



Project | SEARCH®



**Applicant Name:**

## PURPOSE:

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

# Project SEARCH Kent County

## CAPITAL SCHOOL DISTRICT APPLICATION

### Selection criteria includes:

1. Students (18 – 21 age range).
2. Students with significant disabilities.
3. Students who will benefit from participation in a variety of internships.
4. Students who desire to work competitively at the completion of the Project SEARCH program.
5. Students who are motivated to use public transportation (when available) to access Project SEARCH program site.

### The Selection Process includes the following guidelines:

1. District of residence completed the signature page with the understanding that the school district will be financially responsible for the tuition payable to Kent County Community School. (Page 7)
2. The Oversight Committee will review the applications. Representatives from Capital School District, Bayhealth and Division of Vocational Rehabilitation will interview each qualified candidate.
3. If accepted, the student intern must register with Kent County Community School (KCCS) for the 2020-2021 school year.
4. If accepted, an IEP will be developed with the Project SEARCH IEP Team for the 2020-2021 school year.
5. If accepted, student must be able to pass a criminal background check, drug screening and any other requirements deemed necessary by Bayhealth.

## Kent County Community School

65-1 CARVER ROAD | DOVER, DE 19904 | FAX: 302-672-1967 |

SUBMIT COMPLETED APPLICATIONS BY DECEMBER 16 TO [KATHLEEN.STEPHAN@CAPITAL.K12.DE.US](mailto:KATHLEEN.STEPHAN@CAPITAL.K12.DE.US)



## Project SEARCH 2020-2021 Student Application

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

High School: \_\_\_\_\_ School District: \_\_\_\_\_

Parent Email for Correspondence: \_\_\_\_\_

**ALL REQUIRED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TOGETHER FOR CONSIDERATION ON OR BEFORE DECEMBER 16, 2019**

Checklist for completion: Did you include these items?

- Completed Application Packet
- Current or Most Recent Individual Education Plan (IEP)
- Current or Most Evaluation Summary Report (ESR)
- Behavior Support Plan (if applicable)
- One letter of reference from a school official
- Completed Permission for release of information

### 2020-2021 Timeline of Events:

Now	<ul style="list-style-type: none"> <li>•Talk to teachers, parents &amp; others to see if Project SEARCH is right for you</li> <li>•Explore the website &amp; Facebook page: <a href="http://bit.ly/PSBayhealthKCCS">http://bit.ly/PSBayhealthKCCS</a> &amp; <a href="http://www.facebook.com/projectsearchde">www.facebook.com/projectsearchde</a></li> <li>•Register &amp; attend the Delaware Transition Conference held on 12/13/19 at Dover Downs</li> </ul>
Dec	<ul style="list-style-type: none"> <li>•Project SEARCH Information Night 12/4/19 (Wednesday) from 6-8p at the Bayhealth Pavilions (Enter at Main Entrance, Second Floor)</li> <li>•Application due to Capital School District, Kent County Community School, Kathleen Stephan 12/16/2019</li> </ul>
Jan-Feb	<ul style="list-style-type: none"> <li>•Student Selection Committee Meets week of January 6, 2020</li> <li>•Skills Assessment &amp; Interview on February 5 or February 6 held in the Project SEARCH Classroom</li> <li>•Student Notification of Acceptance mailed no later than Friday February 28, 2020</li> </ul>
Mar-May	<ul style="list-style-type: none"> <li>•Families meet with Project SEARCH at Bayhealth partners to complete necessary paperwork for each agency</li> <li>•Classroom and/or community observations conducted by skills trainers</li> </ul>
Summer	<ul style="list-style-type: none"> <li>•Registration completed for Capital School District, Kent County Community School</li> <li>•New Student Intern/Family Orientation, August 2020</li> <li>•First Student Day, August 2020</li> </ul>



*Student Application to be completed by Student & Family:  
Vocational Experience*

