

## 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. Submit the completed application to:  
Kennell Winrow  
Project SEARCH™ Program Coordinator/Instructor  
Wyndham Grand OKC Hotel  
10 North Broadway Avenue, Oklahoma City, OK 73102  
405-595-4074  
[kennell.winrow@metrotech.edu](mailto:kennell.winrow@metrotech.edu)
2. 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.
3. If accepted, student must be able to pass a background check, drug screening and be current on immunizations.
4. If accepted, students **MUST** have a state issued ID card or driver's license.

### Please note:

- The Selection Committee will include the Project SEARCH™ instructor, representatives from the host businesses, 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:

- Be a high school graduate.
- Be 18 to 24 years of age (may not turn 25 during the time of enrollment).
- Have an active DRS case with an individual plan for employment (IPE) in place.
- Be a Student who will benefit from participation in a variety of non-paid internships.
- Be a Student who does not have a current college plan.
- Be a Student who desires to work competitively at the end of Project SEARCH™.

## 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 **Student, Parent, and Teacher,**
- Copy of state ID card or driver's license **Student**
- 5 x 7 Photo **Student or Parent submit**
- Shot/Immunization record **Get from school nurse or family member or doctor**
- IEP (including Transition Goals) from senior year of high school  
**IEP Teacher or School Counselor**
- Most recent reading and math scores **IEP Teacher or School Counselor**
- High School transcript and recent report card **High School Counselor**
- Career Tech transcript and recent report card **Career Tech Instructor**
- Attendance record – High School senior year **High School Counselor**
- Attendance record – Career Tech program **Career Tech Instructor**
- Career Assessment – if applicable **VR Counselor**
- Most recent MEEGS report and/or Psychological evaluation  
**IEP Teacher, Special Services Administration or School Counselor**

**Return completed Packet to one of the following instructors:**

Kennell Winrow  
Project SEARCH™ Program Coordinator/Instructor  
Wyndham Grand OKC Hotel  
10 North Broadway Avenue  
Oklahoma City, OK 73102  
405-595-4074  
[Kennell.winrow@metrotech.edu](mailto:Kennell.winrow@metrotech.edu)



## **Metro Technology Centers and Wyndham Grand Project SEARCH™ Event Calendar**

- ✚ Open House & Information Night | Program presentation to potential students and parents – TBD
- ✚ Applications due –Approximately May, 2023 until program seat filled
- ✚ Candidate Interviews - May-June, 2023
- ✚ Candidate selection – June, 2023
- ✚ Letters out to students, VR Counselors – June, 2023
- ✚ First day of Project SEARCH™ program – Follows OKCPS start dates
- ✚ Family Orientation / Meet & Greet – August, 2023

For more information contact:

Kennell Winrow  
Project SEARCH™ Program Coordinator/  
Instructor  
Wyndham Grand OKC Hotel  
10 North Broadway Avenue  
Oklahoma City, OK 73102  
405-595-4074  
[Kennell.winrow@metrotech.edu](mailto:Kennell.winrow@metrotech.edu)

**Metro Technology Centers Project SEARCH™ program:****A. PERSONAL DATA**

Name

Last

First

Middle

SS#:

Green Card #:

Cell

Female

Male

Phone:

Address:

Street

City

Zip Code

Date of Birth:

Technology  
Program:

High School:

Technology  
Center:

Year

Graduated:

Dates Attended:

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:

**Metro Technology Centers Project SEARCH™ program:**

<b>B.</b>	<b>PARENT/STUDENT INFORMATION:</b>	
1.	A student cannot participate if the student has not graduated from high school.	
2.	Final placement into Project SEARCH™ will depend upon an Individual Plan of Employment (IPE) Meeting with your VR Counselor.	
3.	Release: A copy of the last IEP, MEEGS and/or Psychological evaluation concerning my son/daughter may be kept on site 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 and background check.	

