2015 – 2016
Application Packet

San Francisco Unified School District
Special Education
45 Conkling St.
San Francisco, CA 94124

If you have questions or comments about this program, please contact
Joe Elwin, elwinj@sfusd.edu (415) 793-7165
Robin Lewis-Hampton, lewiss@sfusd.edu (415) 695-5872
Consent to Release Medical and Vocational Information (included in Application).

Agreement to Program Terms and Conditions (included in Application).

Copy of current Shot/Immunization Record.

High School Transcript and/or copy of Certificate of Completion.

Attendance Record.

Current Individual Education Plan (IEP) including Transition Goals (for current students)

Copy of Resident Alien card OR Social Security Card AND California picture ID with picture OR United States Passport.
A. Student Data:

Name: ________________________________________________________

Last    First     Middle

Social Security #: ________________________________________________

Address:_______________________________________________________

Street     City    Zip Code

E-mail: _______________________________

School/Program Currently Attending: ______________________________________

Date of Birth: ___________________ Gender: ☐ Male    ☐ Female

Home phone: _________________________ Cell phone: _____________________

B. Parent/Guardian Data:

Name: _____________________________________________________

Last    First     Middle

Address:_______________________________________________________

Street     City    Zip Code

E-mail: ______________________________

Home Phone: ___________________________ Cell Phone: __________________

Work Phone: ___________________________
C. School Information (for current students only):
This section needs to be completed by school staff.

1. Credits

Total Credits to Date: _____________ Cumulative GPA:_________

Has student achieved the necessary credits for a diploma or document of completion? □ Yes □ No

Please list any course deficiencies: ____________________________
_________________________________________________________
_________________________________________________________

Current Transcript is attached: ___ Yes ___ No

2. Attendance

Days Absent: Last Year: ________ This Year (to date):___________

Comments on Attendance: ________________________________
________________________________________________________

3. School Staff Comments: ________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Name of School Staff (print): ______________________________

Signature: _____________________________________________

Date: _________________________________________________

4. Work Behavior:

Does the student have any behaviors that need to be supported in order to have a successful job placement?

□ Yes
□ No

If Yes, please explain:
________________________________________________________
________________________________________________________
________________________________________________________
D. Employment:

1. Work Experience

<table>
<thead>
<tr>
<th>Employer</th>
<th>Job Title</th>
<th>Duties</th>
<th>Supervisor</th>
<th>Phone</th>
<th>Dates</th>
<th>Paid? (Yes/No)</th>
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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: ____________________________________________

2. 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? ______________________

3. After you complete your Project Search program:

   a. How do you want to be employed in the community?
      □ Full-time (30 to 40 hours/week)
      □ Half-time (20 to 30 hours/week)
      □ Part-time (less than 20 hours/week)

   b. Which shift would you prefer working?
      □ Day time (9 am to 5 pm)
      □ Swing (5 pm to 1 am)
      □ Graveyard (1 am to 9 am)
      □ Other hours: _________________________________

   c. Would you be willing to work Holidays and/or Weekends? □ Yes □ No
E. Transportation:

*All Project Search students will receive assistance in coming up with a plan to use independent transportation and will be trained in using the best route from their home.*

How does the student plan to get to Project SEARCH San Francisco?
☐ Bus (Regional Transit)
☐ Car (ride with parent/friend)
☐ Car (drive self)
☐ Paratransit
☐ Other: _______________________________________________________

Has the student had previous Regional Transit experience? ☐ Yes ☐ No

Are there transit safety issues we need to be aware of?
____________________________________________________________________
____________________________________________________________________

F. Medications:

*Please note any medications that need to be taken during the day.*

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<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time(s) of day</th>
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G. Student Response:

Why do you want to participate in the Project SEARCH Program?  
(Complete in your own words.)

________________________________________________________________________
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H. References (Not related to you):

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<th>Name</th>
<th>Position</th>
<th>Phone Number</th>
<th>E-mail address</th>
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I. Agencies:

- Do you have a Department of Rehabilitation Counselor? ☐ Yes ☐ No
  If yes:
    Counselor's Name: ____________________________
    Phone Number: ____________________________

- Do you have a Golden Gate Regional Center Service Coordinator? ☐ Yes ☐ No
  If yes:
    Service Coordinator's Name: ____________________________
    Phone Number: ____________________________

- Do you receive benefits from the Social Security Administration? ___ Yes ___ No
  If yes, circle those one(s) that applies:
  SSI    SSDI

Additional questions for recent graduates only:

- Are you currently attending an adult service program? ☐ Yes ☐ No
  If yes:
    Name of program: ____________________________
    Phone Number: ____________________________

- Are you currently attending a school program for adults? ☐ Yes ☐ No
  If yes:
    School Name: ____________________________
    Phone Number: ____________________________
    Teacher Name: ____________________________
J. Signatures:

I certify that I have completed this application as completely and truthfully as possible.

Student's Name (please print): __________________ ____________________

Student's Signature:   __________________ ____________________

Date:     __________________ ____________________

Name of person assisting student in completing application:  __________________ ____________________

Relationship to student:  ________________________ ______________

Signature:    __________________ ____________________

Date:     __________________ ____________________

♦ Please Note: All the required documents must be completed and submitted together for consideration.

Return completed Application no later than Tuesday, January 20, 2015 to:

SFUSD
Educational Placement Office (EPC)
Attn: Adriana Esquer
555 Franklin St. rm. 101
San Francisco, CA. 94102
CONSENT TO RELEASE MEDICAL AND VOCATIONAL INFORMATION

I give my consent for WorkLink and San Francisco Unified School District to request and receive records from the Golden Gate Regional Center in regards to my medical history, vocational history, educational history, and diagnosed mental and physical condition, including disabilities such as developmental, physical, drug, alcohol and psychiatric.

Information may be shared through written, verbal or electronic means.

Applicant’s Full Name:  _____________________________________________

Date of Birth:  _____________________________________________

Applicant’s Signature:  _____________________________________________

Date:  

**This consent will remain valid for one year after the date on which it is signed.**
Project Search San Francisco

Agreement to Program Terms and Conditions

I, ___________________________, understand that in order to be accepted into the SFUSD Project SEARCH program, I must agree to abide by the following terms and conditions:

- I will complete at least three job rotations at Kaiser-Permanente.
- I will attend the program every day from approximately 8:00 a.m. - 2:30 p.m. on Monday through Friday.
- I understand that the Project SEARCH program follows the San Francisco Unified School District student calendar, including holidays and non-student work days.
- I will dress appropriately for work and wear required attire.
- I will pre-schedule time off in advance, when possible, and get the approval of my instructor and department supervisor.
- I will call my instructor and department supervisor when I am ill or tardy.
- I understand that I am responsible for transportation to the work site.
- I understand that I am responsible for my own lunch and snacks daily.
- I will learn to use public transportation, where available.
- I will follow all the rules established by Project SEARCH and Kaiser-Permanente.
- I will attend meetings with my employment counselor, parents, teacher, and worksite staff, as requested.
- I will be an active program participant and communicate any issues directly to the instructor or another program staff person.
- After I successfully complete Project SEARCH, I will receive a Document of Completion.
- After I successfully complete Project SEARCH, I will actively pursue subsidized or unsubsidized employment.

I have read the above terms and conditions and agree to accept placement, if selected, in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

____________________________________        ____________________________  
Student Signature       Date

____________________________________       _____________________________  
Parent/Guardian Signature                           Date