailing Address:	Contact Information: Home: _____ Cell: _____ Email: _____
Parent or Guardian Names: _____ _____ Mailing Address: _____ _____ _____	Parent or Guardian Contact Information: Home Phone: _____ Cell Phone: _____ Email: _____

Previous School or Program: _____

IEP Case-manager Name: _____

Why do you want to be part of a Project SEARCH program?
