



Jefferson Health Project SEARCH

Intern Application 2018-2019

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Jefferson®

NEXT
FOR
AUTISM



APPLICATION FOR ADMISSION

A. APPLICANT PERSONAL INFORMATION:

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Applicant E-mail: _____

Applicant Cell/Home Phone: _____

School District of Residence: _____

Date of Birth: _____ Male Female



B. PARENT/GUARDIAN* PERSONAL INFORMATION (To be filled out by parent/guardian)

Name: _____

Address: _____
Street City Zip Code

Parent/Guardian E-mail: _____

Parent/Guardian Cell/Home Phone: _____

Parent/Guardian Work Phone: _____

*Have you been granted legal guardianship by your county's surrogate court?

Yes No

Scope of Guardianship:

Person Financial Both Not sure

If yes, please attach a copy of the official letter from the Surrogate's Court as part of the transition paperwork process.



C. STUDENT/PARENT INFORMATION:

1. Acceptance into the Project SEARCH Program is dependent upon Selection Committee review.
2. Incorrect or incomplete information provided on this application could impact the student's ability to enter or complete the Project Search program.
3. Release: The student records concerning my son/daughter may be transferred to Y.A.L.E. School for review by the Project SEARCH program staff and Selection Committee Team Members.
4. Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



D. STUDENT WORK HISTORY

List jobs you do or have done in school or in the community. List most recent first:

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Have you ever been fired, laid off or asked to resign from a job?

Yes No

If yes, please explain: _____

Have you ever quit a job?

Yes No



E. INDEPENDENT LIVING:

Medications prescribed for student:

Medication	Dosage	Time of day

List any health or medical issues that may impact a successful job placement.

Please mark and explain other challenges or limitations that impact your ability to keep a job.

- Communication and Interpersonal skills (ability to get along with others and communicate in an effective and mature manner in a professional work-place setting)
- Attention and Focus (can stay on task for a certain period of time)
- Work Tolerance (has the mental and physical stamina needed to complete work tasks)
- Self-Care (can fulfill basic needs related to health, safety, nutrition, grooming and money management)
- Mobility (can efficiently move from place to place)
- _____
- _____
- _____

Please explain:



F. STUDENT RESPONSE QUESTION:

- 1. Why do you want to come to Project SEARCH?** *(Complete in your own words or have someone write your thoughts for you, using your own words)*

- 2. What are your hopes and dreams for employment?**



G. REFERENCES:

List Three Non-Family References (People who have first-hand knowledge of your work performance):

	Name	Title	Phone Number	Email Address
1.				
2.				
3.				

H. PREPARER:

If this application has been completed by someone other than the student, please provide the following information and sign:

Name	Title	Phone Number	Date
Signature			



Project SEARCH Student Self Preparation Assessment

Dear Project SEARCH Applicant:

Please fill out this checklist. If you need help, please ask your teacher or a parent. Fill out each section with information about yourself and your skills that will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words.

I. School Status

Check all boxes that apply.

- I have all my credits for graduation
- I still need the following classes in order to graduate (Please fill out the classes still needed for graduation)
 - _____
 - _____
 - _____
- I still have one or more years of school eligibility
- My school eligibility continues through:
 - The day I turn 22
 - The school year in which I turn 22

J. Commitment to Community Employment

Check all boxes that apply.

- I want to get a job
- My family supports my goal of competitive community employment
- I have an original Social Security Card
- I have a State ID or a Driver license as a picture ID
- I can pass a pre-employment drug screen
- I can pass a criminal background check
- I can be contacted through an answering machine or voice mail which has a business like greeting
- I have a businesslike email address that I check at least weekly
- I receive SSI and/or SSDI or other forms of public assistance
- I have had a benefits analysis and/or I understand the impact of earned income on the benefit



K. Attendance

Check the box that applies.

- I have had no absences or tardiness within the past school year
- I have had 1 – 5 absences or tardiness within the past school year
- I have had 5 – 10 absences or tardiness within the past school year
- I have had 10 or more absences or tardiness within the past school year
- I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days)
- If yes to 10 or more days:
 Reasons why I have missed so much school: _____

L. Independent Daily Living and Self Care Skills

Circle the number that most closely matches your competency.

I need help with the following (from a parent, guardian, teacher or caretaker):

(-) I need a lot of help (+) I don't need much help

Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Shower/Bath	1	2	3	4	5
Appropriate amount of sleep for school and work schedule	1	2	3	4	5



M. Appearance and Professional Presentation

Check all boxes that apply.

- I arrive at school and/or work daily with:
 - Clean and combed hair
 - Clean clothing and underwear
 - Brushed teeth/oral hygiene
 - Clean clothes
- I wear appropriate clothing for the weather.
- I follow my school dress code.
- I am willing to follow the designated dress code of my employer including rules on:
 - Appropriate clothing
 - Shoes
 - Facial hair
 - Facial and body piercings
 - Tattoos
 - Jewelry
 - Fingernail polish and length

N. Transportation

Check all boxes that apply.

