





Your health deserves a partner.







## Lehigh Valley Hospital – Schuylkill Project SEARCH Candidate Application 2025-2026

| Candidate Name:   |  |
|-------------------|--|
|                   |  |
| High School Name: |  |
|                   |  |
| School District:  |  |

## Thank you for your interest in Project SEARCH!

LVH-Schuylkill Project SEARCH is a high school transition to work program that lasts for 1 school year and takes place at the host business site. The program serves youth with intellectual and developmental disabilities that need an intensive year of career development, internship experience, and support to reach their goals.

## To apply you must be:

- At least 18 years old
- Enrolled in a Schuylkill Intermediate Unit 29 Member District
- On an IEP
- Eligible for Vocational Rehabilitation (VR) Services

### **Application Process and Guidelines**

The purpose of this application packet is to outline the skill set of the LVH-Schuylkill Project SEARCH student candidate. The application enables the Selection Committee to properly assess each student candidate's interests, skills, abilities, and background. A parent, student, counselor, teacher, or employer may be contacted by the Selection Committee to gather additional information. Our goal is to select students who will be successful in the LVH-Schuylkill Project SEARCH program and reach the outcome of competitive employment.

#### There are 4 steps to the process.

**Step 1**: You and your parent/guardian must complete this application.

We will begin accepting applications on November 1, 2024 and the final deadline to submit is March 1, 2025. Please submit the completed application to the email or mailing address below:

Mrs. Rene Evans
<a href="mailto:evanr@iu29.org">evanr@iu29.org</a>
Special Education Director
Schuylkill County Intermediate Unit 29

17 Maple Avenue

PO Box 130

Mar Lin, PA 17951

#### **Step 2:** The Project SEARCH Selection Team will:

- Gather documents and information from the school and other agencies.
- Review these and consider your strengths, needs, and eligibility.
- Decide if you can move forward in the process.
- Inform you and your parent/guardian of next steps.

**Step 3:** If you are eligible to move forward, you must participate in the Skills Assessment Day.

• This will be held on Wednesday, March 19, 2025 at LVH—Schuylkill. We will give you more details about this later. Please save this date on your calendar.

#### **Step 4:** The Selection Team will:

- Review the Assessment Day and prior information and then select interns for the upcoming school year.
- Contact you and your parent/guardian to let you know if you were accepted.

## Application Packet Checklist

ALL REQUIRED DOCUMENTS LISTED BELOW MUST BE COMPLETE AND SENT WITH THE COMPLETED APPLICATION FOR THE APPLICANT TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR SCHOOL DISTRICT STAFF.

| ☐ Application Packet                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|
| ☐ Photo ID                                                                                                                    |
| ☐ Current Evaluation Report (ER) or Reevaluation Report (RR)                                                                  |
| ☐ Current Individualized Education Plan (IEP)                                                                                 |
| ☐ Transition Assessment – most recent vocational evaluation or career interest survey                                         |
| ☐ High School Transcript                                                                                                      |
| ☐ Attendance Record                                                                                                           |
| ☐ School Medical Records                                                                                                      |
| ☐ Release of Information – Agency                                                                                             |
| ☐ Release of Information — School                                                                                             |
| Project SEARCH - Teacher Rubric (The Project SEARCH Coordinator will send this to the teacher(s) listed on your application.) |

# LVH-Schuylkill Project SEARCH Application The following information is to be completed by the student with assistance from

parents/guardians, and/or teachers.

