



# Project SEARCH - Marshfield Preliminary Application

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Teacher or Case Manager: \_\_\_\_\_ Primary Disability: \_\_\_\_\_

School: \_\_\_\_\_ HS exit date: \_\_\_\_\_

Guardian: yes or no If yes, list guardian's name: \_\_\_\_\_

**FUNDING**

**DVR eligible:** yes no in the application process – (required to start Project SEARCH)

If yes, DVR counselor's name: \_\_\_\_\_

**SSI:** yes no in the application process

**Long-term Funding:** yes no in the application process – (required for some to start PS)

If yes, what do you have for long-term care (Comprehensive Community Services, Community Link, Inc.):  
\_\_\_\_\_ Case manager's name: \_\_\_\_\_

★ **Student is currently participating in community based vocational instruction:** yes no

**Please list:** Schedule Hrs per Wk Duties

Business #1:

Business #2

If staff want to observe you in a vocational training site or school where maximum work independence is demonstrated, which business or work setting, and time would be best? \_\_\_\_\_  
\_\_\_\_\_

Work Skills – check skill below and rate	Never	Beginner	Intermediate	Advanced
Computer: Word, Excel, Data entry				
Mailings: Label, Collate, insert, delivery				
Alphabetize – ABC				
Alphabetize - #				
Count – 1-10 __, 1- 50, __ by 5's __, by 10's __				
Recognize Expiration dates				
Simple addition/subtraction w/ calculator				
Use a Calendar __ personal planner __				
Read or use a checklist				
Manage time, transition at break/lunch				
Use cell phone or technology device				
Follow a schedule of tasks/duties				
Send/receive email __ use Facebook __				

★ **Attendance (List missed days):** School: \_\_\_\_\_ Work: \_\_\_\_\_

★ **Independence on the job:** Please list tasks that you can do independently: \_\_\_\_\_  
\_\_\_\_\_

**Do you need help on the job:** yes or no; **If yes with,:** All tasks or Some tasks or New tasks only \_\_\_\_\_

**How often do you need help on the job:** All the time or Sometimes or Not at all \_\_\_\_\_

★ **Behaviors requiring attention during work:** Describe behaviors: \_\_\_\_\_  
\_\_\_\_\_

**Supports or accommodations that I need on the job:** \_\_\_\_\_  
\_\_\_\_\_

☆ **Hygiene / Personal Care:** Independent Requires assistance  
If requires assistance, circle when: bathroom eating appearance  
Level of assistance: physical verbal other: \_\_\_\_\_

☆ **Mobility:** Independent Requires assistance, list \_\_\_\_\_  
Independent: Room Multiple rooms Building Multiple buildings  
**Transportation services needed at Project SEARCH:** Walk Wheelchair Scooter

☆ **Reading:** Describe grade level abilities \_\_\_\_\_  
**Writing:** Describe grade level abilities \_\_\_\_\_  
**Telling time:** Yes No, if yes, Digital Analog  
Adaptations utilized: \_\_\_\_\_

☆ **Communication- What do you use to communicate:** voice or pictures or written words or other \_\_\_\_\_  
**Assistive devices:** Yes No If yes, describe: \_\_\_\_\_

☆ **Learning style:** Describe learning style: \_\_\_\_\_

☆ **Socialization:** Initiates Requires assistance, describe: \_\_\_\_\_  
Appropriate Inappropriate, describe: \_\_\_\_\_  
**Strengths:** \_\_\_\_\_

☆ **Home Supports:** Who will help you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☆ **What is your dream job?** \_\_\_\_\_

☆ **Do you want to participate in Project SEARCH:** Yes No

☆ **How will you be transported to and from Project SEARCH:** \_\_\_\_\_

☆ **Please have the student write or put into their own words why they would like to be involved in Project SEARCH.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

For more information about Project SEARCH - Marshfield, please contact

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