

**Project LIFE – Marshfield**  
**Applying for**  
**Preliminary Application**



School Year: \_\_\_\_\_

Please have the student fill out the information below.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Disability: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

Teacher/Case Manager Name: \_\_\_\_\_

Teacher/Case Manager Email: \_\_\_\_\_

High School: \_\_\_\_\_ HS exit date: \_\_\_\_\_

**Do you or will you have a court appointed legal guardian: Yes or No**

If yes, list court appointed legal guardian's name: \_\_\_\_\_

**Do you work with the following agencies: (Not required to start Project LIFE)**

Agencies	No	In Process	Yes (name of agency and/or case manager)
DVR			
Vocational Provider			
SSI			
ADRC			
Long-Term Support			

**Student is currently participating in community based vocational instruction: YES or NO**

Please list: Business                      Schedule                      Hours per week                      Duties

Business #1: \_\_\_\_\_

Business #2: \_\_\_\_\_

**Attendance (list missed days):** School: \_\_\_\_\_ Work: \_\_\_\_\_

<b>Work Skills - check skill below and rate:</b>	<b>Never</b>	<b>Beginner</b>	<b>Intermediate</b>	<b>Advanced</b>
Use cell phone				
Computer: Word, Excel, Data entry				
Send or receive email				
Mailings: Label, Collate, Insert, and Delivery				
Alphabetize - ABC and Numbers				
Utilizes organizational skills				
Count - 1-10 ____, 1-50 ____, by 5's ____, by 10's ____				
Recognize expiration dates				
Simple addition/subtraction with calculator				
Use a calendar ____ personal planner ____				
Read or use a checklist				
Manage time, transition at break/lunch				
Telling time - digital or analog				
Follow a schedule of tasks/duties				

**Level of Support:**

<b>Area</b>	<b>Independent</b>	<b>Requires Assistance (explain)</b>
<b>Social Skills</b>		
<b>Personal Care</b>		
<b>Mobility</b>		
<b>Problem Solving</b>		

**Behaviors requiring attention during work:** Describe behaviors:

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**Supports or accommodations that I need with on the job:**

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**Living Skills:**

<b>Living Skills</b>	<b>Independent</b>	<b>Requires Assistance (explain)</b>
<b>Hygiene/Personal Care</b>		
<b>Mobility</b>		
<b>Telling Time</b>		
<b>Navigate within building</b>		

**Transportation is your responsibility. How will you get to and from Project LIFE:**

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**Reading: Describe grade level abilities** \_\_\_\_\_

**Writing: Describe grade level abilities** \_\_\_\_\_

**Preferred Form of Communication- (voice, pictures, written words, other – explain)**

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**Assistive devices:    Yes    No    If yes, describe:** \_\_\_\_\_

**Learning style (describe):** \_\_\_\_\_

**Strengths:** \_\_\_\_\_

**Home supports: (who will help you):**

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**What is your Dream Job:**

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**Do you want to apply for Project LIFE:    Yes            No**

**Why do you want to be involved in Project LIFE?**

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**By signing this application, you give permission to share this information with the Project LIFE interview committee:**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If applicant has a legal guardian, provide signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application deadline is February 1st.

For more information about Project LIFE – Marshfield, please contact:

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