| Candidate Name:                      |                                            |              | Today's Date:          |
|--------------------------------------|--------------------------------------------|--------------|------------------------|
| Candidate Address:                   |                                            |              | DOB:                   |
| Email:                               |                                            |              | Phone:                 |
| Is someone helping phone number here | y you fill out this form? If yes, pl<br>e: | ease list th | neir name and email or |
| Referring Individua                  | Is Name:                                   |              |                        |
| Email Address:                       |                                            | Work         |                        |
| Liliali Addicss.                     |                                            | Phone:       |                        |
|                                      |                                            | i iioiic.    |                        |
| Father/ Guardian                     |                                            | Cell         |                        |
|                                      |                                            | Phone:       |                        |
| Address                              |                                            | Home         |                        |
|                                      |                                            | Phone:       |                        |
| Email Address:                       |                                            | Work         |                        |
|                                      |                                            | Phone:       |                        |
|                                      |                                            |              |                        |
| Mother/ Guardian                     |                                            | Cell         |                        |
|                                      |                                            | Phone:       |                        |
| Address                              |                                            | Home         |                        |
|                                      |                                            | Phone:       |                        |
| Email Address:                       |                                            | Work         |                        |
|                                      |                                            | Phone:       |                        |
|                                      |                                            |              |                        |
| Emergency Contact Student:           | ct Name (other than those liste            | ed above)/   | Relationship to        |
| Home Phone/                          |                                            | Work         |                        |
| Cell Phone:                          |                                            | Phone:       |                        |
|                                      |                                            |              |                        |
| OVR Counselor Na                     | ame:                                       |              |                        |
| Email Address:                       |                                            | Work         |                        |
|                                      |                                            | Phone:       |                        |
|                                      |                                            |              |                        |
| Supports Coordina                    | ator/ Case Manager Name:                   |              |                        |
| Email Address:                       |                                            | Work         |                        |
|                                      |                                            | Phone:       |                        |
|                                      | 1                                          |              |                        |

| EDUCATIONAL BACKGROUND                                                                            |                                      |
|---------------------------------------------------------------------------------------------------|--------------------------------------|
| Are you 18 years or older?                                                                        |                                      |
| ☐ Yes                                                                                             | □ No                                 |
| If not, what is your age?                                                                         |                                      |
| Have you deferred your high school diploma/gradu                                                  | ation?                               |
| ☐ Yes                                                                                             | □ No                                 |
| Do you have all your credits necessary to graduate                                                | ?                                    |
| ☐ Yes                                                                                             | □ No                                 |
| *Include Transcript                                                                               |                                      |
| Anticipated Graduation Date                                                                       |                                      |
| Have you received any additional vocational training Maple Avenue Campus – Restaurant, Work Mento |                                      |
| ☐ Yes                                                                                             | □ No                                 |
| If yes, list school and certification or degree obtained                                          | ed. *                                |
|                                                                                                   |                                      |
| *Include Transcript                                                                               |                                      |
| EMPLOYMENT BACKGROUND                                                                             |                                      |
| How do you want to be employed in the community                                                   | y upon completion of Project SEARCH? |
| ☐ Full time                                                                                       | ☐ Part time                          |
| Do you plan to work during the school year, in add<br>Program?                                    | ition to being in the Project SEARCH |
| ☐ Yes                                                                                             | □ No                                 |
| If yes, Where?                                                                                    |                                      |

| How many days/ hou     | rs?                                                            |
|------------------------|----------------------------------------------------------------|
|                        |                                                                |
| List jobs or volunteer | experiences you do or have done in school or in the community: |
| EMPLOYER               |                                                                |
| Job Title              |                                                                |
| Job Duties             |                                                                |
|                        |                                                                |
| Supervisor Name        |                                                                |
| Contact Number         |                                                                |
| Paid or Unpaid         |                                                                |
| EMPLOYED               |                                                                |
| EMPLOYER               |                                                                |
| Job Title              |                                                                |
| Job Duties             |                                                                |
| Supervisor Name        |                                                                |
| Contact Number         |                                                                |
| Paid or Unpaid         |                                                                |
| Have you ever been     | fired from a job?                                              |
| _                      | <u> </u>                                                       |
| ☐ Yes                  | □ No                                                           |
| If yes, please explain | ı:<br>                                                         |
|                        |                                                                |
|                        |                                                                |
| Have you ever quit a   | job?                                                           |
| ☐ Yes                  | □ No                                                           |

