



**New Student Application**

**2025-2026 School Year**

## Student Information

**Name**

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**Email Address**

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**Mailing Address**

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**Phone**

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**Cell Phone**

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## Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH™ 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 individuals who will be successful in a Project SEARCH™ program and reach the outcome of competitive employment.

### The Selection Process includes the following guidelines:

1. All students are encouraged to attend an PS Info Night or Open House *and* meet the instructor and skills trainers prior to beginning Project SEARCH™.
2. Submit the completed application by **Friday, February 28, 2025** to:

**Rachael Laib, Project SEARCH™ Instructor**  
**Moore Public Schools**  
**Special Services**  
**1500 SE 4<sup>th</sup> St.**  
**Moore, OK 73160**  
**Phone: 405.735.4200**  
**rachaellaib@mooreschools.com**

3. The Selection Committee will review the applications, keeping in mind the student's skill set and interests, as they apply to the Project SEARCH™ Program.
4. If accepted, student must be able to pass a background check, drug screening and current immunizations.

### Please note:

- The Selection Committee will include the Project SEARCH™ instructor, representatives from the host business, Oklahoma Department of Rehabilitation Services, OU/National Center for Disability Education and Training, and other agency/school representatives.
- This application packet is utilized for all candidates.

### Selection Criteria:

1. Must be enrolled at Moore Public Schools.
2. Must be at least 18 years of age or turning 18 before the first day of the program year.
3. Have an active Department of Rehabilitation Service (DRS) case with an individual plan for employment (IPE) in place.
4. Must have all graduation requirements met.
5. Be a student who will benefit from participation in a variety of non-paid internships.
6. Be a student who **DOES NOT** have a current College plan.
7. Be a student who desires to work competitively at the end of the Project SEARCH™ program.
8. Must agree to all internship and/or Host Business requirements, such as, immunizations, attire, behavior, TB testing, background check, mask policy, and/or vaccinations; when required.

## Project SEARCH™ Application Packet Checklist

### **\*PLEASE NOTE\***

**ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR APPLICATION TO BE CONSIDERED**

- ☐ Completed application packet
- ☐ Photo
- ☐ Shot/Immunization record
- ☐ Copy of current IEP (including Transition Goals)
- ☐ Most recent reading and math scores - should be on IEP or provide a copy of ACT scores or other battery of test - provided by school
- ☐ High school transcript and most recent report card - provided by school
- ☐ Current Attendance record
- ☐ Career Assessment - Provided by Special Education Department
- ☐ Most recent MEEGS report and/or Psychological evaluation (provided by IEP Teacher or Special Services Administration)
- ☐ Current Discipline Report (if applicable)

Return completed Packet by, Friday, February 28, 2025 to:

Rachael Laib, Project SEARCH™ Instructor  
Moore Public Schools  
Special Services  
1500 SE 4<sup>th</sup> St.  
Moore, OK 73160  
Phone: 405.735.4200  
rachaellaib@mooreschools.com



## **Moore Public Schools Project SEARCH™ Event Calendar**

- Project SEARCH presentation to potential students – January 30, 2025
- Applications due – February 28, 2025
- Candidate Interviews – March 31-April 4, 2025
- Candidate selection – April 14, 2025
- Letters out to schools, families, DRS Counselors – April 17, 2025
- Meet with DRS Counselor – Summer, 2025
- Open House @ Norman Regional Hospital – August 2025
- Program participants follow the Moore Public Schools calendar
- Program graduation – May 2026

For more information contact:

**Rachael Laib, Project SEARCH™ Instructor**  
**Moore Public Schools**  
**Special Services**  
**1500 SE 4<sup>th</sup> St.**  
**Moore, OK 73160**  
**Phone: 405.735.4200**  
**[rachaellaib@mooreschools.com](mailto:rachaellaib@mooreschools.com)**

**Please attach transcript and most recent report card**

Revised Jan2025

## APPLICATION FOR ADMISSION

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### Moore Project SEARCH™ program

●Norman Regional Hospital

#### A. PERSONAL DATA

Name

Last

First

Middle

SS#:

Green Card #:

Cell Phone:

Address:

Street

City

Zip Code

High School:

Male

Female

Date of Birth:

☐☐

Email Address:

#### PARENT/GUARDIAN DATA:

Parent/Guardian Name:

Parent/Guardian E-mail:

Address:

Street

City

Zip Code

Parent/Guardian

Home Phone:

Cell

Phone:

Parent/Guardian Name:

Parent/Guardian E-mail:

Address:

Street

City

Zip Code

Parent/Guardian

Home Phone:

Cell Phone:

**Moore Project SEARCH™ program**

- Norman Regional Hospital

**B. PARENT/STUDENT INFORMATION:**

1. A student **cannot** participate if the student has not met all graduation requirements with the exception of Sr. English and Electives.
2. Final placement into Project SEARCH™ will depend upon an Individual Education Plan with MPS and an Individual Plan of Employment (IPE) with DRS.
3. Release: A copy of the last IEP, MEEGS report and/or Psychological evaluation concerning my son/daughter may be kept on site at Norman Regional Hospital and reviewed by the program professional staff. Student information may be released to program partners at the discretion of the program instructor.
4. Equal Opportunity: Project SEARCH™ placement will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.
5. Students selected for Project SEARCH™ will be required to pass drug screening, background check, **TB Test, and comply with Host Business vaccination requirements; when applicable.**

**Student's position within the Project SEARCH™ program is contingent upon adherence to the policies and procedures of both the Moore Public Schools and Norman Regional Health System. By signing, the parent and student agree to comply.**

**PLEASE ATTACH TRANSCRIPT AND MOST RECENT REPORT CARD.**

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

**C. SCHOOL USE ONLY:**

**\*TO BE COMPLETED BY GUIDANCE COUNSELOR\***

Total Credits to Date: \_\_\_\_\_

Does the student have the necessary credits for graduation? ☐ Yes ☐ No

List Course Deficiencies: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Days Absent: 11<sup>th</sup> grade \_\_\_\_\_ 12<sup>th</sup> grade \_\_\_\_\_

Days Tardy: 11<sup>th</sup> grade \_\_\_\_\_ 12<sup>th</sup> grade \_\_\_\_\_

Comments about Attendance  
and or Tardiness: \_\_\_\_\_

**Guidance Counselor  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*TO BE COMPLETED BY TEACHER OF RECORD\***

Applicant IQ Score: \_\_\_\_\_

Applicant Special  
Education Category: \_\_\_\_\_

**Rate the Following Concerns on a Scale of 1 to 5**

1 = Very low concern and 5 = Very high concern Place an X under the column of your choice

|                                   | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------|---|---|---|---|---|
| Behavior                          |   |   |   |   |   |
| Attention to Task                 |   |   |   |   |   |
| Work Ethic                        |   |   |   |   |   |
| Conflict Resolution Skills        |   |   |   |   |   |
| Desire for Competitive Employment |   |   |   |   |   |
| Maturity Level                    |   |   |   |   |   |

Teacher of Record Comments: \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**D. EMPLOYMENT BACKGROUND:**

How do you want to be employed in the community upon completion of Project SEARCH™?

Full time ☐ Part time ☐

Which shift would you prefer working after graduating from Project SEARCH™?

1<sup>st</sup> Shift ☐ 2<sup>nd</sup> Shift ☐ 3<sup>rd</sup> Shift ☐ Any Shift ☐ No Preference ☐

Do you plan to work during the school year, in addition to being in the Project SEARCH™ program?

Yes ☐ No ☐

If yes, where? \_\_\_\_\_ How many days/ hours? \_\_\_\_\_

**Below, list jobs you do or have done in School or in the Community:**

| Employer    | Job Title | Paid                     | Unpaid                   |
|-------------|-----------|--------------------------|--------------------------|
|             |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Duties  |           | Supervisor Name          |                          |
|             |           | Supervisor Number        |                          |
|             |           |                          |                          |
| Employer    | Job Title | Paid                     | Unpaid                   |
|             |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Duties: |           | Supervisor Name:         |                          |
|             |           | Supervisor Number:       |                          |
|             |           |                          |                          |
| Employer    | Job Title | Paid                     | Unpaid                   |
|             |           | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Duties: |           | Supervisor Name:         |                          |
|             |           | Supervisor Number:       |                          |
|             |           |                          |                          |

Have you ever been fired from a job?

