



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. We are offering monthly tours, as well as an open house in October.
2. All application materials need to be completed and returned to: Gina Coley, Project SEARCH Coordinator, 800 E 21st St., Sioux Falls, SD 57105, by **February 15th**.
3. Student interviews are conducted in by the Selection Committee in **March**.
4. Letters outlining the Selection Committee's recommendations will be sent to schools, families and Vocational Rehabilitation Counselors in **March**.
5. If accepted, the student must be able to pass a criminal background check conducted by Voc Rehab. These are typically are done before **May 1st**.
6. If accepted, an IEP will be developed or amended in **May** with the IEP team for the following school year.

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



Gina Coley, MA CESP
Program Coordinator
Teachwell Solutions || Project SEARCH
800 E 21st St
Sioux Falls, SD 57105
gina.coley@teachwell.org
(712) 899-7577

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
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Organization	Phone Number	Email contact
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Signature

Welcome to the Teachwell Family

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

STUDENT TRANSPORTATION

Is your student licensed and insured to drive independently? YES NO

Is your student allowed to ride public transportation independently? YES NO

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

OUT-OF-SCHOOL PLACEMENT HISTORY

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)

<hr/>	<hr/>	<hr/>
FIRST AND LAST NAME	RELATIONSHIP TO STUDENT	EMAIL ADDRESS

<hr/>	<hr/>	<hr/>
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.

<hr/>	<hr/>	<hr/>	<hr/>
STREET ADDRESS	CITY	STATE	ZIP

PARENT OR GUARDIAN (2)

<hr/>	<hr/>	<hr/>
FIRST AND LAST NAME	RELATIONSHIP TO STUDENT	EMAIL ADDRESS

<hr/>	<hr/>	<hr/>
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.

<hr/>	<hr/>	<hr/>	<hr/>
STREET ADDRESS	CITY	STATE	ZIP

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.

<hr/>	<hr/>	<hr/>
FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT

<hr/>	<hr/>	<hr/>
FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT

<hr/>	<hr/>	<hr/>
FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT

Please give us the names of anyone who can not have contact with your child 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 not** want Teachwell to release this information without your consent, 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 not** want Teachwell to use your student's photo without consent, 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 not** want us to contact outside agencies without your consent, initial here:

_____ INITIAL

PERMISSION TO ALLOW STUDENTS TO TRAVEL OFF PREMISES

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 not** want your student to leave school premises without permission, 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

EQUAL OPPORTUNITY AND NON-DISCRIMINATION POLICY

Applicants for admission and employment, students, parents and employees are hereby notified that Teachwell Solutions 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 Teachwell 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 Teachwell'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