| If yes, please explain:                                                     |                                |  |  |  |
|-----------------------------------------------------------------------------|--------------------------------|--|--|--|
|                                                                             |                                |  |  |  |
| TRANSPORTATION:                                                             |                                |  |  |  |
| How do you plan to get to Project SEARCH?                                   |                                |  |  |  |
| ☐ School Transportation                                                     |                                |  |  |  |
| ☐ Parents                                                                   |                                |  |  |  |
| ☐ Public Transportation                                                     |                                |  |  |  |
| ☐ Drive Self                                                                |                                |  |  |  |
| SERVICE AGENCIES:                                                           |                                |  |  |  |
| Do you have a Vocational Rehabilitation Co                                  | unselor?                       |  |  |  |
| ☐ Yes                                                                       | □ No                           |  |  |  |
| If yes, please list your counselor's name and                               | d phone number                 |  |  |  |
| Name:                                                                       | Phone Number:                  |  |  |  |
| Do you have a Case Manager or Supports C                                    | Coordinator?                   |  |  |  |
| ☐ Yes                                                                       | □ No                           |  |  |  |
| If yes, list your Supports Coordinator/ Case                                | Manager name and phone number. |  |  |  |
| Name:                                                                       | Phone Number:                  |  |  |  |
| What agency services have you utilized in the past?  Agency Name:  Purpose: |                                |  |  |  |
|                                                                             |                                |  |  |  |
|                                                                             |                                |  |  |  |
|                                                                             |                                |  |  |  |
|                                                                             |                                |  |  |  |
|                                                                             |                                |  |  |  |

| INDEPENDENT LIVING:                               |          |        |                                             |  |
|---------------------------------------------------|----------|--------|---------------------------------------------|--|
| Primary Disability:                               |          |        |                                             |  |
| Secondary Disability:                             |          |        |                                             |  |
|                                                   |          |        |                                             |  |
| Medications/ dosage/ time of Medication           |          |        |                                             |  |
| Wedication                                        | DO       | sage   | Time of day                                 |  |
|                                                   |          |        |                                             |  |
|                                                   |          |        |                                             |  |
|                                                   |          |        |                                             |  |
|                                                   |          |        |                                             |  |
|                                                   |          |        |                                             |  |
| List any health or medical iss                    | sues th  | at ma  | y impact your success in Project SEARCH:    |  |
|                                                   |          |        |                                             |  |
|                                                   |          |        |                                             |  |
| Physical                                          |          |        |                                             |  |
| Accommodations                                    | Yes      | No     | Explanation                                 |  |
| I wear glasses.                                   |          |        |                                             |  |
| I wear contacts.                                  |          |        |                                             |  |
| I have vision problems.                           |          |        |                                             |  |
| I have a hearing                                  |          |        |                                             |  |
| impairment.                                       |          |        |                                             |  |
| I use a hearing aid.                              |          |        |                                             |  |
| I use sign language.                              |          |        |                                             |  |
| I use a wheelchair, walker or other physical aid. |          |        |                                             |  |
| I use an assistive speech                         |          |        |                                             |  |
| device                                            |          |        |                                             |  |
| Other (Specify)                                   |          |        |                                             |  |
|                                                   | ity, ple | ase li | st what kinds of aids/supports or assistive |  |
| technology that you use?                          |          |        |                                             |  |
|                                                   |          |        |                                             |  |
|                                                   |          |        |                                             |  |
|                                                   |          |        |                                             |  |
| Please list any limitations tha                   | ıt impa  | ct you | r success in Project SEARCH:                |  |
| <u> </u>                                          |          |        | -                                           |  |
|                                                   |          |        |                                             |  |