**Student’s position within the Project SEARCH™ program is contingent upon adherence to the policies and procedures of both the **School System and Host Business.****

**By signing, the parent/guardian and student understand and agree to comply with the statements and information stated above; including section B, 1-5.**

<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
<b>Student Signature:</b>		<b>Date:</b>	

**C. SCHOOL USE ONLY:**

Days Absent from Career Tech - 1<sup>st</sup> year: \_\_\_\_\_ 2<sup>nd</sup> year: \_\_\_\_\_

Days Tardy - 1<sup>st</sup> year: \_\_\_\_\_ 2<sup>nd</sup> year: \_\_\_\_\_

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

Applicant IQ Score:		Applicant Special Education Category:	
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<b>This Section to be completed by Career Tech or Transition Work Training Instructor of Record</b>				
PLEASE RATE THE FOLLOWING STATEMENTS: 1 = Low Concern and 4 = High Concern	1	2	3	4
Daily Behavior				
Attention to Task				
Work Ethic				
Conflict Resolution Skills				
Desire for Competitive Employment				
Maturity Level				

**INSTRUCTOR 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? \_\_\_\_\_

**List jobs you do or have done in school or in the community:**

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

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  School Bus (if available)

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

Do you have a DRS Vocational Rehabilitation Counselor?

Yes

No

Counselor Name:			
Phone Number:		Date DRS Case was opened:	

Comments:

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

Are you eligible or do you currently receive DDS Services?

Yes

No

Case Worker Name:			
Phone Number:			

Comments:

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**H. INDEPENDENT LIVING:**

Medications/ dosage/ Time of day taken by student

Medication	Dosage	Time of day

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

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Please list any limitations (physical, mental, or emotional) that impact participation and 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	Relationship to you	Phone Number	E-mail Address

This application has been completed by:

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Name	Title	Phone Number	Date
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Signature

\*\*\*\*\* Please specify Ladies or Men's (circle one)

Top Size	_____	Pant Size	_____
T-Shirt Size	_____	Polo Shirt Size	_____

# Project SEARCH™ Program Student Contract

**Parent/Guardian: Read the student contract below and sign and date.**

I, \_\_\_\_\_, understand that if I have been accepted into the Project SEARCH™ program I must abide by the following terms and conditions:

- I will complete at least two unpaid job rotations within the host business.
- I will attend the program every day, during the designated hours, Monday through Friday.
- I understand that the Project SEARCH™ program correlates with the Metro Technology Centers school calendar.
- I will dress appropriately and wear required uniform. (black uniform pants, black collared shirt, black socks, and black non-slip sole shoes)
- I will call my instructor and departmental supervisors, when I am absent or tardy.
- I will follow all the rules, policies and procedures established by the Project SEARCH™ program, Metro Technology Centers and host business.
- I will attend evaluation meetings with my rehabilitation counselor, parents, teachers, and business staff.
- I will be an active participant and communicate any issues at our evaluation meetings.
- I will actively pursue employment.
- I understand that by signing this document I give permission for the partner agencies to share and discuss testing, reports, and other pertinent information with each other.

I have read the above terms and conditions and agree to accept my placement in the Project SEARCH™ program if selected. 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

\_\_\_\_\_

Date

## MEDIA RELEASE FORM

### *Metro Technology Centers and the Project SEARCH™ Oklahoma Partners*

**Parent/Guardian: Read the student contract below and sign and date.**

I, (print student name) \_\_\_\_\_, hereby grant to the Metro Technology Centers and the Project SEARCH™ Oklahoma Partners the irrevocable and unrestricted right to use and publish/broadcast photographs, videos, social media and audio recordings of me, or any in which I may be included, for editorial, trade, advertising and any other purpose and in any manner or medium; to alert the same without restrictions; and to copyright the same.

I hereby release to the Metro Technology Centers and the Project SEARCH™ Oklahoma Partners and their legal representatives, successors, and assigns for all claims and liability relating to said photograph, video, images and audio recordings. I understand that any use of my image will relate to the school and Project SEARCH™ activities, and also that I receive no compensation for the use of my image and/or name.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date