



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 Project SEARCH Coordinator, Project SEARCH Skills Trainer, Business Liaison, and Vocational Rehabilitation Counselor) will utilize the completed application materials to properly assess each 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 skills trainer. The **October** open house is an excellent opportunity to complete the required visit.
2. All application materials need to be completed and returned to: Gina Coley, Project SEARCH Coordinator, 810 E 23rd St., Sioux Falls, SD 57105, by **February 28**.
3. Student interviews and skill assessments are conducted by the Selection Committee in **March**.
4. The Selection Committee will review applicants in **March** and determine if Project SEARCH is a good match for the student.
5. Acceptance letters outlining the Selection Committee's recommendations will be sent to schools, families and Vocational Rehabilitation Counselors in **April**.
6. If accepted, the student must submit immunization records by **May 1**.
7. If accepted, an IEP will be amended in **May** with the IEP team for the following school year.
8. Thirty days prior to the beginning of the school year, interns must pass a background check conducted by Vocational Rehabilitation.

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



Gina Coley, Program Coordinator
Teachwell Solutions || Project SEARCH
810 E 23rd St
Sioux Falls, SD 57105
gina.coley@teachwell.org
(712) 899-7577

Welcome to Teachwell!

Completing this form provides Teachwell with basic contact information and includes questions related to student health and safety. The final section details how certain information you provide may be shared or used.

ABOUT THE STUDENT

STUDENT NAME

DATE OF BIRTH

FIRST

LAST

MIDDLE

MM

DD

YY

GENDER

ETHNICITY

MOBILE PHONE

EMAIL ADDRESS

FEMALE

MALE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

IS YOUR STUDENT THEIR OWN GUARDIAN?

YES

NO

(If no, please provide documentation of guardianship for student's file)

STUDENT TRANSPORTATION - Please note, students in Teachwell's three transition programs will use differing modes of transportation. Not all questions are applicable to all programs.

YES

NO

Is your student licensed and insured to drive independently?

With proper training, is your student allowed to ride public transportation independently?

With proper training, is your student allowed to use Lyft or Uber independently?

STUDENT HEALTH INFORMATION - Teachwell respects the privacy of our students and complies with all laws regarding the protection of student health information. Answering the following questions helps us identify student needs that may be relevant to your student's education or time at school.

Please list and describe any relevant medical or health issues, including information about allergies.

Does your student regularly see a physician or other health professional?

YES

NO

Does your student currently take any prescription medication?

YES

NO

Please help us make sure we can gather all your student's educational records. If your student has spent time at a facility other than your local public school, please share the name of the facility, the dates the out-of-school placement and why the student was referred to the program.

FAMILY INFORMATION AND APPROVED CONTACTS

PARENT OR GUARDIAN (1)

FIRST AND LAST NAME	RELATIONSHIP TO STUDENT	EMAIL ADDRESS
HOME PHONE	CELL PHONE	WORK PHONE

What is the best way to reach this person during the school day? TEXT MESSAGE PHONE CALL EMAIL

If this parent or guardian does not live with the student, please provide a current home address.

STREET ADDRESS	CITY	STATE	ZIP
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PARENT OR GUARDIAN (2)

FIRST AND LAST NAME	RELATIONSHIP TO STUDENT	EMAIL ADDRESS
HOME PHONE	CELL PHONE	WORK PHONE

What is the best way to reach this person during the school day? TEXT MESSAGE PHONE CALL EMAIL

If this parent or guardian does not live with the student, please provide a current home address.

STREET ADDRESS	CITY	STATE	ZIP
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APPROVED CONTACTS

Please list the name of three (3) people who can pick the student up for school or be contacted in case of an emergency. List people other than the student's parents or guardians.

FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT
FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT
FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT

Please give us the names of anyone who can not have contact with your student and tell us whether there is a protection order in place.

PERMISSIONS AND AUTHORIZATIONS

DISCLOSURE OF DIRECTORY INFORMATION

Federal law and school policy allow the school district to release “Directory” information without parental consent. This information includes a student’s name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

If you **do** want to allow Teachwell to release this information initial here:

INITIAL

STUDENT PHOTO RELEASE

Teachwell may use photographs of students in year books, other school-related publications or for marketing materials, which may include publication on websites or social media platforms.

If you **do** want to allow Teachwell to use your student’s photo, initial here:

INITIAL

PERMISSION TO CONTACT OUTSIDE AGENCIES

Teachwell may need to contact outside agencies and individuals to discuss your student’s abilities and the supports necessary for successful employment and independent living.

If you **do** want to allow us to contact outside agencies, initial here:

INITIAL

PERMISSION TO ALLOW STUDENTS TO TRAVEL OFF PREMESIS

Students participating in Teachwell Thrive, Project Search and Strive will leave Teachwell facilities during school hours to travel to work or participate in community activities.

If you **do** want your student to be able to leave school premises, initial here:

INITIAL

SIGNATURE

By signing below, you are certifying that you have provided full and accurate information to Teachwell and that you have read the Teachwell equal opportunity and non-discrimination policy.

SIGNATURE

DATE

NON-DISCRIMINATION POLICY

Teachwell does not discriminate on the basis of prohibited factors in employment and educational programs/activities. Teachwell affirmatively strives to provide equal opportunity for all as required by: Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964 as amended, Title IX of the Education Amendments of 1972, Age Discrimination in Employment Act of 1967 (ADEA) as amended, The Equal Pay Act of 1963, Section 504 of the Rehabilitation Act of 1973, The Family and Medical Leave Act of 1993 (FMLA), The Pregnancy Discrimination Act of 1978, The Uniformed Services Employment and Reemployment Rights Act (USERRA), The Boy Scouts of America Equal Access Act, The South Dakota Human Relations Act, The Equal Pay Act of South Dakota, Veterans Preference Law. Additional School Board policies prohibit harassment and/or discrimination against students, employees, or patrons on the basis of sex, race, color, ethnic or national origin, religion, marital status, disability, age, pregnancy, and any other legally prohibited basis. Retaliation for engaging in a protected activity is also prohibited. Any person who believes she or he has been discriminated against, denied a benefit, or excluded from participation in any district education program or activity may file a complaint using the district’s complaint procedures. Inquiries regarding compliance with any of the laws referred to in this policy may be directed to the superintendent or to the district’s Title IX and/or Section 504/ADA Coordinator.

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