


Caesar Rodney Project SEARCH at DeIDOT
Intern Application
2019-2020 School Year



Intern Applicant Name:



Delaware Department
Of Transportation



Sending High School:



Sending School District:



Date Received: _____

(CR District Personnel Use Only)

Project SEARCH

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Application Purpose & Guidelines

- The purpose of this application packet is to outline the skill set of the Project SEARCH intern candidate. This application enables the Project SEARCH Selection Committee to properly assess each intern candidate's skills, abilities, and background. A parent, student, counselor, teacher, or employer may be contacted by the Selection Committee to gather additional information. The final goal of the Selection Committee is to select students who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

Selection Process & Guidelines

The selection process includes the following guidelines:

1. The Selection Committee may include, but is not limited to, the following members: Project SEARCH instructor, representatives from the Delaware Department of Transportation, representatives from the Delaware Division of Vocational Rehabilitation, representatives from the Caesar Rodney School District, and other outside agency representatives.
2. This application packet is utilized for high school transition intern candidates.
3. Submit the completed application by February 4th, 2019 to:

Virginia Vaughan
Assistant Principal
John S. Charlton School
278 Sorghum Mill Road
Camden, DE; 19934
virginia.vaughan@cr.k12.de.us

4. The Selection Committee, in collaboration with the Oversight Committee, will review the applications. Eligible interns will then be interviewed by the Committee.
5. If accepted, an IEP will be developed with the Project SEARCH IEP team for the 2019-2020 school year.
6. If accepted, the student intern must register with the CR Countywide Programs for the 2019-2020 school year.
7. If accepted, the student intern must complete any tests deemed necessary by the host business as well as agree to the State Guest Net Internet Policy.

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Program Entrance Criterion

The prospective intern...

- Is between 18-21 years of age by August 31st, 2019
- Has completed the necessary requirements for graduation (diploma or modified diploma)
- Agrees that this will be the last year of student services and will accept diploma at the end of Project SEARCH
- Is found eligible for vocational rehabilitation or has submitted a referral in progress
- Is found eligible for developmental disabilities service and other providers as necessary for follow along services or has submitted a referral in progress
- Is willing to participate in travel training to maximize independence or is already DART certified
- Has previous experience in a work environment
- Has a desire to work competitively at the end of the Project SEARCH program site within their community

Please note, this page does not need to be submitted in the completed application.

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Application Packet Checklist

Please note that all the required documentation below must be completed and submitted together for consideration. If any documentation is incomplete, an application will be returned for completion.

- Completed Application Packet
- Completed Permission for release of information
- Current or Most Recent Individualized Education Plan (IEP)
- Completed Age of Majority and/or Guardianship Paperwork
- Current or Most Recent Evaluation Summary Report (ESR)
- Behavior Support Plan (if applicable)
- Attendance Record
- Copy of Student Transition Survey
- Photo of Intern Applicant

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Recruitment Timeline for Potential Interns

Key Dates

- Project SEARCH Information Night: January 15th, 2019
- Applications Due: February 4th, 2019
- Intern Selection Committee Meets: Week of February 11th, 2019
- Intern Interviews: February 20th, 22nd, 2019
- Intern Notification: Week of March 4th, 2019
- Late Application Intern Interviews: May 9th, 2019; May 15th, 2019
- Project SEARCH Orientation for Families of Accepted Interns: May 22nd, 2019

Now	<ul style="list-style-type: none">• Talk to teachers, parents & others to see if Project SEARCH is right for you• Arrange a tour of the Project SEARCH DelDOT Facility• Explore the website www.projectsearch.us
Early Winter	<ul style="list-style-type: none">• Attend Project SEARCH Information Night January 15th, 2019• Submit application to Caesar Rodney School District, John S. Charlton School
Late Winter	<ul style="list-style-type: none">• Applications are reviewed by Student Selection Committee• Interviews are conducted• Notification of Acceptance via school and regular mail
Spring	<ul style="list-style-type: none">• New Intern Signing Day for Student and Families• Meet with DVR Counselor to complete all paperwork, travel training, and background checks• IEP Meetings Scheduled for Fall
Summer	<ul style="list-style-type: none">• Registration completed for Caesar Rodney School District, CR Countywide Programs• New Student Intern/Guardian Orientation/ IEP meetings• Intern Summer SEARCH Program

For more information contact:

Christy (Lisa) Betts, SEARCH Instructor, @ 302-233-8024

Virginia Vaughan, SEARCH Administrator, @ 302-697-3103

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Application For Admission

The information below should be completed by the Special Education Case Manger within the prospective intern's current building.

