

Student Application Packet School Year 2024 – 2025

Name _____



Project | SEARCH



Completed packets should be returned to:
Pioneer Career and Technology Center
27 Ryan Road
Shelby, OH 44875
Phone: 419-347-7744
Fax: 419-347-4977

Submit completed applications by:
Friday February 2nd, 2024

Date received _____

Application Purpose & Guidelines

The purpose of this application packet is to outline the abilities of the Project SEARCH student candidate. This application then enables the Selection Committee to properly assess each student candidates' 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.

The selection process includes the following guidelines:

1. To ensure proper assessment, all students must complete this packet **completely** in order to be considered for participation in the Project SEARCH program. See the checklist on the following page.
2. **All students are required to visit the program at the host business site** to observe the culture, possible internships, and meet the instructor, job coaches and may meet the host business liaison prior to being selected to participate in Project SEARCH.

Please note:

- The selection committee will include the Pioneer Project SEARCH instructor, may include representatives from host business, an OOD representative, and/or representatives from Richland Newhope Inc.
- Project SEARCH follows all rules and regulations regarding OhioHealth policies.
- To schedule a tour, contact:

OhioHealth Mansfield

Katie Getz, Project SEARCH Instructor
419-526-8026

Completed Application Packet Checklist

- _____ High school transcript
- _____ Attendance Record
- _____ Shot/Immunization Record
- _____ Photo
- _____ Current Evaluation Team Report (ETR) Report
- _____ Current Individual Education Plan (IEP) including transition goals.



Everything above this line is mandatory submission

- _____ Copies of relevant medical or educational assessment conducted by an outside evaluator
- _____ School based job training evaluations or assessments (if applicable)

- _____ Career Tech Instructor Evaluation (if applicable)

- _____ Career Tech Work Performance Evaluation (if applicable)

- _____ School transcript from any other formal training (if applicable)

- _____ Any additional relevant information

Please Note: All required documents must be completed and sent together for application to be considered – during any entrance points in the program. If any items listed above are missing, the application will not be considered for acceptance into Project SEARCH until the application is made complete. Additionally, all applicants must complete referral process through Opportunities for Ohioans with Disabilities programming for consideration for acceptance into Project SEARCH.

The following information is to be completed by the student, parents/guardians, and teachers collaboratively:

Candidate Name:		Phone Number:	
		Home:	
		Cell:	
Candidate Address:			
Street Address:			
City and Zip Code:			
School District:		County:	Social Security #:
Referring Teacher Name:			
Email Address:		Work Phone:	
Father/ Guardian:			
Place of employment:		Phone Number:	
Email Address:		Address same as Candidate	Yes or No
Mother/ Guardian:			
Place of employment:		Phone Number:	
Email Address:		Address same as Candidate	Yes or No

EDUCATIONAL BACKGROUND:

Are you 18 years or older? Yes No If not, what is your age? _____

Have you deferred your high school diploma/graduation?

Yes No

Do you have all your credits necessary to graduate?

Yes No

Anticipated Graduation Date: _____

EMPLOYMENT BACKGROUND:

How do you want to be employed in the community upon completion of Project SEARCH?

Full time Part time

Which shifts are you willing/able to work after graduating from Project SEARCH? (Mark all that apply.)

1st Shift 2nd Shift 3rd Shift

Do you plan to work during the school year, in addition to being in the Project SEARCH Program?

Yes No

If yes where? _____ How many days/ hours? _____

List paid jobs that you have done:

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	Dates Employed

List unpaid jobs that you have done:

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	Dates Participated

List volunteer jobs that you have done in school or the community:

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	Dates Participated

Describe what kind of responsibilities or chores that you have at home.

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:

TRANSPORTATION:

How do you plan to get to and from Project SEARCH for the school year?

How do you plan to get to work when you become employed?

Do you own a vehicle?

Yes No

Do you have access to a vehicle for school or work?

Yes No

Do you currently drive?

Yes No

Do you have plans to get your driver's license in the next year?