YES       NO      **Are you currently employed?**

**If yes, where:** \_\_\_\_\_

YES       NO      **Do you plan to continue working during Project SEARCH?**

**If yes, how many hours per week?** \_\_\_\_\_

**Please list any job or volunteer experience you have from school, community or private sector:**

Place of Experience: _____  Name of Supervisor: _____  Duties/Responsibilities:  1. _____  2. _____  3. _____	Title: _____  Phone: _____  Date: ____/____/____ - ____/____/____  Type of Experience:  <input type="checkbox"/> Paid Job <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer
Place of Experience: _____  Name of Supervisor: _____  Duties/Responsibilities:  1. _____  2. _____  3. _____	Title: _____  Phone: _____  Date: ____/____/____ - ____/____/____  Type of Experience:  <input type="checkbox"/> Paid Job <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer

YES       NO      **Have you ever been fired from a job?**

**If yes, please explain:** \_\_\_\_\_

YES       NO      **Have you ever quit a job?**

**If yes, please explain:** \_\_\_\_\_

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*Student Application to be completed by Student & Family:  
Service Agencies*

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YES  NO

Are you a U.S. citizen?

If no, are you eligible for employment in the U.S.?  YES  NO

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

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

Department of Labor

YES  NO

Division of Adult Mental Health

YES  NO

Other Service Provider Not List: \_\_\_\_\_

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*Student Application to be completed by Student & Family:  
Independent Living*

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YES  NO

Are you or your family receiving any social security benefits?

YES  NO

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

If yes, please explain: \_\_\_\_\_

YES  NO

Do you have any limitations that impact employment?

If yes, please explain: \_\_\_\_\_

YES  NO

Do you have any behaviors that need supported to ensure successful job placement?

If yes, please explain: \_\_\_\_\_

YES  NO

Have you ever had a behavior plan? (If yes, please attach a copy of the plan.)




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*Student Application to be completed by Student & Family:  
Student Contract*

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Please read, sign and date the student contract for Project SEARCH Student Interns:

Students selected to attend Project SEARCH at Bayhealth must abide by the following terms and conditions:

- I will complete at least three unpaid internship rotations within the host business.
- I will attend the program every day (Monday through Friday) during classroom and internship hours.
- I understand that Project SEARCH at Bayhealth correlates with the Capital School District calendar.
- I will dress appropriately and wear required attire.
- I will notify my instructor when I am absent or tardy.
- 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/ DDS 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if applicable)

\_\_\_\_\_  
Date





### AUTHORIZATION FOR THE RELEASE OF INFORMATION

<b>CLIENT/STUDENT:</b>	<b>DATE OF BIRTH:</b>
<b>I hereby authorize the following individuals or organizations to release/receive information:</b> Capital School District, Project Search Partners: Bayhealth, Department of Education, Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and Community Integrated Services & Autism of Delaware	
<b>To/from the following individuals or organizations:</b> Capital School District, Project Search Partners: Bayhealth, Department of Education, Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and Community Integrated Services & Autism of Delaware	
<b>The type of information to be provided is:</b> <input type="checkbox"/> Educational Records/Reports <input type="checkbox"/> Medical Records/Reports <input type="checkbox"/> Current IEP <input type="checkbox"/> Psychiatric Evaluation/Report <input type="checkbox"/> Speech-Language Evaluation/Report <input type="checkbox"/> Neurological Evaluation/Report <input type="checkbox"/> OT/PT Evaluation/Report <input type="checkbox"/> Psychological Evaluation Report <input type="checkbox"/> Participation in IEP team meeting <input type="checkbox"/> Other _____	
<b>The purpose of providing this information is:</b> <i>to gather records and information to assist in the development of your child's educational program.</i>	
<b>This authorization is valid until:</b> <input type="checkbox"/> One year from the date of signature <input type="checkbox"/> The following date or event: _____	
<b>In signing this authorization I understand:</b> <ul style="list-style-type: none"> <li>• This authorization is voluntary and services are not dependent on my authorization.</li> <li>• I have a right to receive a copy of my authorization.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
<b>Client/Student Signature*</b> _____ <b>Printed Name</b> _____ <b>Date</b> _____ <b>Parent/Guardian/Custodian Signature:</b> _____ <b>Printed Name</b> _____ <b>Date</b> _____	

