



Project | SEARCH

New Student Application

Name _____

High School _____

Date Received (official use only) _____

Thank you for your interest in Project SEARCH! By completing the attached application materials, you are taking the next step in exploring whether our program is right for your student. The Project SEARCH Selection Committee (which includes a Project SEARCH instructor, representatives from the host business, a Vocational Rehabilitation counselor and other agency/school representatives) will utilize the completed application materials to properly assess each student candidate's skills, abilities and appropriateness for the program. During the assessment process, parents, students, counselors, teachers or employers may also be contacted by the Selection Committee to gather additional information. Our final goal is to select students who will be successful in the Project SEARCH program and reach the outcome of competitive employment.

Steps to Selection:

1. In order to be selected to participate in Project SEARCH, all prospective students *must* arrange to visit the host business site (Avera McKennan Hospital) to observe the program in action, and meet the instructor and job coaches. The **October** open house is an excellent opportunity to complete the required visit.
2. All application materials need to be completed and returned to: Angie Mulder, Project SEARCH Coordinator, 800 E 21st St., Sioux Falls, SD 57105, by **February 1st**.
3. Student interviews are conducted in by the Selection Committee at the end of **February**.
4. The Selection Committee will review the applications in **March** and determine whether Project SEARCH is a good match for the student.
5. Letters outlining the Selection Committee's recommendations will be sent to schools, families and Vocational Rehabilitation Counselors in **March**.
6. If accepted, the student must be able to pass a criminal background check conducted by Voc Rehab. These are typically are done in **April**.
7. If accepted, an IEP will be developed or amended in **May** with the IEP team for the following school year.
8. New students will be introduced during graduation of current class in **May**.

We look forward to working with your student! For more information or assistance with the application process, please contact:



Angie Mulder, Program Coordinator
Teachwell Solutions || Project SEARCH
800 E 21st St
Sioux Falls, SD 57105
angie.mulder@teachwell.org
(605) 322-5071

STUDENT RESPONSE QUESTION

Why do you want to come to Project SEARCH? (Complete in your own words and/or person assisting will write the responses in the students 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		

The person assisting the student to complete this application is:

Name	Title	Phone Number	Date
------	-------	--------------	------

Organization	Phone Number	Email contact
--------------	--------------	---------------

Signature



STUDENT INFORMATION FORM

(Please print and complete all applicable sections of form)

Student:

Last Name First MI DOB Sex

Student Home Address _____

City _____ State _____ Zip _____

Student Email _____ Student Cell _____

Student ethnicity (Federal regulations require us to gather this information):

1. Is your child of Hispanic/Latino origin? ☐ Yes ☐ No

2. What race do you consider your child? Mark one or more races that apply:

☐ Asian ☐ Black ☐ Native American or Alaska Native ☐ Native Hawaiian or Other
☐ White Pacific Islander

Parent/Guardian 1: _____ Relationship _____

Home Telephone () _____ Work () _____ Cell () _____

E-mail _____ Student resides with? ☐ Yes ☐ No

Address (if different from student) _____

City _____ State _____ Zip _____

Preferred means of communication: Mail ☐ Email ☐ Phone ☐

Parent/Guardian 2: _____ Relationship _____

Home Telephone () _____ Work () _____ Cell () _____

E-mail _____ Student resides with? ☐ Yes ☐ No

Address (if different from student) _____

City _____ State _____ Zip _____

Preferred means of communication: Mail ☐ Email ☐ Phone ☐

Approved Contacts:

List below names of three (3) alternate persons besides parents/guardians previously listed who are allowed to pick up your student from school or may be contacted in case of emergency:

Name _____ Telephone (____) _____ Relationship _____

Name _____ Telephone (____) _____ Relationship _____

Name _____ Telephone (____) _____ Relationship _____

If there is a person who may **NOT** have contact with your child, please indicate:

Name _____ Relationship _____ Protection order in place?

