



# Project SEARCH

Candidate Application  
2024-2025

Applicant's Name: \_\_\_\_\_

Current High School/ Program Attending: \_\_\_\_\_

School District Currently Living In: \_\_\_\_\_

Applicant's Personal Email Address: \_\_\_\_\_

Applicant's Personal Cell Phone Number: \_\_\_\_\_



Spartan Project SEARCH  
MICHIGAN STATE UNIVERSITY

## Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the selection committee\* to properly assess each student candidate's interests, skills, abilities and background. The selection committee may contact a parent, student, counselor, teacher, or employer to gather additional information. Our goal is to select students who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

1. All applicants are encouraged to attend an Open House and visit a host business site to observe the culture, rotations and meet the instructor and skills trainers prior to being selected to participate in Project SEARCH.
2. Please submit the completed application and supporting requested documents (see next page) to the address provided by **FRIDAY, FEBRUARY 16, 2024** (flexible deadline.)
3. If accepted, an Individual Education Plan (IEP) will be developed with the IEP team for the **2024-2025** school year.

**Please note:** The selection committee may include the host site liaisons, the Project SEARCH instructors, Project SEARCH skills trainers, Project SEARCH school district liaison, Project SEARCH supervisors and representatives from Michigan Rehabilitation Services and other agency/school representatives.

## **Project SEARCH Application Packet Checklist**

**PLEASE NOTE:** All required documents **MUST** be completed **AND** sent together for application to be considered. If you need assistance compiling this information, please contact your school district staff.

- **Completed Application Form**
- **Most recent Transition Individual Educational Program (IEP) including Transition Goals and Behavioral Intervention Plans**
- **MET or standardized grade level assessment in reading and math completed within the past two years.**
- **Most recent psychological report**
- **Attendance records from current and previous school year**
- **Most recent vocational evaluation or career interest survey**
- **Teacher Input Form (to be completed by referring teacher/school staff)**

Return completed packet to:

Kelly Sweet-House, Project SEARCH  
Administrative Assistant, Ingham ISD  
2630 W. Howell Rd.  
Mason, MI 48854  
FAX: 517.676.3108  
[ksweet-house@inghamisd.org](mailto:ksweet-house@inghamisd.org)

## **Recruitment Timeline for 2024-2025 PROGRAM YEAR**



**February:** Applications received/ reviewed

**March:** Skills assessments & interview for applicants (Held at the Ingham ISD)

**April:** Acceptance letters mailed to applicant's home

**April/May:** Michigan Rehabilitation Services (MRS) opens cases for selected students

**April – June:** IEP meeting conducted and/or amendments completed

**July - August:** **Project SEARCH Summer Skills Program/Travel Training (Required)**

**August:** Orientation at host businesses & travel training to/from host businesses

**August:** Program begins and follows Ingham ISD student calendar

# APPLICATION FOR ADMISSION

Sections A-I to be completed by candidate

## A. APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Last First Full Middle

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender at Birth: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## B. CONSENT AND ACKNOWLEDGMENT:

1. Acceptance into Project SEARCH Program is dependent upon Selection Committee review.
2. **Release:** Student records concerning my son/daughter may be transferred to Ingham ISD for review by Project SEARCH program staff and Selection Committee Team Members.
3. **Equal Opportunity:** Placement will be made without regard to race, ethnicity, national origin, gender, age, religion, or presence of disability.
4. Parent/Guardian supports employment after completion of Project SEARCH program.
5. Summer Skills Training is required of ALL applicants who are accepted into the Project SEARCH program.
6. Applicant and Parent/Guardian fully understand that Project SEARCH participation will be the final year of school/special education services. With employment pursued after program completion.
7. If Applicant is on track to receive a diploma, both Applicant and Parent/Guardian fully agree to defer diploma until Project SEARCH Program is completed, receiving diploma at that time.
8. Upon completion of Project SEARCH, host business employment may be a possibility but NOT guaranteed.
9. Applicant consents to release and mutual exchange of educational/behavioral information between Ingham ISD staff, his/herself, applicant's parent/guardian (if applicable) and applicant's current/prior school for the purpose of considering candidate application, understanding needs, and coordinating care should the applicant be accepted. The applicant understands this consent will expire on June 7, 2024, and may be revoked sooner by written notification to Kelly Sweet-House (ksweet-house@inghamisd.org).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## C. EMPLOYMENT BACKGROUND:

When hired for paid employment, do you want to work?