Parent/Student Information

Parent/Guardian Signature: _____

Prospective Intern Signature: _____

Date: _____

Questions	Responses
Prospective Intern Name	
Prospective Intern Address	
Prospective Interns Contact Information (Phone, E-Mail)	
Prospective Intern Date of Birth	
Prospective Intern Exceptionality	
Prospective Intern DDDS Case Manager and/or DVR Counselor Name	
Prospective Intern Sending School District	
Prospective Intern District of Residence	
Name of Person Completing Section	
Contact Information For Person Completing Section (If Different Than Above)	

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Tuition Acknowledgement Form

Project SEARCH is a tuition based program hosted through the John S. Charlton School in the Caesar Rodney School District. For a Project SEARCH application to be considered complete, the Home District must complete and return the acknowledgement form with the understanding that the Home District will be financially responsible for the tuition payable to the Caesar Rodney School District.



Date: _____

Prospective Intern Information:

Last Name: _____

First Name: _____

High School: _____

School District: _____

Is the referring District the intern's Home District?

Yes

No: *If no, please contact the Home District and complete the signature form below.*

Signatures:

Director/Supervisor of Special Education Home School District

Print Name

Signature

Date

Director of Finance

Print Name

Signature

Date

The above signatures denote the District understands and agrees to be financially responsible for the tuition to the Caesar Rodney School District.


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Positive Personal Profile

The information below should be completed by the Special Education Case Manger within the prospective intern's current building in collaboration with the prospective intern.





Profile Considerations	Prospective Intern Responses
<p>What are some of your dreams or goals? Share 2.</p> 	<p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p>
<p>What are some of your interests? Share 2.</p>	<p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p>
<p>What talents, skills, or knowledge do you have? Share 2.</p>	<p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p>
<p>How do you like to learn?</p>	<p><input type="checkbox"/> Auditory: Learn by listening</p> <p><input type="checkbox"/> Kinesthetic: Learn by doing, moving</p> <p><input type="checkbox"/> Visual: Learn by seeing</p> <p><input type="checkbox"/> More than one of the above</p>
<p>What values are important to you?</p>	<p>What values are important to you?</p> <p><input type="checkbox"/> Honesty</p> <p><input type="checkbox"/> Respect</p> <p><input type="checkbox"/> Compassion</p> <p><input type="checkbox"/> Teamwork</p> <p><input type="checkbox"/> Responsibility</p> <p><input type="checkbox"/> Other: _____</p>

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Profile Considerations	Prospective Intern Responses
<p>What are some of your positive personality traits? Share 2.</p>  	<p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p>  
<p>Where do you prefer to work?</p>	<p><input type="checkbox"/> Office or quiet location</p> <p><input type="checkbox"/> Outside</p> <p><input type="checkbox"/> Inside but not an office</p> <p><input type="checkbox"/> Working with people and/or public</p> <p><input type="checkbox"/> Warehouse or supply area</p> <p><input type="checkbox"/> Working with things not people</p>
<p>What are some things you do not like? Share 2.</p>	<p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p>
<p>Who do you normally ask for help in a challenge?</p>	<p><input type="checkbox"/> Parents or family members</p> <p><input type="checkbox"/> Teachers or school staff</p> <p><input type="checkbox"/> Job coaches, outside agencies</p> <p><input type="checkbox"/> Other: _____</p>

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Employment Background

The information below should be completed by the prospective intern, family, and/or school within the prospective intern’s current building in collaboration.

Are you currently employed? No Yes -> Where? _____

Do you plan to continue working during Project SEARCH? No Yes -> Hours per week > _____

List the jobs you do, or have some in the school or in the community:

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	Was this a paid position?
		1. 2. 3.			Yes No
		1. 2. 3.			Yes No

Have you ever been fired from a job? No Yes

If yes, please explain:

Have you ever been quit a job? No Yes

If yes, please explain:

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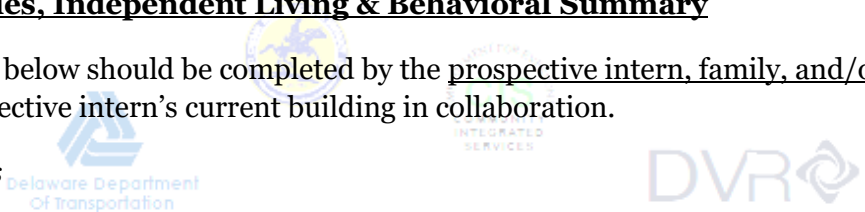
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Service Agencies, Independent Living & Behavioral Summary

The information below should be completed by the prospective intern, family, and/or school within the prospective intern’s current building in collaboration.