Yes No

Do you have experience riding public transportation?

Yes No

SERVICE AGENCIES:

Do you have a counselor from OOD? (Opportunities for Ohioans with Disabilities)

Yes No

Name of Counselor: _____

IMPORTANT! You must be eligible for OOD/BVR services in order to be accepted into Project SEARCH. Contact the OOD Mansfield Office at (419) 747-3000.

Are you eligible for services from your County Board of DD?

Yes No

Name of Caseworker: _____

What agency services have you utilized in the past?

Agency Name:

Purpose:

Agency Name:	Purpose:

INDEPENDENT LIVING:

List any health or medical issues:

Do you get up in the morning on your own?

Yes No

Do you wear glasses? Do you wear contacts?

I have no vision problems

If you are hearing impaired, please list what kinds of aids/supports you use?

Do you use sign language as your primary mode of communication?

Yes No

Do your parents/guardians/family members sign as their primary mode of communication?

Yes No

What do you do when you are not in school or working? Describe.

Medications/ dosage/ Time of day taken by student:

Medication	Dosage	Time of day

List side effects of medications you are currently taking:

If you have a physical disability, please list what kinds of aids/supports or assistive technology that you use?

Please list any limitations that impact employment so we may consider adaptations/accommodations for the work site:

BEHAVIORAL SUMMARY:

Do you have any behavioral or social skill deficits that might impact your performance in Project SEARCH or in maintaining employment?

Yes No

Please Explain:

Have you ever been suspended/expelled/removed from the school environment for any reason?

Yes No

Please Explain:

COMPUTER SKILL SET:

Select the level of computer application knowledge that applies:

Program	Never Used	Beginner	Intermediate	Advanced
Word				
Excel				
Power Point				
Email				
Internet				
Save file to a computer drive				
Buy an item online				

Have you taken formal keyboarding or computer classes?

Yes No

BUSINESS MACHINE OPERATION:

Select the level of machine operation that applies:

Name	Never	Sometimes	Frequently
Computer			
Scanner			
Printer			
Copier			
Telephone			
Cell phone			
Voicemail			
Calculator			
Bar Code Scanner			
Can tell time using clock			
Digital time			
Analog time			
Dishwashing machine			

STUDENT RESPONSE QUESTIONS

(**Student** must answer. Please write at least 4-5 sentences in answering. If a scribe is needed, please note this on the application.)

Why are you interested in attending Project SEARCH at OhioHealth?
(Complete in your own words)

Why do you think Project SEARCH would be beneficial to you? What do you hope to gain?
(Complete in your own words)

This application has been completed by:

Name/Title	Date

Student Signature	Date

Hosting Business ~ Project SEARCH Sites

Host Business Name	Worksite Focus	Host Business Overview
---------------------------	-----------------------	-------------------------------

<p>OhioHealth Mansfield</p> <p>Katie Getz, Instructor</p> <p>419-526-8026 getz.katie@pioneerctc.edu</p>	<p>Internships are in the following areas:</p> <p>OT/PT, Food and Nutrition Cafe, Café Host, Room Service, Dishroom, Department of Outpatient Surgery, Environmental Services, Wound Care, Supply Chain, Information Services, Emergency Department, Customer Service</p>	<p>Scrubs or uniforms are required for a majority of the rotations, and will be provided. Collared shirt, blue/black/khaki pants, watch, belt, tennis and/or dress shoes.</p> <p>No jeans, leggings, t-shirts, or open toed shoes and natural looking colored hair and makeup</p> <p>Professional environment with emphasis on appropriate interactions with patients and co-workers.</p> <p>Must complete flu shot and TB testing.</p> <p>Free Parking</p> <p>Free lunch in onsite cafeteria. Vending, microwaves, and refrigerators available.</p> <p>Dedicated classroom with computer and internet access.</p> <p>Structured, contained building/environment. Most assignments do not require outside activities.</p> <p>All rules and regulations regarding OhioHealth policies are followed even if enacted throughout the school year.</p>
---	---	---