☐ Yes ☐ No

Health Information:

Name of Physician/Clinic _____ Phone _____

Does your child have any health problems or allergies the school needs to be aware of? ☐ Yes ☐ No

If yes, please explain: _____

List Medications: _____

Permissions/Authorizations:

Under federal law and school policy, the school district may release the following information without prior parental consent: "Directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

If you do NOT want this information released, please check here: ☐

Student photographs may be used in yearbooks, websites and other school-related publications and marketing materials.

If you do NOT consent to allowing your student's photograph to be used , please check here: ☐

TEACHWELL ACADEMY STUDENTS ONLY:

Will your student be driving to school? ☐ No ☐ Yes _____

Vehicle Make Model License

Please list any previous out of school placements your student has had:

Placement	Date(s)	Age upon placement	Reason for placement

TEACHWELL TRANSITIONS/PROJECT SEARCH PROGRAMS ONLY:

☐ (initial) I understand that in order to best serve my student during their participation in the Teachwell Transitions and Project SEARCH Programs, staff may find it necessary to communicate with present and past employers concerning my student's physical or mental skills or capabilities.

☐ (initial) I understand that my student will leave the Teachwell Transitions Program premises during school hours for the purpose of outside activities and/or employment.

My student may drive independently and is properly licensed and insured to drive.

☐ Yes ☐ No

My student may ride on public transportation independently. ☐ Yes ☐ No

My student is his/her own legal guardian ☐ Yes ☐ No

Signature of Parent/Guardian

Date

EQUAL OPPORTUNITY/NONDISCRIMINATION POLICY

Applicants for admission and employment, students, parents and employees are hereby notified that East Dakota Educational Cooperative does not discriminate in its policies, employment practices, programs and activities on the basis of race, color, national origin, gender (including pregnancy), religion, age, disability, genetic information, military/veteran status, sexual orientation, or any other characteristic protected by law. This policy covers all employment practices, including selection, job assignment, compensation, discipline, termination, and access to benefits and training. If you have a question about discrimination, talk with Human Resources. If you feel you have been subject to discriminatory treatment, you are to report your claim to your immediate supervisor or Human Resources. All claims of discriminatory treatment will be investigated and appropriate action taken. Employees who violate this policy will be subject to disciplinary action up to and including termination of employment. No official at East Dakota will retaliate against an individual who makes a complaint of discrimination. All employees who file and employees who participate in any investigation regarding a claim of discrimination are protected against retaliation. Any person having inquiries concerning the Cooperative's compliance with the regulations implementing Title VI, Title IX, The Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act is directed to contact: Human Resources Director East Dakota Educational Cooperative 715 E 14th Street Sioux Falls, SD 57104 605-367-7680 Or Kansas City Office Office for Civil Rights U.S. Department of Education 8930 Ward Parkway, Suite 2037 Kansas City, MO 64114-3302 Telephone: 816-268-0550 FAX: 816-823-1404; TDD: 877-521-2172 Email: OCR.KansasCity@ed.gov

715 East 14th Street » Sioux Falls, SD 57104-5151 » voice/tdd: 605.367.7680 » f. 605.367.6036
e: Info@Teachwell.org » w: Teachwell.org



CONSENT FOR EXCHANGE AND RELEASE OF INFORMATION WITH OUTSIDE AGENCIES

I hereby give permission for the mutual exchange of confidential student information between Teachwell Solutions and:

_____ SD Division of Rehabilitation Services (Vocational Rehabilitation) and/or

_____ Other Agencies Listed: _____

Regarding _____
(student's name) (date of birth)

Purpose of disclosure:

_____ For invitation to the student's Individual Education Program (IEP) meetings

_____ Releasing records for eligibility determination, which may include information regarding history, psychological and multi-faceted evaluations, scholastic achievement, health records, functional performance, attendance, educational placement, and Individual Education Programs.

_____ Other:

THIS FORM WILL BECOME PART OF THE STUDENT'S EDUCATIONAL RECORD AND SHALL BE VALID FOR ONE YEAR.

Consent:

ARSD 24:05:30:17 Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

Parent Signature

Date

Student Signature

Date

715 East 14th Street » Sioux Falls, SD 57104-5151 » voice/tdd: 605.367.7680 » f. 605.367.6036
e: Info@Teachwell.org » w: Teachwell.org