| BEHAVIORAL SUMMARY:                      |            |                |                  |             |   |
|------------------------------------------|------------|----------------|------------------|-------------|---|
|                                          |            | •              | D : (0EADOL      | 10          |   |
| Do you have any behaviors that might     | impact yo  | ur success in  | Project SEARCE   | l?          |   |
| ☐ Yes                                    |            | □ No           |                  |             |   |
|                                          |            |                |                  |             |   |
| Please Explain:                          |            |                |                  |             |   |
|                                          |            |                |                  |             | _ |
|                                          |            |                |                  |             |   |
|                                          | ,          |                |                  |             |   |
| Have you ever been suspended/expereason? | lled/remov | ed from the so | chool environmen | t for any   |   |
|                                          |            |                |                  |             |   |
| ☐ Yes                                    |            | ∐ No           |                  |             |   |
| Please Explain:                          |            |                |                  |             |   |
|                                          |            |                |                  |             |   |
|                                          |            |                |                  |             | _ |
|                                          |            |                |                  |             |   |
| JOB SPECIFIC SKILL SET:                  |            |                |                  |             |   |
|                                          |            |                |                  |             |   |
| Check the level of knowledge that app    | olies:     |                |                  |             |   |
| Program                                  | Never      | Beginner       | Intermediate     | Advanced    | Ì |
| Alphabetical filing – first letter only  | 110101     | 209            |                  | 71010011000 |   |
| Alphabetical filing – multiple letter    |            |                |                  |             |   |
| Ex. Apple                                |            |                |                  |             |   |
| Appleton                                 |            |                |                  |             |   |
| Displays fine motor skills               |            |                |                  |             |   |
| Displays time management skills          |            |                |                  |             |   |

## STUDENT RESPONSE QUESTIONS

(Answers require 4-5 sentences **HANDWRITTEN** by the student. If this section is scribed, please write the exact words used by the student.)

| Why do you want to be a Project SEARCH intern? |  |  |
|------------------------------------------------|--|--|
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
| What do you want us to know about you?         |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
| How did you find out about Project SEARCH?     |  |  |
| Tiow did you find out about Froject of Artorns |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |
|                                                |  |  |

#### LVH-Schuylkill Project SEARCH Intern Agreement

You and your parent/guardian will need to sign this agreement if you are accepted into the program.

I, (insert name here), understand that if I am accepted into the LVHN—Schuylkill Project SEARCH program

- I will complete at least 3 unpaid internships at LVHN—Schuylkill.
- I will attend the program every day from 8:30 am- 3:00 pm (this is subject to change).
- I will follow the dress code and arrive looking clean and neat.
- I will contact my instructor and mentor when I am absent or tardy.
- I will make up any assignments I miss if I am absent.
- I will follow all the rules of LVHN—Schuylkill and of the Project SEARCH program.
- I will attend all meetings with my counselor, parent / guardian, teacher, skills trainers, and business staff.
- I will participate in and discuss any issues at my meetings.
- I will actively look for a job that is 16 hours a week or more in an integrated setting.
- I understand that I must complete a background check, have current immunizations, and meet other host business requirements.

I have read the statements above. I agree to these terms. I accept my placement in the LVH-Schuylkill Project SEARCH program. I understand that I may be asked to leave LVH-Schuylkill Project SEARCH if I do not follow these terms.

| Do you or y accepted? | our parent/guardi | an have any co | ncerns with ne | eding to sign thi | s if you are |
|-----------------------|-------------------|----------------|----------------|-------------------|--------------|
| □Yes                  |                   |                |                |                   |              |
| □No                   |                   |                |                |                   |              |

| THIS APPLICATION HAS BEEN COMPLETED AND THE FOLLOWING:  Parent/Guardian  Student  Teacher/ Transition Coordinator  Guidance Counselor  Other  Other | APPROVED BY MEMBERS OF THE IEP TEAM, INCLUDING |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| All please sign below:                                                                                                                              |                                                |
| Name/Title                                                                                                                                          | Date                                           |

Thank you! We will contact you to let you know we received your application.