

**Project SEARCH at**

**Nationwide Children’s**

**Hospital**

Student Intern Application | 2025-2026

Application deadline: Friday, February 14, 2025

**Submit completed application** **to:**

[Laura.mcknight@escco.org](mailto:Laura.mcknight@escco.org)

Laurie McKnight, Project SEARCH Instructor

614-314-6554

Skills assessments will take place at Nationwide Children’s Hospital on March 3, 2025. More information will be sent to those applicants who qualify for this next step in the application process.



**Purpose**

The purpose of this application packet is to assist in determining the skill set of each Project SEARCH Intern Candidate. The information provided will enable the selection committee\* to properly assess each Intern Candidate’s skills, abilities and experience. A parent, intern candidate, counselor, school staff, or employer may be contacted by the selection committee to gather additional information. Ultimately, the goal is to select intern candidates who will be successful in a Project SEARCH program and be prepared for competitive employment.

\*The selection committee includes representatives from Nationwide Children’s

Hospital, Alpha Group, the Educational Service Center of Central Ohio, Franklin County Board of Developmental Disabilities, and counselors from Opportunities for Ohioans with Disabilities*.*

*\*\* If accepted, the intern candidate must obtain a State ID card and pass a criminal background check.*

**Key Dates:**

Apply

February 14, 2025: Deadline to submit completed application

Skills

Assessment

March 3, 2025: Skills Assessment Day at NCH

Acceptance

March 24, 2025: Initial acceptance letters sent

May -

2025: IEP developed and meeting held

Summer

July 2025: Welcome Night

**2025-2026 School Year**

**Project SEARCH Application**

**The following documents MUST be completed and turned in with the Project SEARCH Intern application.**

 School Personnel Questionnaire (pg. 5-7)

 Work Experience History (classroom team) (pg. 8)

 Behavior Observation (classroom team) (pg. 9)

 Parent Questionnaire (pg. 10)

 Student Questionnaire (pg. 11-12)

**See additional mandatory documents on page 6 of this application.**

***\*Final acceptance is contingent upon support from student’s District of Residence and Opportunities for Ohioans with Disabilities (OOD) eligibility.***

\*\* Items that will be required upon acceptance:

* + - * Flu shot (by October 31st of program year)
      * Updated immunizations - MMR, Hep B series, Tdap within last 10 years,

Varicella series

 TB test within the last 12 months

* + - * Background check
      * Physical exam within the last 3 years
      * Intern Agreement
      * Intern Code of Conduct

**STUDENT/PARENT RELEASE OF INFORMATION**

* + 1. Acceptance into Project SEARCH is dependent upon selection committee review
    2. Release: Student records concerning my son/daughter will be shared with Project SEARCH staff and selection committee members
    3. Equal opportunity: Career placement will be made without regard to race, color, sex, age, religion or presence of disability.

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

Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# School District Personnel Questionnaire

# 

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(First, Middle, Last)*

District of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

Student Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Native Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Daytime only)*

Name of Referral Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Personnel:** please note, the next *five* sections are *required* elements for *all* referrals to *any* ESC program.

|  |  |  |
| --- | --- | --- |
| **A. Local Ethnicity:**    ☐ A – Asian  ☐ B – Black, Non-Hispanic  ☐ H – Hispanic  ☐ I – American Indian / Alaskan  ☐ M – Multiracial\*  ☐ W – White, Non-Hispanic |  | **B. Racial Groups:** *(Check all that apply)*    ☐ A – Asian  ☐ B – Black / African American  ☐ I – American Indian / Alaska Native  ☐ P – Native Hawaiian / Other Pacific Islander  ☐ W – White |

*\*If Multiracial is selected, please be sure to select all racial groups that apply in box B.*

|  |  |  |
| --- | --- | --- |
| **C. Hispanic / Latino:**    ☐ Yes, this student is Hispanic/Latino.  ☐ No, this student is not Hispanic/Latino. |  | **D. Gender:**    ☐ Male Age: \_\_\_\_\_\_\_  ☐ Female |

**F. Living with Student:**

☐ Both Natural Parents

☐ Mother Only

☐ Father Only

☐ Mother + Other Adult

☐ Father + Other Adult

☐ Legal Guardian(s)\* Yes\_\_\_ No\_\_\_\_ ☐ Foster Parent(s)\*

**E. Student Homeless Status:** *(Check One)*

☐ \* - Not Applicable

☐ A- Sheltered

☐ B- Unsheltered

☐ C- Doubled Up

☐ I- Hotel/Motel

G. **Student Homeless Unaccompanied Youth:**

A homeless student not in the custody of a parent or guardian. (Check One)

☐ \* - Not Applicable (Used only if \* was reported in box F)

☐ N - No

☐ Y - Yes

|  |
| --- |
| **H. Please include these documents with referral:**    ☐ Birth Certificate  ☐ Copy of current ETR (effective dates: from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_)  ☐ Copy of current IEP (effective dates: from\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_)  ☐ Copy of HS Attendance Records  ☐ HS Transcripts  ☐ Copy of Discipline Record  ***\*\*Referrals will not be processed without these documents\*\**** |

**I. Additional Components of** **Packet** *(If applicable)*

☐ Achievement and OGT scores ☐ FBA/Behavior Plan

☐ Discipline Information☐ Most recent progress reports/report cards

(Manifestations, Suspensions, etc.)

