



Project | SEARCH®

Project SEARCH at Nationwide Children's Hospital

Student Intern Application | 2024-2025

Application deadline: Friday February 16, 2024

Submit completed application (via email preferred) to:

Laurie McKnight, Project SEARCH Instructor
Educational Service Center of Central Ohio
2080 Citygate Drive
Columbus, Ohio 43219
614.314-6554
ProjectSEARCH@escoco.org

Skills assessments will take place at Nationwide Children's Hospital on March 4, 2024. More information will be sent to those applicants who qualify for this next step in the application process.



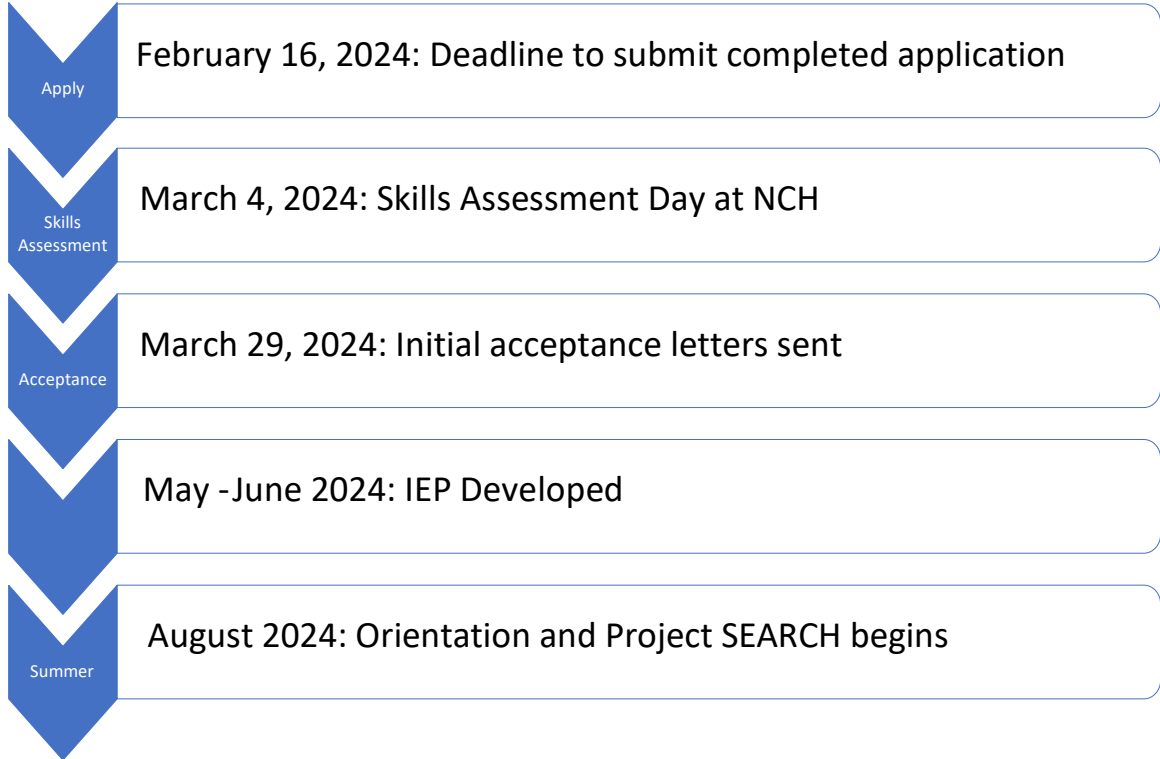
Purpose

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:



2024-2025 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

E. Student Homeless Status: (Check One)

- * - Not Applicable
- A- Sheltered
- B- Unsheltered
- C- Doubled Up
- I- Hotel/Motel

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)*

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
- Discipline Information (Manifestations, Suspensions, etc.)
- Additional Safety Plans (Medical and/or Behavior)
- Other
- FBA/Behavior Plan
- Most recent progress reports/report cards

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: _____

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.

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)
- 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:

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.

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

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

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

5. 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 _____ |

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

- _____ With family
_____ In a supported living arrangement
_____ Other

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

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: _____