Yes ☐ No ☐

If yes, please explain:

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Have you ever quit a job?

Yes ☐ No ☐

If yes, please explain:

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What responsibilities do you have at home?

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**E. TRANSPORTATION:**

How do you plan to get to Project SEARCH™?

Public Transit ☐ Parents ☐ Drive Self ☐

**F. DEPARTMENT OF REHABILITATION SERVICES (DRS) INFORMATION:**

Do you have a DRS Vocational Rehabilitation Counselor?

|                              |                 |  |                           |  |
|------------------------------|-----------------|--|---------------------------|--|
| Yes <input type="checkbox"/> | Counselor Name: |  |                           |  |
| No <input type="checkbox"/>  | Phone Number:   |  | Date DRS case was opened: |  |

Comments:

**G. D.H.S., DEVELOPMENTAL DISABILITIES SERVICES (DDS) INFORMATION:**

Are you eligible or do you currently receive services from DDS?

|                              |                   |  |  |  |
|------------------------------|-------------------|--|--|--|
| Yes <input type="checkbox"/> | Case Worker Name: |  |  |  |
| No <input type="checkbox"/>  | Phone Number:     |  |  |  |

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Comments:

**H. INDEPENDENT LIVING:**

Medications/ dosage/ Time of day taken by student

| Medication | Dosage | Time of day | Revised Jan2025 |
|------------|--------|-------------|-----------------|
|            |        |             |                 |
|            |        |             |                 |
|            |        |             |                 |

List any health or medical issues that may impact a successful job placement:

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Please list any limitations that impact employment:

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Do you receive Social Security benefits?

Yes ☐ No ☐

Have you ever met with a Social Security or  
DRS benefits planner?

Yes ☐ No ☐

**I. BEHAVIORAL SUMMARY:**

Do you have any behaviors that might impact a successful job placement?

Yes ☐ No ☐

**Please Explain:**

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**STUDENT RESPONSE QUESTION****Why do you want to come to Project SEARCH™? (Complete in your own words)**


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**List Four References (Non-Related):**

|    | Name | Relation to you | Phone Number | E-mail Address |
|----|------|-----------------|--------------|----------------|
| 1. |      |                 |              |                |
| 2. |      |                 |              |                |
| 3. |      |                 |              |                |
| 4. |      |                 |              |                |

**This application has been completed by:**

|      |       |              |      |
|------|-------|--------------|------|
| Name | Title | Phone Number | Date |
|------|-------|--------------|------|

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**Signature**
**\*\*\*\*\* Please specify Ladies or Men's (circle one)**
**Shirt Size** \_\_\_\_\_ **Pant Size** \_\_\_\_\_

**Shoe Size** \_\_\_\_\_

**OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES**

Please return this form to: Communications Office, RS#24  
Oklahoma Department of Rehabilitation Services  
3535 N.W. 58<sup>th</sup>, Suite 500  
Oklahoma City, Oklahoma 73112  
405-951-3400; 1-800-845-8476; Fax: 405-951-3529, [info@okdrs.gov](mailto:info@okdrs.gov)

Name \_\_\_\_\_  
(Type or Print)

Address \_\_\_\_\_

Phone \_\_\_\_\_

I grant full permission, without recourse, to the Oklahoma Department of Rehabilitation Services for the use or release of information checked below:

- |                                                      |                                                 |
|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Name                        | <input type="checkbox"/> Occupation or business |
| <input type="checkbox"/> Photograph/Electronic Media | <input type="checkbox"/> Disability or disease  |
| <input type="checkbox"/> Hometown                    | <input type="checkbox"/> Other (specify)        |

☐ I understand that no royalty, fee or other compensation shall become payable to me because of such release. I also understand that media representatives may edit or choose not to publish submitted material. Emailing this form to [info@okdrs.gov](mailto:info@okdrs.gov) indicates that you give permission to use the information without a signature. Or please sign the form when you return it by mail to DRS Communications Office, 3535 NW 58<sup>th</sup> Street, #500, Oklahoma City OK 73112-4824.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Representative \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Comments: \_\_\_\_\_

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