Service Agencies



Are you currently a client of any of the following agencies? Please check Yes or No.

Agency	Response	
	Yes	No
Division of Developmental Disability Services (DDDS)	Yes	No
Division of Vocational Rehabilitation (DVR)	Yes	No
Division of Visually Impaired (DVI)	Yes	No
Division of Family Services (DFS)	Yes	No
Division of Adult Mental Health	Yes	No
Are you receiving any social security benefits?	Yes	No
Other private service providers- Please list:		

Independent Living

Are you taking any medications? No Yes

Medication	Dosage	Time of Day

Do you have any health or medical issues that may impact successful job placement?

No Yes: If ‘Yes’, please explain:

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Behavioral Summary

Do you have any behaviors that require additional support at a worksite?

- No Yes: If 'Yes', please explain:



Have you had or do you currently have a behavior plan?

- No Yes: If 'Yes', please attach.

The person assisting the student to complete this application is:

Name	Title	Phone Number	Date
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Signature

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Student Contract

The information below should be completed by the prospective intern.

I _____ understand that students in the Project SEARCH program must abide by the following terms and conditions:

- I will complete at least three unpaid job rotations within the host business.
- I will attend the program every day (Monday through Friday) during the project hours.
- I understand that the Project SEARCH program correlates with the Caesar Rodney School District calendar.
- I will dress appropriately and wear required attire.
- I will call my instructor when I am absent or tardy.
- I understand that I will be responsible for changes in transportation to and from the host site.
- I will learn to use public transportation when available.
- I will follow all the rules established by the program and host business.
- I will attend scheduled meetings with my rehabilitation counselor, parents, teachers, and business staff.
- I will be an active participant and communicate any issues at our meetings.
- I will meet regularly / as scheduled with my DVR counselor/ DDDS Case Manager to pursue employment.
- I will meet regularly with my Job Developer to pursue employment.

I have read the above and understand that I must agree to these terms IF I am accepted in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

Prospective Intern Signature

Date

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

CLIENT/STUDENT:	DATE OF BIRTH:
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I hereby authorize the following individuals or organizations to release information:
Current Enrolled School District, Project SEARCH Partners, DeIDOT, Department of Education, Division of Developmental Disabilities Services, Division of Vocational Rehabilitation, Community Integrated Services, Autism Delaware

To the following individuals or organizations:
Caesar Rodney School District; Project SEARCH Partners; DeIDOT; Department of Education; Division of Developmental Disabilities Services; Division of Vocational Rehabilitation; Community Integrated Services; Autism Delaware; Respective Partners for Job Development

The type of information to be provided is:
Educational Records/Reports; Current IEP; Speech-Language Evaluation/Report; OT-PT Evaluation/Report; Participation in IEP Team Meeting; Medical Records/Report; Psychiatric Evaluation/Report; Neurobiological Evaluation/Report; Psychological Evaluation/Report

The purpose of providing this information is:
To gather records and information to assist in the development of the client/student's educational program

This authorization is valid until:
 One year from the date of signature
 The following date or event (not to exceed one year): _____

In signing this authorization I understand:

- This authorization is voluntary and services are not dependent on my authorization.
- I have a right to receive a copy of my authorization.
- This authorization may be revoked at any time by writing to the originating agency. The revocation will be effective on receipt, but will not affect actions taken prior to receiving my revocation.
- If I request release of information to individuals or organizations that are not subject to state or federal privacy regulations, the information could be re-disclosed without privacy protections.
-

Client/Student Signature*: _____
Printed Name: _____ **Date:** _____

Representative Signature (Parent, Guardian, Custodian [Circle One]): _____
Printed Name: _____ **Date:** _____

*The signature of a minor client (under age 18) is required for the release of information which is, for example,

- from a school-based Wellness Center
- protected by federal regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records

Records protected under Delaware law or federal privacy regulations cannot be disclosed without written authorization unless otherwise provided for in the regulations. See, for example,

- Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2
- Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164
- Family Educational Rights and Privacy Act ("FERPA"), 34 CFR Part 99

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