

CBT Application

APPLICATION DEADLINE IS JANUARY 12, 2024

Date of Application: ____/____/____

Student Name: _____

Student Address: _____

Street Name

City

Zip Code

Phone Number: _____

Birth Date: _____

Age: _____

Social Security Number _____

Gender: _____

Parent or Guardian Name(s): _____

If over 18, is your child his/her own guardian? YES NO

If no, write the name(s) of legal guardian(s) _____

District of Residence: _____

Contact Person & Title: _____

Contact's Phone Number: _____

Contact's Email: _____

The following documents MUST be completed and turned in with the CBT application.

- | | |
|--|---|
| <input type="checkbox"/> Student Input form | <input type="checkbox"/> Copy of Discipline Record (office referrals/suspensions) |
| <input type="checkbox"/> Current IEP. Effective Dates: _____ - _____ | <input type="checkbox"/> Copy of High School Attendance Record |
| <input type="checkbox"/> Current ETR. Expires: _____ | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Parent Questionnaire | <input type="checkbox"/> 2 Letters of Recommendation |
| <input type="checkbox"/> Work Experience History (classroom team) | o 1 Professional- teacher, coach |
| <input type="checkbox"/> Behavior Observation (classroom team) | o 1 Personal- supervisor, relative, neighbor |
| | <input type="checkbox"/> Optional: Reports from summer youth work experience |

If accepted, student must obtain State ID card prior to starting CBT program.

A background check will be required for some internships.

STUDENT/PARENT RELEASE OF INFORMATION & ACKNOWLEDGEMENTS

- Acceptance and classroom placements into the CBT program is dependent upon selection committee review
- I acknowledge that an in-person tour is required prior to the committee review of application.
- Release: Student records concerning my son/daughter will be shared with the CBT program staff and selection committee members
- Equal opportunity: Career and internship placement will be made without regard to race, color, sex, age, religion or presence of disability.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Questionnaire

Student Name: _____ Date: _____

D.O.B.: _____

Person completing form: _____

1. After exiting high school, how many more years of educational programming do you plan for your child to attend? Your child is eligible to remain in an educational program until the age of 22.

1 2 3 4

2. Please list the medical diagnoses of your child:

3. 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.

4. What type of work/programming do you see your child participating in after graduation (integrated employment within the community, supported employment, social/day programming or a work and social programming combination)?

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

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

7. 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 _____

8. What does your child need to work on while in school to improve his/her chance of getting and keeping successful employment?

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

_____ With family
_____ In a supported living arrangement
_____ Other

10. Are there any areas of training to enhance independence in the home you feel would benefit your child (cooking, cleaning, groom, free time activities, clothing care, etc.)?

11. Does your child have any regular chores or responsibilities at home? What? How often?

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

13. Are there any areas of training to enhance independence in the community you feel would benefit your child (rec/leisure activities, shopping, mobility, banking, appropriate socialization/ communication, etc.)?

14. Does your child belong to any community/school social groups or clubs? If yes, please specify.

15. If your child is over 18, have they:

- a. Registered to vote? YES NO
b. Registered for the draft (if male) YES NO

16. Please complete the appropriate boxes below.

Agency/ Service	Not needed	Would like assistance with	Currently being provided	If provided Please print caseworker's name
Opportunities for Ohioans with Disabilities(OOD)				
Board of DD(Which county?)				
Social Security				
Guardianship				
Other please list				

Signature: _____ 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

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 2. 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

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 3. 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

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 4. 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

Student Name: _____ Date: _____

Classroom Team Observation of Behavior

Please give detail to each of the questions listed below.

Does your student demonstrate any unsafe or destructive behaviors? What does the behavior look like (arguing, property destruction, harassment, inappropriate language, stealing, causing harm to self or others)?

When frustrated, how does your student respond?

When anxious/nervous, how does your student respond?

When given constructive criticism or asked to correct a mistake, how does your student respond?

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

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

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, making inappropriate comments, gestures, inappropriate use of social media)
- Student tends to display an immature level of sexual behavior (excessive flirting, flaunting, hugging,)
- Student does not engage in inappropriate sexual behaviors.

Person completing form: _____ Relationship: _____

4. Tell us your future goals.

1.

2.

3.

5. What do you do when stressed/frustrated or told no?

6. What kind of chores do you help with at home?

7. Are you involved in activities, hobbies, social groups, sports? If so, please describe.

8. What kinds of things do you like to do with your friends or in your free time?

9. What else do you want us to know about you?

(Student Name)

(Date)

(Person assisting with this form/Title)

(Date)

Campus-Based Transition Program Recommendation Letter

Please include two Letters of Recommendation

Name of Applicant: _____

Please answer the following questions to the best of your ability.

About the person writing this recommendation:

Name: _____

Address: _____

Phone number: _____ Email address: _____

Relationship to Applicant: _____

I have known the Application for: _____

Please answer the following questions:

Describe the Application in three words: _____, _____, _____

Please tell us why you feel the applicant would benefit from participating in this program:

Describe any additional supports you feel that the applicant may need to be successful in this program:

Please share any concerns you have regarding the applicant's participation in this program:

What are some ideal working conditions that you feel the applicant would feel most comfortable in? Ex. Noisy/quiet, independently/with people.

Please rate the following as it pertains to the applicant:

	Strong Point	Meets expectations	Support Needed
Organization/Planning			
Listening/Following directions			
Asking for help			
Taking initiative/motivated			
Recognizing and responding appropriately to needs of others			
Appropriate communication skills			
Dealing with stress/frustration			
Adapting to new situations			
Receptive to feedback			
Emotional stability			
Reliability/Dependability			
Ability to be cheerful, have fun, and smile			

Additional Comments:

This letter should be emailed to megan.mastrobuono@escoco.org or submitted with your CBT application.