☐ Additional Safety Plans (Medical and/or Behavior)

☐ Other

|  |  |
| --- | --- |
| **J.** | **Limited English Proficiency (LEP) Status:**    □ N=No - the student is not Limited English Proficient  □ Y=Yes - Limited English Proficient student who has been enrolled in US schools for  more than 360 school days (or the equivalent of two school years)  □ L=LEP – Enrolled in US Schools for First Time  □ S=LEP – Enrolled in US Schools for Second Year (A recently arrived LEP student  who has been enrolled in US schools for more than 180 school days and less than 360 days (or the equivalent of two school years). |

|  |  |
| --- | --- |
| **K.** | **Economically Disadvantage (ED) Status:**    □ \*=Not Applicable  □ 1=Economic Disadvantage |

**School District Personnel Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a representative of the student’s district of residence? YES\_\_\_\_\_ NO \_\_\_\_\_**

**Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Work Experience History

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all work experiences starting with the most recent. Include paid and non-paid experiences.**

1. Name of company, address, phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date | End Date | # of days/week | Hrs. worked/day | Paid/Non-Paid |
|  |  |  |  |  |

Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Supervising Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervision needed (circle 1): in visual field every 15 min every 30 min every hour intermittent throughout the day

…………………………………………………………………………………………………………

1. Name of company, address, phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Start Date | End Date | #of days/week | Hrs. worked/day | Paid/Non-Paid |
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Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Supervising Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision needed (circle 1): in visual field every 15 min every 30 min

every hour intermittent throughout the day

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1. Name of company, address, phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Start Date | End Date | # of days/week | Hrs. worked/day | Paid/Non-Paid |
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Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Supervising Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision needed (circle 1): in visual field every 15 min every 30 min

every hour intermittent throughout the day

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classroom/Transition Team Observation of Behavior**

Please give detail to each of the questions listed below.

How often does your student demonstrate physically, verbally aggressive, self-injurious or property destruction behaviors? What does the behavior look like? Please be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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When frustrated, how does your student respond?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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When anxious/nervous, how does your student respond?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has this student ever been fired or let go from a job? Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has this student ever left the school building or a job site unattended or wandered away? Explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your student’s level of sexual awareness? (please check one)

* Student engages in inappropriate sexual behaviors at school/in public (exposing self, inappropriate touching of others, masturbation)
* Student tends to display an immature level of sexual behavior (excessive flirting, flaunting, hugging,)
* Student does not engage in inappropriate sexual behaviors.

Please list any other details regarding your student’s behavior, temperament or personality that you wish to share:

Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent Questionnaire

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the medical diagnoses of your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does your child have any medical/health problems which could restrict his/her participation in any kind of classroom, community or work activities? Please specify type and restrictions, including restrictions on alone time per an ISP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What type of work do you see your child participating in after graduation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a specific type of work you feel your child has strong interests or potential for working in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a specific type of work you feel would not be appropriate for your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you visualize your child getting to and from work or around the community after graduation?

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_ COTA bus |  | \_\_\_\_\_\_\_\_ Walk |
| \_\_\_\_\_\_\_\_ Family member |  | \_\_\_\_\_\_\_\_ Taxi |
| \_\_\_\_\_\_\_\_ Program van/bus |  | \_\_\_\_\_\_\_\_ Drive own car |
| \_\_\_\_\_\_\_\_ Ride a bicycle |  | \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Where do you see your child living as an adult?

\_\_\_\_\_\_\_\_ With family

\_\_\_\_\_\_\_\_ In a supported living arrangement

\_\_\_\_\_\_\_\_ Other

1. What does your child enjoy doing with their leisure time at home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

## Student Questionnaire

Why do you want to come to Project SEARCH? (Complete in your own words and/or person assisting will write the responses in the student’s own words)

**List Three References:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Type of  Reference | Phone Number | Email Address |
| 1. |  | Family Reference |  |  |
| 2. |  | School Reference |  |  |
| 3. |  | Other Community or Agency Reference |  |  |

**FUTURE EMPLOYMENT PREFERENCES and 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?

1st Shift 2nd Shift 3rd Shift

Would you be willing to work holidays and/or weekends?

Yes No

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

Yes No

If yes, where and how many hours?

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:

**SERVICE AGENCIES:**

Do you have a Vocational Rehabilitation Counselor with Opportunities for Ohioans with Disabilities (OOD)?

Yes Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Are you eligible for services from the County Board of Developmental Disabilities?

Yes Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

If yes, which county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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