\*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 and/or 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 and Family Educational Rights and Privacy Act ("FERPA"), 34 CFR Part 99



*Is Project SEARCH at Bayhealth right for you?*

*Adapted with permission from Delaware Department of Labor, Delaware Career Compass 2017-2018 Edition*

**Let's Find Out! It's as easy as 1, 2, 3!**

**1** Circle the number for each statement that describes you.

1. I'd rather make something than read a book.
2. I enjoy problem-solving games and working at puzzles.
3. I like helping other people when they need it.
4. I enjoy learning about new topics by reading about them.
5. I like working with my hands.
6. I like being the leader in a group of people.
7. I prefer to know all the facts before I tackle a problem.
8. I like to take care of other people.
9. I enjoy designing, inventing, and creating things.
10. I enjoy expressing myself through art, music, or writing.
11. I would like a job where I could deal with people all day.
12. I like working with materials and equipment.
13. I enjoy learning new facts and ideas.
14. I find cooperating with others comes naturally to me.
15. I like finding out how things work by taking them apart.
16. I would choose to work with things rather than with people.
17. I can usually persuade people to do things my way.
18. I enjoy building and repairing things.
19. I enjoy the research part of my projects.
20. I like interacting with people.
21. I enjoy thinking up different ideas and ways to do things.
22. I like hearing other people's opinions.
23. I enjoy learning how to use different tools.
24. I find it easy to follow written instructions.

**2**

Which numbers did you circle in #1?  
Circle the same numbers in the three groups below.  
Which row has the most circles?

<b>A</b>	1	5	9	12	15	16	18	23
<b>B</b>	3	6	8	11	14	17	20	22
<b>C</b>	2	4	7	10	13	19	21	24

**A: I LIKE TO WORK WITH MY HANDS.**

**B: I LIKE TO WORK WITH PEOPLE.**

**C: I LIKE TO WORK WITH INFORMATION.**

I like to work with \_\_\_\_\_

**INTERNSHIPS AT PROJECT SEARCH AT BAYHEALTH**

**3**



Environmental Services  
Plant Operations  
Prep Cook  
Dish Operations  
Central Supply  
Warehouse  
Security



Unit 3A  
Outpatient Physical Therapy  
Nutrition Care Assistant  
Cafe  
Childcare  
Education  
Diagnostic Imaging



Pharmacy  
Lab Services  
Medical Records  
ED: Clerical  
Finance  
Patient Access  
Marketing



# Signature Page

For a Project SEARCH application to be considered complete, the Director of Finance for the student's district of residence must return the signature page.

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

**Student/Applicant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

High School: \_\_\_\_\_ School District: \_\_\_\_\_

Is the referring district the student's home district?     YES     NO

If no, please ensure the signature page is completed by the student's home district.

School District: \_\_\_\_\_

Director of Finance: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The above signature denotes the district understands and agrees to be financially responsible for the annual tuition to Kent County Community School.

Please return completed form to:  
Kent County Community School  
Attn: Kathleen Stephan  
Project SEARCH  
65-1 Carver Road  
Dover, DE 19904  
Fax: (302) 672-1967  
Email: [Kathleen.Stephan@capital.k12.de.us](mailto:Kathleen.Stephan@capital.k12.de.us)

Please direct any questions to Kathleen Stephan, Associate Principal at Kent County Community School, by calling 302.672.1960 or emailing [Kathleen.Stephan@capital.k12.de.us](mailto:Kathleen.Stephan@capital.k12.de.us)