- I have reliable transportation to get to work.
- I have my own car, driver license and insurance.
- I know how to use public transportation.
- I'm willing to learn to use public transportation.
- I use a door-to-door or para-transit system independently and can make my own appointments.
- I use a door-to-door or para-transit system and a family member/other person helps to make the appointments.
- I have a family member/other who is willing to provide on-going transportation.
- I am eligible for transportation assistance.
- Other transportation options _____

O. Appropriate Social and Behavior Skills**Check all boxes that apply.**

- I do not engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing.
- I do not swear or use profanity in a school or work setting.
- I show respect to my peers and adults.
- I work cooperatively with others.
- I accept correction and criticism without a negative reaction.
- I have lost my temper in a school or work environment.
- I have displayed aggressive behavior in a school or work setting.
 - Screaming or yelling
 - Hitting/Punching
 - Spitting
 - Kicking
 - Fighting

P. Interpersonal Communication**Check all boxes that apply.**

- I respond when someone speaks or asks questions.
- I make eye contact.
- I use an appropriate tone of voice.
- I engage in appropriate conversation in a school or work environment.
- I use appropriate body language in the school or work environment.
 - No inappropriate hand gestures
 - Sitting appropriately in a chair / posture
 - Respecting personal space
- I use a cell phone and electronic equipment (IPOD, Walkman, Bluetooth, etc.) appropriately according to the school or business policy including refraining from talking and answering the phone, texting and listening to music.

Q. Verbal Communication**Check all boxes that apply.**

- I am easily understood by others.
- I sometimes have trouble getting my message across to others.
- I use adaptive equipment to communicate.
- I am willing to learn to use adaptive equipment to communicate if appropriate.
- I use an interpreter and/or use sign language to communicate.
- I talk about the same topics over and over again.

R. Recreational Activities
Check all boxes that apply.

I participate in organized group activities:

- Sports _____
- Band
- Choir
- Theatre
- Scouts
- Church youth group
- Community recreation and/or Special Olympics
- Computer or electronic games
- Other

I like to exercise on my own (walking, running, biking, etc.)

I exercise _____ times each week for at least thirty minutes each time.

I like sit-down activities such as:

Check all boxes that apply.

- Computer or electronic games
- Watching television
- Reading
- Scrap booking
- Other

I have the following hobbies: _____

S. Physical Limitations:
Check all boxes that apply.

- I have difficulty walking
- I need to use the following to help me walk/navigate:
 - Cane
 - Walker
 - Wheelchair
 - Scooter
 - Other
- I have limited use of my arms and/or hands
- I have other physical limitation that may affect employment: Please list:



T. Production Rate and Work Quality

Check all boxes that apply.

- At work or at school, I get all my tasks finished on time and I turn things in by the due date.
- At work or at school, it is difficult to get all my tasks finished or turned in by the due date.
- At school or work I get most of the tasks correct.
- At school, on chores or on my job my work is organized and neat .

U. Employability Skills

Check all boxes that apply.

- I get to school, work or other appointments on time and independently.
- After lunch or a break, I get back to class or work on time.
- I know how to tell and keep track of time.
- I stay on a task until it is finished.
- If I am interrupted, I can return to the task and finish it.
- I can access the necessary information to fill out a paper application
- I can have experience in filling out an on-line application.
- I know how to answer common interview questions.
- I can tell my boss or co-workers ways that I learn best or tools that help me be a good worker.
- Please list ways that help you learn best or tools you use to be successful at school or on the job:

V. Prior Work Experience

Check all boxes that apply.

- I have had a paying job(s) in my community. The places I worked were/are:

 - I have worked at my school doing: _____
 - I have volunteered at: _____
 - I do the following chores at home on a regular basis: _____
 - I have never worked or volunteered.
 - I have attached my resume. (Please attach a resume if you have one.)
-



W. Academic Skills

Check all boxes that apply.

- My favorite subjects in high school were/are: _____
- I like to read books for pleasure. The last book I read was: _____
- I use a calculator when I do math problems or for everyday use.
- I like to read the newspaper and magazines for news, job hunting and other information.
- I like to write or keep a diary/journal .

X. Computer/Electronic Skills

Check all boxes that apply.

- I have basic keyboarding skills and use correct typing techniques.
- I have basic keyboarding skills and use only two fingers (hunt and peck).
- I can use Microsoft Word to create letters and other documents.
- I can use Microsoft Excel to create spreadsheets and other documents.
- I can use Microsoft Publisher to create cards, newsletters, flyers and other documents.
- I can use email correctly.
- I can access the internet to get information, find services such as map quest and use various search engines.
- I use a computer to play games, watch TV shows, listen to on-line streaming, etc.
- I have no computer skills.
- I use a cell phone to talk to others.
- I use a cell phone for texting.

Y. School and Community Supports

Check all boxes that apply.

I receive Related Services through my school district

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Other

Note: Related Services are only available on a consult basis once the student is enrolled in a Project SEARCH program



- I am registered with DVR. Name of Counselor: _____
- I am eligible for DDD. Name of Support Coordinator: _____
- I am eligible for SSI Benefits
- Who else helps to support me in my life?
 Please list other names and phone numbers below

Name	Title	Phone Number

