Lehigh Valley Hospital – Schuylkill
Project SEARCH
Candidate Application 2027-2028

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 and the final deadline to submit is March 1. Please submit the completed application to the email or mailing address below:

Mrs. Rene Evans
evanr@iu29.org
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 in March at LVH—Schuylkill. We will share the date and give you more details about this later.

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 are 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
- ☐ Copy of 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 you fill out this form? If yes, please list their name and email or phone number here:			
Referring Individuals Name:			
Email Address:		**Work Phone:**	
Father/ Guardian		**Cell Phone:**	
Address		**Home Phone:**	
Email Address:		**Work Phone:**	
Mother/ Guardian		**Cell Phone:**	
Address		**Home Phone:**	
Email Address:		**Work Phone:**	
Emergency Contact Name (other than those listed above)/ Relationship to Student:			
Home Phone/ Cell Phone:		**Work Phone:**	
OVR Counselor Name:			
Email Address:		**Work Phone:**	
Supports Coordinator/ Case Manager Name:			
Email Address:		**Work Phone:**	

EDUCATIONAL BACKGROUND

Are you 18 years or older?

☐ Yes ☐ No

If not, what is your age? _____

Have you deferred your high school diploma/graduation?

☐ 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? (Ex: Schuylkill Technology Center, Maple Avenue Campus – Restaurant, Work Mentor, or PAES)

☐ Yes ☐ No

If yes, list school and certification or degree obtained. *

_____

_____

_____

***Include Transcript**

EMPLOYMENT BACKGROUND

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

☐ Full time ☐ Part time

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 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	

EMPLOYER	
Job Title	
Job Duties	
Supervisor Name	
Contact Number	
Paid or Unpaid	

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:

_____
_____
_____

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 Counselor?

☐ Yes ☐ No

If yes, please list your counselor's name and phone number

Name: _____ Phone Number: _____

Do you have a Case Manager or Supports 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 day taken by student:

Medication	**Dosage**	**Time of day**

List any health or medical issues that may 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)			

If you have a physical disability, please list what kinds of aids/supports or assistive technology that you use?

_____

_____

_____

Please list any limitations that impact your success in Project SEARCH:

_____

_____

_____

BEHAVIORAL SUMMARY:

Do you have any behaviors that might impact your success in Project SEARCH?

☐ Yes ☐ No

Please Explain:

Have you ever been suspended/expelled/removed from the school environment for any reason?

☐ Yes ☐ No

Please Explain:

JOB SPECIFIC SKILL SET:

Check the level of knowledge that applies:

Program	Never	Beginner	Intermediate	Advanced
Alphabetical filing – first letter only				
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?

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 8:00 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 your parent/guardian have any concerns with needing to sign this if you are accepted?

☐ Yes

☐ No

THIS APPLICATION HAS BEEN COMPLETED AND APPROVED BY MEMBERS OF THE IEP TEAM, INCLUDING THE FOLLOWING:

- ☐ Parent/Guardian
- ☐ Student
- ☐ Teacher/ Transition Coordinator
- ☐ Guidance Counselor
- ☐ Other _____
- ☐ Other _____

All please sign below:

_____
Name/Title Date

_____
Name/Title Date

_____
Name/Title Date

_____
Name/Title Date

_____
Name/Title Date

_____
Name/Title Date

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



Disclosure of Education Records to Project SEARCH Partners - Release of Information

This form gives permission for the school (identified below) to disclose personally identifiable information from the education records of the individual below. This information will be provided to the Project SEARCH Partners (Host Business, Education Partner, Vocational Rehabilitation, Long Term Support, etc.) to support the application process.

Student Name: _____ _____ _____ _____
Last First M Date of Birth

Address _____ _____ _____
Address City State/Zip

Primary Contact Information _____ _____ _____
Name Email Phone

Name of School _____ _____
School District

School Address _____ _____ _____
Address City State/Zip

Information to Use or Disclose

- ☐ Demographic Information
- ☐ Attendance Records
- ☐ Educational Evaluations
- ☐ IEP, 504 Plan
- ☐ Psychological Evaluations
- ☐ FBA, BIP
- ☐ ETR
- ☐ Academic Records
- ☐ Other _____

Signature of Student Applicant_____ Date_____

Signature of Parent/Guardian _____ Date_____

If received assistance to complete application, name of scribe: _____

Disclosure of Consumer Records to Project SEARCH Partners - Release of Information

This form gives permission for the agency (identified below) to disclose personally identifiable information from the records of the individual below. Information will be released to the Project SEARCH Partners (Host Business, Education Partner, Vocational Rehabilitation, Long Term Support, etc.) to support the application process.

Student Name:

_____	_____	_____	_____
Last	First	M	Date of Birth

Address

_____	_____	_____
Address	City	State/Zip

Primary Contact Information

_____	_____	_____
Name	Email	Phone

Name of Agency _____

Name of Agency _____

Information to Use or Disclose

- ☐ Demographic Information
- ☐ Attendance Records
- ☐ IPE
- ☐ Functional Screen
- ☐ Psychological Evaluations
- ☐ Planning Documents
- ☐ Diagnostic Records
- ☐ Medical Documentation
- ☐ Other _____

Signature of Student Applicant_____ Date_____

Signature of Parent/Guardian _____ Date_____

If received assistance to complete application, name of scribe:_____