(Please check both if applicable): Full-time: ☐ Part-time: ☐

Which shift would you prefer working after completing Project SEARCH? Check all that apply

1st Shift (7 am – 3pm) Full-time: ☐ 2nd Shift (3 pm – 11 pm) Full-time: ☐

3rd Shift (11 pm – 7 am) Full-time: ☐

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 per week? \_\_\_\_\_

List jobs you do or have done in school or in the community (most recent first):

Start Date:	Employer:	Paid Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Supervisor:	Contact Number:
End Date:	Task 1:	Task 2:
	Task 3:	Task 4:
Start Date:	Employer:	Paid Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Supervisor:	Contact Number:
End Date:	Task 1:	Task 2:
	Task 3:	Task 4:
Start Date:	Employer:	Paid Employment: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Supervisor:	Contact Number:
End Date:	Task 1:	Task 2:
	Task 3:	Task 4:

Have you ever been fired from or asked to resign from a job? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever quit a job? **Yes:**    **No:**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered? **Yes:**    **No:**

yes, please explain where and when: \_\_\_\_\_  
\_\_\_\_\_

#### **D. UNIFORM:**

Please provide **Shirt** size for ordering of potential  
uniform: \_\_\_\_\_

#### **E. TRANSPORTATION:**

How do you plan to get to Project SEARCH?

Self ☐      CATA ☐      Family ☐      Other ☐

#### **F. SERVICE AGENCIES:**

Do you have a vocational rehabilitation counselor from Michigan Rehabilitation Services?

**Yes** ☐

**No** ☐ Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have a case manager from **Community Mental Health**?

**Yes** ☐

**No** ☐ Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **G. INDEPENDENT LIVING:**

Medications taken by student applicant:

Medication	Dosage	Time of day

List any health or medical issues that may impact a successful job placement: \_\_\_\_\_  
\_\_\_\_\_

Have mental health issues or symptoms ever impacted on your ability to attend school or participate in class activities? **Yes:**    **No:**    If so, please explain and include any related supports that help you.

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Please list any other challenges or limitations that impact your ability to keep a job: \_\_\_\_\_

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Do you experience anxiety in new situations? **Yes:**    **No:**    If so, please explain and include any related supports that help you. \_\_\_\_\_

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Please explain any other challenges, limitations or accommodations needed: \_\_\_\_\_

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Have you behaved aggressively at school (whether incident was documented or not?) Yes:        No:

If yes, please explain and include any related supports that help prevent his behavior. \_\_\_\_

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#### **H. STUDENT RESPONSE QUESTION:**

Why do you want to participate in Project SEARCH? (Complete in your own words or have someone write your thoughts for you using your own words) \_\_\_\_\_

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Please rate parent/guardian's interest in applicant getting a job upon graduation  
(1 – not interested, 10 – extremely interested): \_\_\_\_\_

Please rate applicant's interest in getting a job upon graduation  
(1 – not interested, 10 – extremely interested): \_\_\_\_\_

Please explain any reservations and/or supports required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **I. REFERENCES:**

List Three **Non-Family** References. People who have **firsthand** knowledge  
of your work performance:

Name	Title	Phone Number	Email Address
1.			
2.			
3.			

#### **J. PREPARER (To be completed by preparer, if applicable):**

If this application has been completed by someone other than the student, please provide  
the following information and sign:

_____	_____
Name	Title/District
_____	_____
Phone Number	Email
_____	_____
Signature	Date

## PROJECT SEARCH INTERN CONTRACT:

Read the student contract below and sign and date.

I, \_\_\_\_\_, understand that if accepted into the Project SEARCH program, I must abide by the following terms and conditions:

- I will complete at least two unpaid job rotations within the host business.
- I will attend the program every day for 6 hours per day, Monday through Friday.
- I understand that the Project SEARCH program correlates with the affiliated calendar.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will provide my own transportation or use public transportation to the host site for the program year (Unless otherwise noted on student's IEP.)
- I will learn to use public transportation.
- I will follow all the policies and procedures established by the program and host business.
- I will dress according to the dress code and uniform requirements of the assigned host site and/or rotation.
- I will attend bi-monthly Employment Planning Meetings with my PS Instructor, PS skills trainer, MRS counselor, CMH case manager and family supports. I will be an active participant and communicate any issues at the meetings which will be held at least twice during each rotation.
- I will work with personal, and community supports to obtain the supplies from the supply list for my site.
- I understand that the desired outcome for me in Project SEARCH is full/part-time paid employment in the community.
- I will actively pursue employment after completing Project SEARCH.
- I will receive a Project SEARCH certificate of completion when I complete the program.
- **I understand that I am not guaranteed a job at my host site upon graduation.**

I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

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Applicant Signature

Date

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Parent/Guardian Signature

Date

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Project SEARCH Team Member Signature

Date



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